# SELF POISONING IN SINGAPORE — MAIN CAUSATIVE FACTORS

W F Tsoi L P Kok SYNOPSIS

Self-poisoning is the main form of attempted suicide in Singapore. A psychiatric investigation was carried out in 100 consecutive referrals of self-poisoning cases. There were 30 males to 70 females. The modal age group was 20-29 years, which accounted for 43 percent. The main causative factors were interpersonal problems (58%), mainly resulting from quarrels with spouse, partner of family members, followed by illness (13%), schizophrenia (7%), insomnia (7%), work problems (7%) and financial problems (6%). Case illustrations were given for the main categories.

#### INTRODUCTION

The magnitude of the problem of self-poisoning in Singapore had been shown in a survey of all cases of attempted suicide admitted to general hospitals in Singapore in 1971 (1). There were 1133 cases giving a rate of 55 per 100 000 population. This figure did not cover those not admitted to hospitals for treatment. Of the 1133 cases, 94 per cent were carried out by self-poisoning. This paper deals with the main causative factors for self-poisoning in 100 consecutive referrals of such cases to the Department of Psychological Medicine, National University of Singapore.

#### MATERIAL AND METHOD

One hundred consecutive referrals of self-poisoning cases were seen by either of the authors who obtained a detailed psychiatric history and a psychiatric assessment of the mental state of the patient.

#### **RESULTS AND DISCUSSION**

#### Ethnic Groups

As shown in table I below, the Chinese and Indians were overrepresented. Previous studies (1, 2, 3) showed similar findings. Suicide and attempted suicide were consistently under-represented in the Malay ethnic group. This could be due to the teaching of the Islam religion which prohibits suicide and perhaps to a greater emotional support in the Malay family and community.

#### Table I Breakdown according to Ethnic Groups

	Chinese	Malay	Indian	Others	Total
Self-Poisoning	84	5	10	1	100
Singapore Population (%)	77	15	6	2	100

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## Age and Sex

This is shown in table II below. There were 30 males and 70 females, giving a sex ratio of 1 to 2.3. All studies showed a female preponderance (1, 4, 5, 6). It was suggested that men were more reluctant to attempt suicide unless they were desperate or very depressed. Self-poisoning is also predominantly an act of the young and the rate is highest in the age group 20-29 years. (1).

Table II				
Breakdown	according to Sex and Age			

Age Group	Male	Female	Total
10-19	3	17	20
20-29	13	30	43
30-39	8	13	21
40-49	3	7	10
50 and above	3	3	6
Total	30	70	100

# Main Causative Factors

The main reasons for suicide attempts in Singapore in recent years were found to be interpersonal problems (2, 3). Yap (7) found economic difficulties to be the chief precipitating factor in Hongkong. Fellner (8) saw the suicide attempt as the outcome of an interpersonal conflict. Of the 98 patients studied, Adam et al (14) found this to be the main reason for attempting suicide. Moss and Hamilton (9) viewed the attempt as an aggressive act against an important figure. Katschnig and Stewart (10) felt that the suicide attempts were used by people to obtain help in emotionally difficult situations, and Stengel and Cook (11) regarded the suicide attempt as a cry for help. The main causative factors in this study were shown in table III below.

# Table III Main Causative Factors for Self-Poisoning

Main Causative Factors	Males	Females	Total (%)

1	Interpersonal Pro-				
	blems		9	49	58
	а	spouse or			
		partner	4	31	
	b	family	5	13	
	с	mother-in-law		3	
	d	friends		2	
2	Illness		5	8	13
3	Schizophrenia		7		7
4	Insomnia		3	4	7
5	Work Problems		3	4	7
6	Financial Problems		3	3	6
7	Others		-	2	2
	То	tal	30	70	100

# 1 Interpersonal Problems

Events leading to self-poisoning is often multiple. Interpersonal problems headed the list of causes. Tsoi (11) found that quarrels were the main causative factor in 73 out of 192 cases (38%), and Chia (4) noted that relationship problems were seen in 59 out of 169 cases (35%). Adams et al (1) found interpersonal relationship problems in 81% of his cases and Katschnig and Steinert (12) found that 56% of the men and 70% of the women had conflict motives in problems involving other people.

## (a) Spouse or Partner Problems

The most common single problem was an unhappy relationship with either the husband or boy-friend usually in the form of the partner rejecting the patient. A husband coming home late, or a boyfriend turning cold and aloof or appearing not to care was the most common event. Fear of anticipated loss of the loved one or anger during the guarrels that the patient frequently provoked, was the precipitating factor in most cases. In some cases, the attempt was a means of showing relatives how bad the situation was and implicit in the attempt was a call for help to get the erring spouse or partner to change his ways. The call for help was sometimes successful in at least a temporary reconciliation. Case illustration: Case 1 - A was a 21 year old Chinese female who had been married for a year. During this period, she quarrelled almost daily with her husband because she felt that he was interested in other women and probably was keeping a mistress outside. On the night of the self-poisoning, he did not return home. She rang his friends but could not locate him. In anger, she took a packet of sleeping tablets to teach her husband a lesson and to sleep it off. She was not sure whether the tablets would be fatal. After the act, she rang her mother-in-law to bring her to hospital. Case 2 - In an almost identical case, it was the husband who swallowed the tablets instead. His wife found out he had a girl friend and quarrelled frequently with him. One night he came home late and they guarrelled again. He then swallowed 20 tablets to end it all.

