

SUICIDE – A PLURIVALENT PHENOMENON – A MULTIDIMENSIONAL APPROACH

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Abstract:

Suicide still remains a highly controversial nowadays' phenomenon. Suicide actually represents a crime against oneself. Since ancient times, people have resorted to this final gesture, and suicide has been regarded differently from the socio-cultural point of view, according to their historical period, the degree of cultural development, directly related to traditions and beliefs of those peoples. Thus, suicide was and is still blamed by the Christian peoples, being considered a mortal sin, but is also seen as an honourable act by the ancient samurai, for example. Today, however, most religions and beliefs, except some unrecognized sects, officially condemn suicide and regard it as a mortal sin. The contemporary society condemns suicide as well, so those with previous suicidal attempts are temporary institutionalized and provided with professional help.

Key words: suicidal, suicidal risk factors, multidimensional approach

The purpose of the paper

This study aims to follow the suicide phenomenon from a multidimensional perspective, having multiple objectives, the most important of which are:

- Identifying the causes leading to this final gesture;
- Setting the context in which it occurs;
- Identifying suicidal risk factors;
- Taking a medico-legal, psychiatric and social approach to suicidal persons.

Material and Method

The paper represents a retrospective study that uses analytical research methods of medico-legal autopsy reports from casuistry of the County Medico-Legal Medicine Service in Constanta between 2004 and 2008 (4 206 autopsies).

Results and Discussions

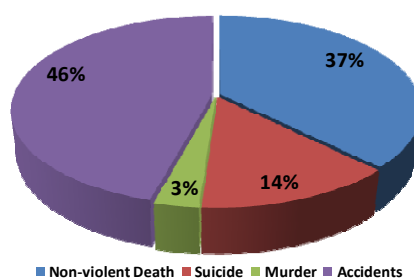


Figure 1. Representation of casuistry by type of death

Analysis of casuistry shows that a significant proportion of deaths were due to suicide – 14 % (576 cases found in the reference period) – Figure 1. With regard to violent death and how it occurs, we have observed that suicide ranks second after accidents, which shows that this phenomenon is not rare or occasional, but occupies a significant proportion among violent deaths. There is also a close relationship between suicide and murder, both phenomena having a violent substrate – in the case of murder, violence is directed towards other people, while in that of suicide, violence is directed against oneself. It is expected that these components of violent death would see a slight increase in the near future, explained by the environmental set, by the growing economic crisis, job loss, and lower living standards.

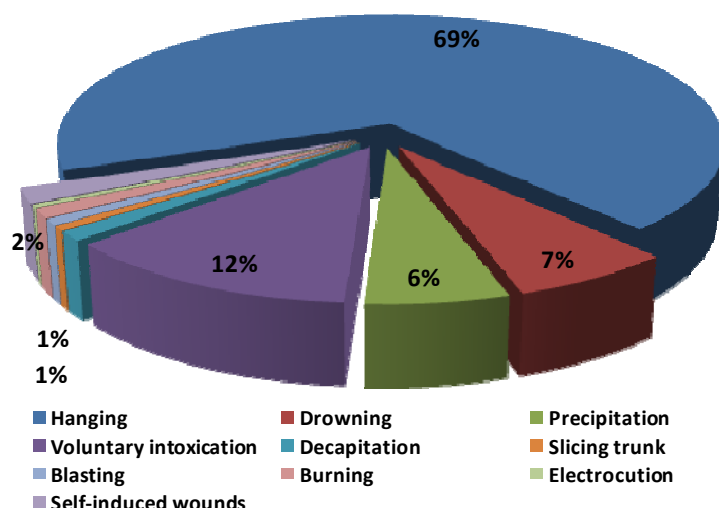


Figure 2. Distribution of casuistry according to suicide methods

As it can be seen in Figure 2, with relation to suicide methods, an overwhelming percentage of cases – 69 % chose mechanical smothering means such as hanging, followed by 12 % who chose voluntary intoxication, 7 % drowning, 6 % precipitation, other methods being chosen in a much smaller percentage – 2 %, 1 %. Hanging is the primary means of achieving the suicidal act, this probably being due to the ease with which it can be achieved, it's a simple and cheap method, the necessary materials are readily available – ropes, cables, cords, etc., preferred by both sexes, but predominantly by male gender, with greater tendency and inclination toward external violence. A large proportion of women opt for voluntary intoxication, this gender being characterized by a tendency toward an internal type of violence, with various suicide attempts to attract attention, rather than the implementation of the act itself.

