

# A STUDY OF ATTEMPTED SUICIDE IN PRIVATE PRACTICE

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## SYNOPSIS

This is a study of 169 cases of attempted suicides who had been referred to or who had consulted a private psychiatrist. These patients were interviewed, examined and treated either as out-or in-patient in private hospitals during the years 1968-1976. Their demographic and clinical data were analysed, presented and discussed. The reasons and motivations for the act were also obtained and summarized. In the follow-up study conducted, it was discovered that schizophrenic patients who had attempted suicide carries the highest completed suicide risk.

## INTRODUCTION

Suicidal behaviour can be conceived as falling along a four points continuum:

1. No suicidal ideation
2. Suicidal ideation and threat
3. Suicidal gesture/attempt
4. Completed suicide.

Only the poles — completed suicide and no suicidal ideation — are absolutes. Each of the other intermediary steps can be dimensioned according to the seriousness of intent and lethality of the act. Examples:

1. The individual who attempts to jump from a 15th storeyed building is behaving differently from one who ingests 10 aspirins. While both may want to die, the former appears to have greater lethal intent.
2. Jumping off a high building at noon-time may be quite different behaviour from jumping at 3 in the early morning as the potential for rescue is clearly different.
3. Even when the intent to die may be strong and the context is lethal, the end result may be unpredictable (outcome).

Suicide is the act of killing oneself. When the individual so acts and his behaviour results in death this death is defined as completed suicide. Those who attempt and fail to kill themselves are said to have attempted suicide. Human beings distinguish themselves from other animal species in that they choose to commit the act of suicide. It has been argued that one who consciously or unconsciously chooses death must by definition be considered as suicidal.

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A suicidal gesture or threat is a suicide attempt of minimal lethality or an act of potentially self-destructive nature but without the risk of significant physical injury. Often the goal of a suicidal gesture may not be surcease but an interpersonal manipulation e.g. to coerce, seduce, frighten or punish a significant other.

In the plentiful literature on suicidal behaviour cited in a recently published comprehensive bibliography (Farbelow 1969) only a few studies examined the prevalence of suicide attempts. According to Shneidman and Farberow (1961) — 'Data for attempted suicides are relatively difficult to come by, whereas statistics for committed suicides are relatively easy . . . to obtain'

Methodological problems in obtaining reliable data on suicide attempts are:

1. Many of the people who have attempted suicide are treated in private hospitals, doctors' offices or at home, while others are not treated at all but remain undocumented and inestimable. The sampling error in the study of attempted suicide is often not easily surmountable and researchers often simplistically but wrongly purport that their data gathered from the public hospitals are representative of all attempted suicides in the population.
2. Many patients with obviously suicidal intent are known to deny the suicidal act. Tsoi (1970) in his study found that only about 10% of the cases were believed to have intention to die. The rest appeared to have other motivations.
3. Suicidal attempts have in the past decade been given a variety of diagnoses as 'attempted suicides' by Stengel (1970), as 'deliberate self-poisons and self-

injury' by Kessel (1965), as 'pseudocides' by Lennard Jones and Asher (1959) and as 'para-suicides' by Krietman et al (1970).

Scanty data exist with regard to the prevalence of suicidal ideas or threats in the population (Paykel 1974). In the study of suicide, it was found that 6 to 8 out of ten people who ultimately killed themselves had given definite warnings of their intentions to commit suicide. Mintz (1970) found that 3.9% of surveyed population admitting to one or more suicide attempts in their lifetime.

In a recent statistical survey of attempted suicide in Singapore (Chia and Tsoi 1974) it was found that:

1. There were 1133 cases of attempted suicide who were admitted into the public and private hospitals in the year 1971 in Singapore.
2. Female in the 20-29 age-groups had the highest attempted suicide rate. Rate was the highest in the Indian group and lowest in the Malay group.
3. Self-poisoning accounted for 94% of the cases.
4. Within the one year survey period, 2.4% of the total cases repeated the attempt.

**METHOD OF STUDY**

This study consists of 169 cases of attempted suicide who were referred to or who consulted the author and were interviewed, examined and treated either as out or in-patient in private hospitals during the years 1968-1976. Where-ever possible, relatives were also interviewed to add to or substantiate the data already collected. Many of the cases were also subsequently followed-up.