# (b) Family Problems

Teenagers were the ones usually involved in family problems. The conflict was between the older and the younger generations. Usually the parents scolded the patients for going out, for being disobedient or for mixing around with bad company. Case illustration: Case 3 – C, a teenager, did not get on well with her mother who, she said, nagged her for no reason. C went out late one night, and heeding her mother's warning never to come home after 11 pm, stayed the night with a girlfriend. When she returned home the following day, her mother flew into a rage and accused her of being a prostitute. C cried and swallowed 15 sleeping tablets.

## (c) In-law Problems

There were only 3 patients who poisoned themselves because of in-law problems. This could be due to the growing trend of young couples living on their own. Case 4 – D was a 38 year old Indian woman who stayed with her in-laws. She returned to Kluang to see her parents during the Deepavali festival, accompanied by her husband. When they returned home she was berated soundly by her mother-in-law, who had opposed the trip. D was so upset that she swallowed a number of tablets.

## 2 Illness

This was the main cause of self-poisoning in 13% of the cases. Tsoi (3) found illness as a cause of attempted suicide in 19% of the cases and Yap (7) noted that it was the precipitating factor in 10% of his cases, many of who were suffering from tuberculosis. In this series, none of the cases had any serious illness, in terms of actual pathology. The majority suffered from headaches, epigastric discomfort, weakness, giddiness and backaches. Most of the illnesses were long standing - in terms of years and treatment had been sought from a number of doctors. At a certain point in time, these patients appeared to have come to the end of their endurance and they poisoned themselves. In some cases there appeared to be some underlying problems that made them depressed. For the others there did not appear to be problems or conflicts in any of their life areas. Case 5 - E complained of a non pruritic vaginal discharge for several months for which she had sought treatment. She also had a history of breathlessness and recently had been told that her blood pressure was low. On the day of the attempt she felt a little giddy. Thinking that she was getting worse she swallowed 100 tablets of Paracetamol, hoping to end her life.

## 3 Schizophrenia

This headed the list of causes for males (7 out of 30). There were no cases of females suffering from Schizophrenia in this series. Tsoi (3) and Chia (2) also found that Schizophrenia was an important cause in their male cases. This did not appear to be so in Western countries where in one study, Kessel et al (12) found that 26% of the males and 43% of the females were diagnosed as Depression. In Singapore, where there is full employment, males are expected to work and contribute financially to the family, Male schizophrenics who stay at home are subject to pressure to conform. This may cause them to resort to suicide attempts when they relapse or are faced with conflicts. This group had not been working regularly. For females, staying at home

and doing housework is acceptable and hence they are subject to less social pressure. Case 6 – F had a history of admissions to Woodbridge Hospital several times for Schizophrenia. Since then he was not working and stayed at home with his parents. About a month prior to the incident he had a relapse and heard voices. He also had delusions of persecution. On the night of the self-poisoning he felt that gangsters were chasing him, and so swallowed a packet of 20 tablets.

## 4 Insomnia

Seven patients had insomnia and took an overdose. All of them denied suicidal intention and said they only wanted to have a good sleep.

## 5 Financial and Work Problems

Seven had work problems (4 females and 3 males). For the males, the problem was one of adjusting to National Service. They could not take the discipline of military life and resorted to self-poisoning to solve their problem. Financial problems was not an important cause for self-poisoning, probably because of the full employment situation in Singapore. Of the 6 cases, two who were in the older age groups, felt that they were totally dependent on their children for money. The other four had gambling debts which they felt they could not settle.

## CONCLUSION

A study of self-poisoning can reveal the common psychosocial stress factors that give rise to emotional crises. In this study of 100 cases, by far the most common factors were relationship problems (58%), followed by psychosomatic illness and insomnia (20%). The rest of the causes – schlzophrenia, work problems, financial problems and others were roughly equally distributed at about 7% each.

## REFERENCES

- 1. Chia B H and Tsoi W F: A Statistical Study of Attempted Suicides in Singapore. Singapore Medical Journal, 15: 253-56, 1974.
- 2. Chia B H: A study of Attempted Suicide in Private Practice. Singapore Medical Journal, 21: 742-48, 1980.
- Tsoi W F: Attempted Suicide. Singapore Medical Journal 11: 258-63, 1970.
- 4. Adam K S, Bouckoms A and Scarr G: Attempted Suicide in Christchurch: a controlled study. Australian and New Zealand Journal of Psychiatry, 14: 305-14, 1980.
- Bancroft J, Hawton K, Simkin S, Kingston B, Cumming C and Whitwell D: The reasons people give for taking overdoses: A further inquiry. British Journal Medical Psychology, 52: 353-65, 1979.
- Birtchnell J and Alarcon J: The motivation and emotional state of 91 cases of Attempted Suicide. British Journal Medical Psychology, 44: 45-52, 1971.
- 7. Yap P M: Suicide in Hong Kong. University of Hong Kong Press and Oxford University Press. 1958.
- 8. Fellner C H: Provocation of Suicidal Attempts. Journal of Nervous and Mental Diseases. 133: 55-58, 1961.
- 9. Moss L M and Hamilton D M: The Psychotherapy of the

.

Suicidal Patient. American Journal of Psychiatry. 112: 814-20, 1956.

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- 10. W.H.O.: Suicide and Attempted Suicide. Public Health Papers No 58, p 94-96, World Health Organisation, Geneva, 1974.
- 11. Stengel E and Cook N G: Attempted Suicide. Maudsley

Monographs No 4, London, Chapman and Hall, 1958.

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- 12. Kessel N: Self-poisoning, Part I. British Medical Journal 2: 1265-70, 1965.
- 13. Hawton K, Bancroft J and Simkin: Attitudes of Psychiatric Patients in Deliberate Self-poisoning. British Journal of Psychiatry, 132: 31-35, 1978.