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ATTAMPTED SUICIDE – ITS CAUSES AND EFFECTS

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ABSTRACT

One's death is not the end, but the beginning for those who are still living. To the untrained eye, suicide may appear to be a highly individual decision, and undoubtedly it is. However, it can be shown that suicide, as with the results of so many other individual choices, is also a socially patterned and socially reactive phenomenon. Since ancient times, suicide has been an object of moral and philosophical speculation; later, it also became a matter for medical and social-scientific thought. Studies on attempted suicides have been conducted by many scientists and social workers in other countries, though very little work seems to have been done in our country on this problem. It is important to bear this distinction in mind, because the present study revealed that the patients concerned did not really want to die; they only utilized their attempts as a threat to express dissatisfaction with certain conditions.

Keywords:

Suicide, Family, execution.

INTRODUCTION

A suicide or an attempted suicide has always been a new worthy item, featuring prominently in the front page headlines or appearing in a remote corner of morning newspapers, depending on the political importance or the social standing of the victim of this act and the degree of originality displayed in its planning and execution. In the general public, it arouses more curiosity than sympathy, and a spate of hasty value judgements, either deploring the act, the circumstances and the doer or even indicating ill-disguised approval. To medical man, sociologists and social scientists it is an interesting problem and has always been wherever human behaviour is the subject of their close scrutiny. Studies on attempted suicides have been conducted by many scientists and social workers in other countries, though very little work seems to have been done in our country on this problem. At one time, it was believed that death was the only aim of every suicide – hence those who survived the attempt were called “unsuccessful and those who succeeded in ending their lives were called “successful” suicide cases. But studies on the subject have shown that it would not be correct to regard the two as successful and unsuccessful manifestations of the same phenomenon; on the contrary, they are two distinct categories, though some overlapping here and there may occur. It is important to bear this distinction in mind, because the present study revealed that the patients concerned did not really want to die; they only utilized their attempts as a threat to express dissatisfaction with certain conditions.

METHODOLOGY

This study concerns 103 patients admitted for drug poisoning in the year 2011 – 2014. With a view to getting information regarding certain essential features, a questionnaire was framed. A total sampling was undertaken and the method used was “case-work interviewing” which lasted for several weeks and months after the discharge of the patient. In fact, hardly any information could be collected whilst the patient was in the Hospital, because in most cases he was kept in the Ward for only a day or two and was too afraid of the policeman at his bedside to reveal the truth. Most of the interviews, therefore, had to be conducted outdoors. As the addresses taken by the Hospital Office were not always accurate (very often fictitious addresses were given on purpose) attempts to trace homes often proved futile.

Detailed interviewing of the patient and family members helped the investigator to decide whether the case concerned was in fact accidental or an attempted suicide and the 75 cases that were actually studied were selected from a group of 103 poisoning cases. Out of 28 cases that were rejected, eight were due to accidental poisoning (i.e. without suicidal intent), 10 were untraceable (due to change of address or fictitious address), seven comprised doubtful cases when suicidal intent could not be entirely ruled out, and three were psychiatric patients with marked neurotic or psychotic traits and were therefore excluded.

75 attempted suicide cases studied, 47 were males and 28 were females. Most studies on attempted suicides have revealed that women by far outnumber men. Batchelor and Napier (quoted by Stengel and Cook) found that of 200 successive admissions to the observation ward of the largest general hospital in Edinburgh, 92 were males and 108 females. Lendrum (quoted by Stengel and Cook) studied 1000 consecutive admissions for suicidal attempts to the Detroit Reception Hospital. 363 only were men. Siewers and Davidoff (quoted by Stengel and Cook) made a comparative study of 150 patients admitted to a Psychiatric Hospital and an equal number admitted to a general hospital; the sex ratio in the former was 61 males to 89 females, in the latter 59 males to 91 females. It is not being conclusively suggested that there is greater tendency among males to attempt or commit suicide than among females; on the other hand, it is possible that the social conditions and the position of women being what they are, more males reach the hospitals than females.

Age : Agewise, the breakdown of the 75 cases is as follows: -

Table 1:

Age Group	Male	Female
12 – 15 years	5	1
16 – 20 years	12	9
21 – 25 years	14	8
26 – 35 years	13	7
36 – 45 years	2	-
46 – 55 years	-	1
56 – 65 years	-	2
66 and above	1	-
Total	47	28

From the above table, it can be seen that the highest incidence both in males and females occurs in the age group of 16 – 35; this would seem to support the view that this is the period when individuals are likely to develop stronger dissatisfactions and more acute maladjustments and to seek redress by such threats, while this may not be the attitude of individuals that are outside this age range. Indeed it would be worthwhile to mention that several studies of suicide proper show

that the peak incidence is reached between the ages of 55 and 64 by both sexes – this average has its own story to tell and would seem to support the basic hypothesis of this paper; that the “attempted suicide” patient is only trying to bring about a change in his environment and interpersonal relationships, without wishing to end his life.

ECONOMIC STATUS

In so far as economic status is concerned 92% of the cases studied came from the lower income groups. Once again the location of the Hospital and the fact that it is a Government Hospital does not allow us to conclude that cases of attempted suicide necessarily belong to the lower strata of society, without going into the figures of similar admissions into private hospitals and nursing homes.