**FINDINGS**

**1. Ethnic Groups**

**ETHNIC GROUPS AND ATTEMPTED SUICIDE**

	NO. OF CASES			TOTAL	
	MALE	FEMALE	TOTAL	PATIENT %	POPULATION %
CHINESE	39	112	151	89.3	89.7
INDIAN	8	5	13	7.7	5.4
MALAY	1	2	3	1.8	3.3
EURASIAN	—	2	2	1.2	1.6
TOTAL	48	121	169	100.0	100.0

It is apparent from the above table that the Indians as expected were over-represented and the Malays were under-represented (Chia and Tsoi 1974).

## 2. Age and Sex

### AGE GROUPS AND ATTEMPTED SUICIDE

	NO. OF CASES			%
	MALE	FEMALE	TOTAL	
10 — 24	22	53	75	44.4
25 — 44	22	53	75	44.4
45 — 59	2	8	10	5.9
60 and above	2	7	9	5.3
<b>TOTAL</b>	<b>48</b>	<b>121</b>	<b>169</b>	<b>100.0</b>

Less than one half of all attempts (44%) were made by persons who were younger than 25. With the inclusion of the 25-44 age-groups this number jumps to about 90% of all attempts.

Forty eight (29%) of patients were males and 121 (71%) were females. Thus there were more females than males. Some of the reasons for this over-representation of females may be seen when the data are analysed.

## 3. Marital Status

### MARITAL STATUS AND ATTEMPTED SUICIDE

	%		
	MALE (n=48)	FEMALE (n=121)	TOTAL (n =169)
SINGLE	68.8	44.6	51.5
MARRIED	27.0	46.3	40.8
SEPARATED/DIVORCED	4.2	4.1	4.1
MISTRESS	—	3.3	2.4
WIDOWED	—	1.7	1.2
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

For male, 69% of the patients who attempted suicide were single. However, for female 45% of the patients who attempted suicide were single and 46% were married. A very high per cent of the married female attempted suicide because of marital problems. For the single female the important precipitating factors were unrequited love and being reprimanded by parents or others.

## 4. Educational Level

### EDUCATIONAL LEVEL ATTAINED AND ATTEMPTED SUICIDE

	%		
	MALE (n=48)	FEMALE (n=121)	TOTAL (n=169)
NO FORMAL EDUCATION	4.2	13.2	10.7
PRIMARY	16.7	15.7	16.0
SECONDARY/VOCATIONAL	68.7	54.5	58.6
PRE-UNIVERSITY	2.1	5.8	4.7
UNIVERSITY/T.T.C./DIPLOMA	8.3	10.8	10.0
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

In this series, 10% of the patients had attained tertiary education, 63% secondary or pre-university, 16% primary education and 11% had received no formal education. In Tsoi's survey (1970) only 2½% of his patients had attained tertiary education.

Of the economically inactive, 28 cases were unemployed (17%). There were 19 female and 9 male who were students. Competition in schools in Singapore was extremely keen and the female in Singapore being very much more sensitive than the male would be under severe emotional stress when faced with such problems. There were 38 housewives (31%) in this series.

Of the economically active, 13% were in the professional/technical and managerial/administrative categories; 31% in the clerical/sale/service categories and 5% in the production/transport/operators and labourers category.

The commonest method used by the patients was by poisoning. One hundred and six patients (63%) attempted suicide by poisoning. The commonest poison used was drugs. The other poisons commonly used were detergents, caustic soda, salicylates and insecticides.

Twenty two patients (13%) used multiple methods.

The other methods used were by knife/razor (slashing wrist); attempting to leap from heights; drowning; standing in front or walking towards oncoming cars, hanging, and smashing glass-windows.