Table I. Methods of accomplishing the suicidal act

Way \ Year	2004	2005	2006	2007	2008	Total
Hanging	49	69	86	71	75	350
Drowning	7	10	3	6	8	34
Precipitation	6	8	6	6	4	30
Voluntary intoxication	8	15	12	13	15	63
Decapitation	2	2	2	0	0	6
Slicing trunk	0	0	0	2	1	3
Blasting	2	1	0	1	0	4
Burning	1	1	3	2	0	6
Electrocutation	1	0	1	0	0	2
Self-induced wounds	1	2	1	3	4	10

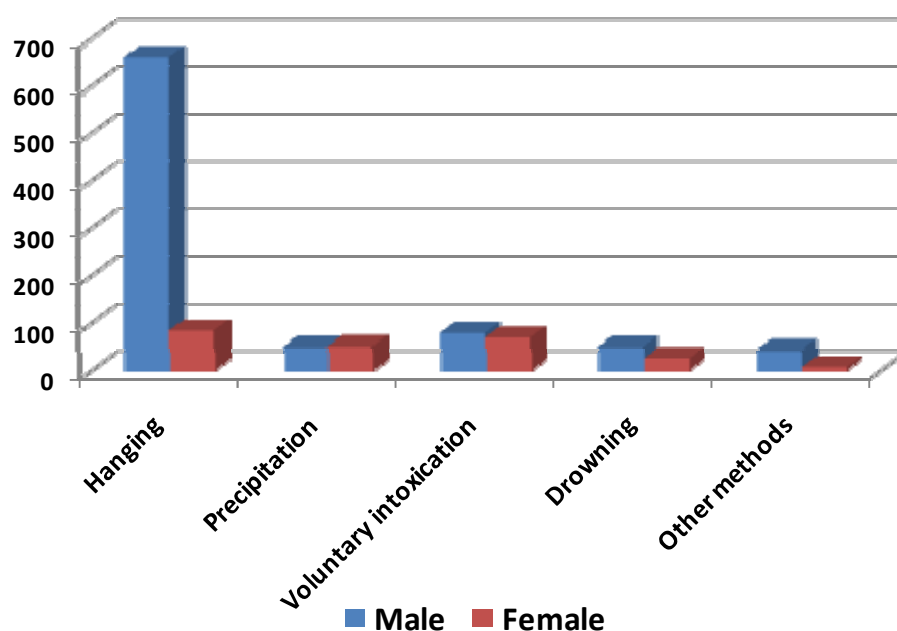


Figure 3. Sex distribution of suicide methods

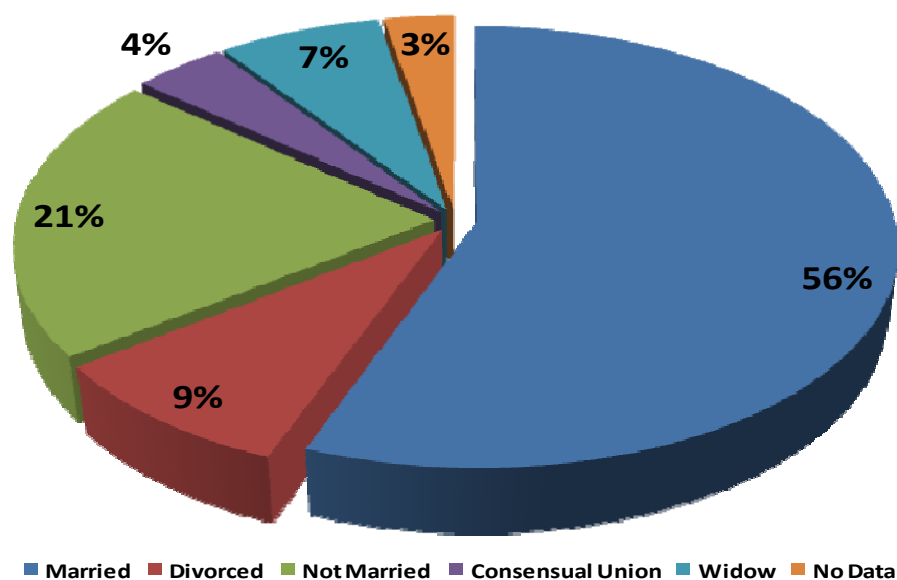


Figure 4. Distribution of suicide cases according to marital state

As reflected in the statistical analysis (Figure 4), over half of the suicide cases – 56 % – were represented by married individuals, in a paradoxical manner because of the generally accepted belief that family offers social protection and is designed to keep people grounded in the reality. In contrast, however, it appears that any type