OCCUPATION

In our study (as in others on this subject), the influence of occupation on the individual is not decisive enough to draw any conclusions. However, lack of occupation or unemployment has been a factor directly responsible for the attempt in quite a few cases.

Table 2:

Occupation	Male	Female
Labourer	7	2
Clerk	4	-
Shopkeeper	6	-
Vendor	-	2
Hotel Boy	3	-
Taxi Driver	1	-
Domestic Servant	-	1
Mechanic	2	-
Priest	1	-
Tailor	1	-
Housewife	-	20
Student	9	3
Unemployed	11	0
Miscellaneous	2	-
Total	47	28

Reference to Table 2 shows that the majority of the patients were unemployed. Next, was the student group, then the mill workers, shopkeepers and lastly people engaged in miscellaneous work like taxi driver, priest or mechanic.

EDUCATION

As regards education the figures are as follows:

Table 3:

Education	Male	Female
Illiterate	6	16
Primary School (I – IV)	12	2
High School (V – XI)	25	10
Above	4	-
Total	47	28

In the High School group, a majority had studied upto standard V only. Some of the patients wanted to study upto S.S.C., but their socio-economic circumstances did not allow them to do so. The family members were not well educated, parents were usually illiterate farmers or labourers or as in very few cases, shopkeepers. Even where the parents were educated, the education did not exceed the primary stage; and the younger members had not studied beyond high school in a majority of cases.

COMMUNITY AND RELIGION

Out of the 75 cases studied, 11 patients were Muslims, 58 Hindus and 6 Christians. Of the 58 Hindus, 42 patients were speaking regional languages (this may have a bearing on the location of the Hospital). It is interesting to note that irrespective of the religious faith to which they belonged 60% of the patients did not have faith or belief in God and religion. They either referred to it very casually or as though it were a matter of convenience. Only a few patients, a small minority, felt guilty on religious grounds after the attempt. They felt they had violated the will of God did not want them to die and so they seemed more resigned to their fate.

MARITAL STATUS

Table 5:

Marital Status	Male	Female
Married	13	15
Single	33	6
Widowed	-	4
Separated	1	1
Cohabiting	-	1
Second Marriage	-	1
Total	47	28

Table 4 shows that in males, the maximum frequency is in bachelors (33 out of 47), whilst in females the highest rate is in the married category (15 out of 28). Widowers draw a blank, whilst widows are 4 in number; in the "separated" category there is one for each sex. What is of interest here is the greater frequency of attempts amongst married women. Most of the marriages were arranged by the parents without taking into account the couples' wishes. Most of the female patients had an unhappy married life and had to contend not only with an unsympathetic husband, but also with nagging and possessive in-laws. The patient was a mere nonentity in her husband's house. The latter seldom spoke up on her behalf, in fact usually took his mother's side and aggravated the patient's sorry plight. Barrenness is such a stigma in our society that it is by itself sufficient to heap shame and contempt upon the woman, to which she adds her own and begins to believe that the fault is entirely hers. Drunkenness and maltreatment by the husband are accepted by many women as almost a normal way of life and in this study, there were enough instances to bear this out. The Hindu Code Bill, it is hoped, has given women more prestige and a better status' however, the stigma attached to separation or divorce still remains – the fear that if a daughter comes back due to an unhappy marriage, the other daughters might not find suitable husbands, still persists. In their desperation, these women had resorted to what remained the only solution, namely to attempt suicide.

The study further showed that these attempts were not spontaneous and were not sparked off by any one single failure; on the contrary, there were a series of events in the background. This reinforces the view that the attempt (in most cases) was something considered and calculated in advance as a final measure to express helplessness. However, the cases studied fall in the obvious

major grouping of financial worries, domestic worries, unemployment and frustration due to various reasons.

Table 7:

Ascribed Causes	Male	Female
Financial	6	-
Domestic	4	22
Frustration (due to unemployment, dissatisfaction at work, sense of inferiority, insecurity, etc.)	27	3
Ill Health	1	1
Failure in Examination	5	1
Disappointment in Love Affairs	4	1
Total	47	28

The precipitating event was in most cases something very trivial, e.g. a quarrel with a very close member in the family, or a feeling of utter dejection and frustration and so on.

Most of the patients were kept in the hospital for a very short time, the majority for 24 hours only, indicating that their condition was not very serious and the quantity of poison was negligible.

CONCLUSIONS AND SUGGESTIONS

In this survey an attempt has been made to bring out the sociological significance of attempted suicide.

A significant factor was the very brief stay of these patients in the hospital. The present study has amply demonstrated that they are in need of a special kind of assistance the nature of which could be understood only by establishing intimate contact with them which means that a longer stay at the hospital was required. For unless the underlying causes of their frustrations and disappointments were better understood they would be returning to the very things from which they had once tried to escape.

Another aspect of this hospital situation was the presence of the police by the bedside of the already frightened patient and the additional fear of legal proceedings against him. Faced with legal consequences, the patients tried to hide the real facts and gave the impression that the entire thing was a mere accident.

If we view that attempt at suicide as a final and desperate appeal to society – society is indeed doing very little for that individual by punishing him. Cases of attempted suicide should be hearings should be in camera and not public. We need special types of magistrates who can act as mediators and along with psychiatrist, probation officers guide patients to suitable institutions or help them make a better adjustment to their environment.