**5. Occupational Status**  
**OCCUPATIONAL STATUS AND ATTEMPTED SUICIDE**

	NO. OF CASES		%
	MALE	FEMALE	
<b>ECONOMICALLY INACTIVE</b>			
NATIONAL SERVICE/SINGAPORE ARMED FORCE	2	1	2.0
STUDENT	4	10	8.0
HOUSE-WIFE	—	38	23.0
UNEMPLOYED	9	19	17.0
<b>ECONOMICALLY ACTIVE</b>			
PROFESSIONAL/TECHNICAL	9	8	13.0
MANAGERIAL/ADMINISTRATIVE	—	5	
CLERICAL	10	19	31.0
SALE	5	6	
SERVICE	1	12	
PRODUCTION/TRANSPORT/OPERATORS AND LABOURERS	7	2	5.0
UNKNOWN	1	1	1.0
<b>TOTAL</b>	<b>48</b>	<b>121</b>	<b>100.0</b>

**6. Methods Used**

**METHODS OF ATTEMPTED SUICIDE**

	NO. OF CASES			%
	MALE	FEMALE	TOTAL	
KNIFE/RAZOR	8	3	11	17.8
LEAPING FROM HEIGHTS	4	4	8	
DROWNING	2	3	5	
ON-COMING CAR	3	—	3	
HANGING	1	—	1	
SMASHING WINDOW (GLASS)	1	—	1	
GAS	—	1	1	
POISONING	20	86	106	62.7
MULTIPLE	7	15	22	13.0
UNKNOWN	2	9	11	6.5
<b>TOTAL</b>	<b>48</b>	<b>121</b>	<b>169</b>	<b>100.0</b>

## TYPES OF POISON USED

	NO. OF CASES			% TOTAL
	MALE	FEMALE	TOTAL	
DRUGS	17	60	77	72.6
DETERGENTS	1	10	11	
CAUSTIC SODA	1	4	5	
SALICYLATES	—	4	4	
INSECTICIDES	—	3	3	
OTHERS	—	5	5	
ALCOHOL	1	—	1	
TOTAL	20	86	106	0.9
				100.0

## 7. Dominant Causative Factors Associated With Attempted Suicide

## DOMINANT CAUSATIVE FACTORS ASSOCIATED WITH ATTEMPTED SUICIDE

	NO. OF CASES		%			
	MALE	FEMALE	MALE	FEMALE		
SCHIZOPHRENIA	23	38	52.0	32.0		
PSYCHOTIC DEPRESSION	2	1				
SEXUAL PERVERSIONS	5	1				
PERSONALITY DISORDER	2	1				
PHYSICAL ILLNESS	1	2				
JOB/FINANCIAL PROBLEMS	7	6				
MARITAL PROBLEMS	2	34			10.0	2.0
LOVE PROBLEMS	1	12				
FAMILY PROBLEMS	—	5				
QUARRELS	2	3				
BEREAVEMENT	—	3				
NATIONAL SERVICE	1	—				
SCHOOL/EXAMINATION PROBLEMS	—	3	11.0	47.0		
UNWANTED PREGNANCY	—	3				
MULTIPLE	1	3				
UNKNOWN	1	6				
TOTAL	48	121			100.0	100.0

As shown in the table above, 52% of male but only 32% of female who attempted suicide were suffering from psychotic illness. About 10% of male who attempted suicide were sexual perverts. Also a higher per cent of male than female attempted suicide because of financial/job problems. However, a higher per cent of female than male attempted suicide because of interpersonal problems such as marital problems, love problems, family problems, quarrels and bereavement. Three female attempted suicide because of school/examination problems and three because of unwanted pregnancy. Four patients in this series attempted suicide because of complex multiple problems.

**8. Reasons And Motivations For Attempted Suicide**

It is often difficult to ascertain the genuine motivations or reasons of patients after they had attempted suicide. It is often found during the interviews that the patients because of stigma or ambivalence, were hesitant or reluctant to voice their feelings and reasons or motivations for the acts. Tsoi (1970) in his study found that about only 10% of his cases had the 'intent to die'. The percentage of patients in this study with such 'suicidal intent' prior to their attempts was definitely higher. It was also discovered that the patients suffering from psychotic illness voiced suicidal ideas more frequently and were more serious and determined in their suicidal pursue (Chia 1979).