of failure that might occur within the family (arguments, departure of the partner to work abroad, separation) is a major risk factor leading to suicide. This observation is supported by a relatively large percentage of those divorced – 9 %, in most cases, the divorce being the trigger factor that led to this final gesture.

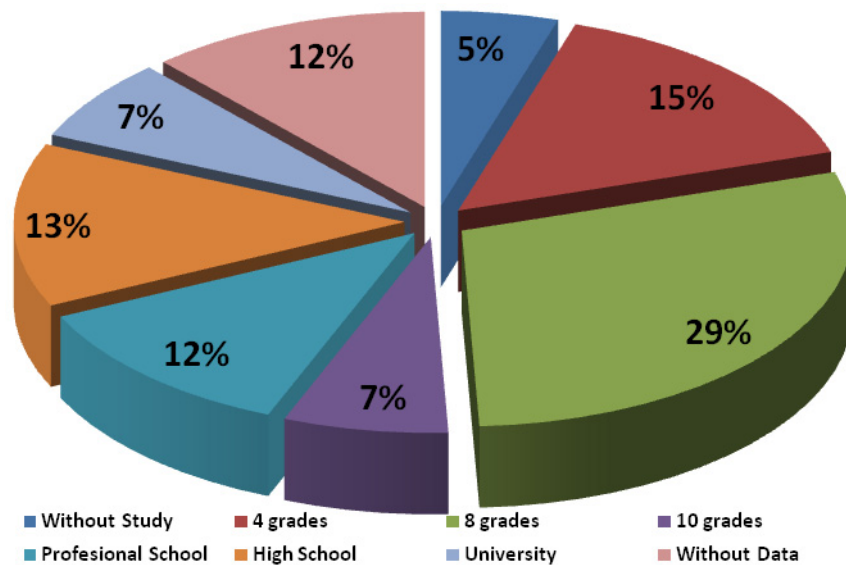


Figure 5. Distribution of casuistry according to the level of schooling

Education as well can be considered a protective factor with regard to suicide (Figure 5). Those with higher education level (7 %) and those with middle-level education (25 %), had a reduced share in the analyzed casuistry, while those with minimal education and no school occupied a large proportion – 68 %. This shows that there is a clear correlation between the level of education and suicide, those inclined toward this behavior being the minimally educated.