An attempt was made in this study to try to understand why the patients had attempted suicide. The reasons and motivations could be summarized thus:

1. They had no further purpose or desire to live and they were very depressed with feeling of hopelessness.
2. They felt very guilty and they felt that they were a burden to others.
3. They were very angry and frustrated.
4. They had great fear of going insane.
5. They felt that their life-situation had become intolerable, or that their illness was incurable. They were unable to cope with life and they had reached an impasse with no alternative but to die.
6. They wanted to threaten significant others.
7. They wanted to sleep and forget, or they wanted 'peace of mind'.

From the table above, it can be noted that:

1. Of the 61 schizophrenic patients who had attempted suicide, 14 finally committed suicide.
2. Of the 91 patients who suffered from depressive illness, 11 completed suicide.

From this follow-up study, it was found that the diagnostic category with the highest suicide risk in Singapore is patients suffering from schizophrenia with past history of attempted suicide. In this series, there were only 3 patients who suffered from Manic depressive psychoses. Manic-depressive psychosis is reported in Western countries to have the highest suicide risk. However, the number of patients given such a diagnosis in Singapore is small.

**9. Follow-up Study**

**PATIENTS WHO FINALLY COMMITTED SUICIDE**

DIAGNOSTIC CATEGORIES	NO. OF CASES		TOTAL PATIENT POPULATION
	ATTEMPTED SUICIDE	COMPLETED SUICIDE	
SCHIZOPHRENIA	61	14	737
MANIC-DEPRESSIVE PSYCHOSES	3	1	5
REACTIVE DEPRESSION	88	10	721
ANXIETY NEUROSIS	1	—	220
OBSESSIVE COMPULSIVE	1	—	26
HOMOSEXUAL	1	—	14
TRANS-SEXUAL	5	—	12
CHRONIC ALCOHOLIC	1	—	5
<b>TOTAL</b>	<b>161</b>	<b>25</b>	<b>1740</b>

## DISCUSSION AND CONCLUSION

An analysis was made of 169 patients treated as out or in-patient in a private psychiatric clinic or private hospitals over a period of 9 years (1968-1976).

Of these 90% were Chinese, 8% were Indians, 2% were Malays and 1% were Eurasians. The Indians were as expected over-represented and the Malays were under-represented. The age-range was 16-70 with an average age of 28. The female to male ratio was 2.5 to 1. Among the male, 70% were single. However, among the female 46% were married and 40% were single. Marriage does not protect the female from suicidal behaviour but may instead precipitate them to attempt or complete suicide (Chia 1978).

The sample of patients in this study must be biased as it consists of only patients treated by a private psychiatrist. Those who consult a private psychiatrist in Singapore would more likely belong to the higher social strata of the population. Thus, it was not surprising to discover that 10% of the patients had attained tertiary education and 13% belonged to the professional/technical or managerial/administrative categories.

The occurrence of diagnosable mental illness was unusually high in this series. Fifty-two per cent of the male patients and 32% of the female were found to suffer from psychotic illness. It is also interesting to note the relative large number of male sexual perverts in this series. The most frequent reasons given by female for the acts were chronic personal, domestic and marital strifes. Financial/job problems were more important associated causative factors for male and school/examination problems were more important for female attempted suicides. Three female patients attempted suicide because of unwanted pregnancy and 3 female patients because of bereavement. One male patient attempted suicide because of national service.

The most common method used by the patients (as in other studies) was by poisoning (63%). The commonest poisons used was drug. The other methods used were — knife/razor, leaping from heights, drowning, car-accident, hanging, gassing and smashing glass-window. Thirteen per cent of the patients used multiple methods.

In this study, every patient was asked — 'why have you taken the poison or why have you tried to injure yourself?'. Their answers were:

1. They had no further purpose to live. They were unfortunate to be born. They were very depressed with feeling of hopelessness.
2. They had strong-guilt feelings or they felt that they were a burden to others.
3. They were very angry and frustrated.
4. They were afraid of going insane or they felt uncomfortably helpless.
5. Situation in life had become intolerable. Illness was incurable. There was no alternative.
6. They wanted to sleep and forget, or they wanted to have 'peace of mind'.
7. They wanted to threaten or manipulate significant others.

In the follow-up study, it was found that schizophrenic patient who had attempted suicide has the highest suicide risk.

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