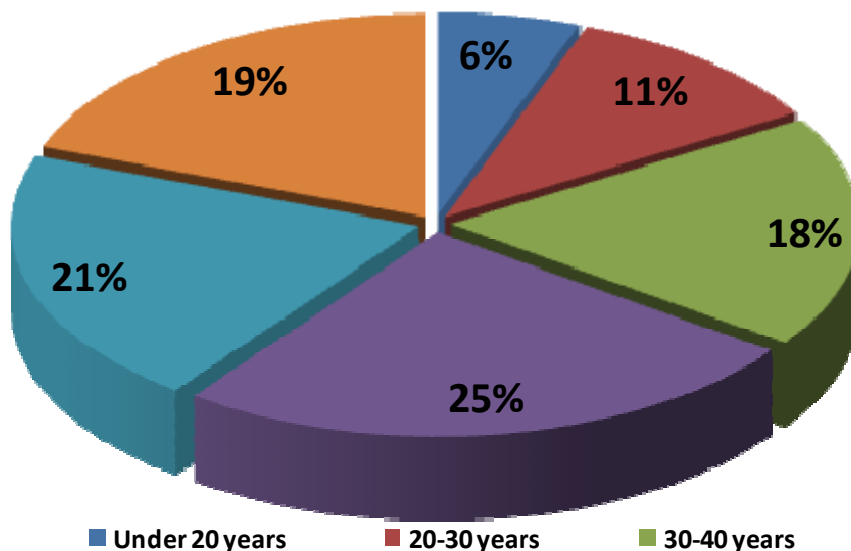


Figure 6. Distribution of casuistry according to age groups

The age group most affected by suicide is 40 – 50 years old. These individuals represent an important loss to society, because they play an active role within it, their loss having an impact at both the socio-individual level, as well as the economic level of society (Figure 6). Rates of suicide in younger age groups 20 – 30 years old, 30 – 40 years old, are much less compared to the 40 – 50 years segment, possibly because the youngest are more adaptable and are more easily affected by significant changes in their lives (job loss, loss of partner), unlike older ones where the degree of social adaptability is decreased.

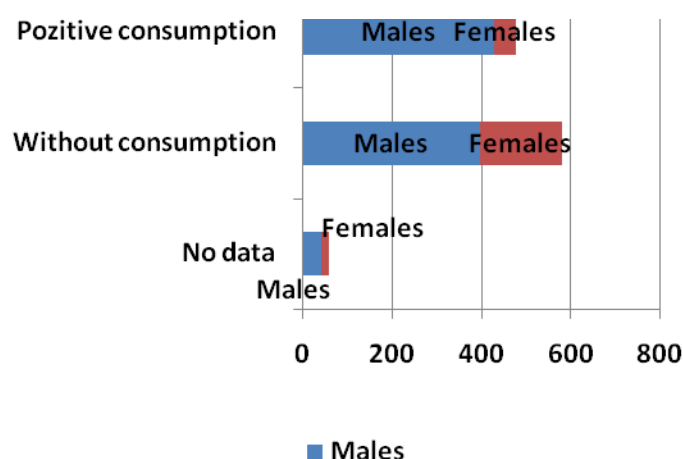


Figure 7. Distribution of casuistry according to alcohol consumption

One of the most important risk factors related to suicide is alcohol, being found in about 42 % of cases (Figure 7). Alcohol is both an adjuvant and a direct factor in the transition to a suicidal act, because it determines a certain disinhibition. Unfortunately, this risk factor was present in almost all cases regardless of age group, which reveals its importance in the complexity of the phenomenon of suicide, and the fact that there are no unexposed age groups, so from this point of view, there aren't any „protected“ categories against this major risk factor. Mental illness was identified as one of the most important factors incriminated in the dynamics of suicide. Psychosis, depression, and decompensation of psychiatric disorders such as schizophrenia, are other major risk factors in committing suicide. Unfortunately, lack of cooperation of the family in terms of providing data on a patient prevents a relevant analysis of this major risk factor. The only available data refers to those who were institutionalized, but concrete data regarding those with mild psychiatric disorders – depression or decompensation is lacking because this sort of information is not usually being provided by the family.

Conclusions:

1. This phenomenon's rate is unfortunately growing, as determined by society's current difficulties, and its increased dynamics, disadvantaging the categories whose are less able to adapt.
2. Suicide was more frequent in males and especially those married, a paradoxical contradiction that the presence of family would provide a protective factor.
3. Most preferred means of suicide was a mechanical smothering type – hanging.
4. Most affected age segment is between 40 and 50 years old.
5. Education is a protective factor, while lack of it becomes a risk factor for suicidal act.
6. Alcohol and mental illness were identified as two of the most important risk factors, but an adequate prophylaxis in this respect and more attention from the authorities toward individuals can significantly reduce the number of cases of suicide.

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