

# **CHAPTER ONE**

## **INTRODUCTION**

### **Background of Study**

Men and women cherish their life and strive to live it to the fullest. However there are those who choose death. People who are suicidal would rather meet with death than faced the agony of living another day. For these people, life is not worth living; thus they rather embrace death.

Society considers suicide as a deviant behavior because it involves the violation of norms concerning the value of human life and circumstances under which humans can end a life, in this case their own (Clinard & Miere, 1969). Aristotle, the great philosopher, said, “ Suicide is bad because it represented a crime against the state. Man is primarily a social being and is the property of the state and no one has any right to deprive the state of its property” (Hotline, Austin: 1998). In contrast, Seneca, a Roman Stoic expounded a positive philosophy of suicide, giving an individual autonomy over his own life, when he said, “If life pleases, you live. If not, you have a right to return whence you came” (Masaryk, 1970,p.xxviii).

Norms opposed to suicide have a long history, changing in value according to religious, social and legal changes. While some societies consider suicide as acceptable and honorable, others saw it as an immoral or a criminal act. They are then willing to mutilate the body of the victim and ostracize the surviving family members or cast eternal damnation on the victim. (Masaryk, 1970; Alvarez, 1971).

In Islam the Quran says “ Take not life which Allah made sacred otherwise than in the course of justice” and “Do not kill (or destroy) yourselves, for verily Allah has been to you most Merciful” (Quran 6:151, 17:33 and 4:29). Hence, Malaysia, being an Islamic country, carries the violation of Allah’s decree to the extreme of declaring that the act of suicide is considered a crime and subject to imprisonment (Section 309 of the Penal Code).

In spite of the fact that one should not take one’s own life, like any death, the finality of a suicide act is a reality. Whether we want to admit it or not, it happens. Because it happens and it is real, we need to prevent it. And to be able to prevent it, we need to understand why it occurs.

Suicide is among the leading causes of death for all ages in most countries. Four hundred thousand people commit suicide every year around the world. Moreover the general trend for the past twenty years has been an increase in suicide among the younger age group (15 to 34 years) and females (WHO: 1993, Diekstra & Hawton: 1987). In the United States of America over 32,000 people kill themselves within a year. Accounting for 1.4% of death, suicide is the ninth leading cause of death. Every fifteen minutes one person commits suicide, while an attempt is made about once every minute. In 1995, the suicide rate among women was 4.4 per 100,000, while for men it was 19.8 per 100,000. Although the rate of suicide committed by women is lower than that of men it has increased at a faster rate than the male suicide rate (Peters, 1985; American Foundation of Suicide Prevention, 1997).

Although the suicide rate in Malaysia is low compared to that of the United States of America, it has been steadily increasing. In 1975 completed suicide rate was 0.38/100,000 and in 1986 it was 1.67/100,000. Based on hospital admission,

attempted suicide has also been increasing, rising from 4.5 per 100,000 in 1975 to 12.7 in the 1986, and the average annual increase of suicide attempts per annum is 3.8 per 100,000 population (Ong & Yeoh, 1992). However, it is estimated that suicide is underreported in Malaysia, due to the strong social stigma for the bereaved and brings shame and guilt on the survivors (Ong & Yeoh, 1992).

Based on empirical observation from University Hospital, Kuala Lumpur there is a gradual increase in the number of suicidal attempts admitted to hospitals within the past 10 years. Most survived and did not repeat the attempt, however a small proportion repeated and finally died in the attempt. A study done by Hussain Habil indicated that out of 167 attempted suicide patients, 5.4 per cent were repeaters (Hussain Habil, 1992). Although there is a misconception that those who attempt suicide and fail are safe from future attempts, in reality four out of five people who kill themselves have made previous attempts; 12 per cent of those who attempt will repeat and succeed within 2 years (Grollman, 1971 cited in Martin & Dixon, 1986).

According to Marcus Eric (1996), young people who try to kill themselves are those who are unable to cope with the challenges of life and become overwhelmed. Consequently, they lose hope and seeing no way out of their despair, choose suicide as their only option. While attempting suicide is a move towards death, it may also be a way of moving towards other people. It is an appeal that their pain and suffering be heard and taken noticed, says psychologist Norman Farbrow (in Colt G. Howlt, 1991). So, suicide is the act of an individual who sees no hope in life, experiencing a sense of hopelessness and despair. It is said that people “back into” suicide rather than walk into it. It is seen as a coping mechanism to avoid the stress of daily living.

## **Problem Statement**

The difference between men and women in their suicidal behavior is that, while men completed suicide 4 times more than women did, women attempt suicide at a higher rate than men do i.e. 2 times more than men. In the United States of America it is estimated that one woman attempts suicide every 78 seconds (AFSP: 1998, National Institute of Mental Health: 1995). In Malaysia, records from KL General Hospital indicated an average of two admissions per day of women who attempted suicide, amounting to 60 cases per month (WAO: 1996). This is merely the tip of the iceberg, as no records from other hospitals and clinics are available.

While most men considered suicide because of job related losses, the precipitating life events for women who attempt suicide tend to be interpersonal losses or crises in significant social or family relationships and failure in life. Suicidal acts are more common among women who are single, recently separated, divorced, or widowed (AFSP, 1998; Peters, 1985; Riaz, 1983).

The higher rate of suicide attempts among women could be explained by the sex role socialization and the structural inequality and devaluation of women. In socialization, women are taught to be passive, dependent and helpless, which leads to lack of individualization and a sense of being trapped. With such background women have a poor sense of competence, low self-concept and self-esteem and lack a sense of identity. Suter (1976) concludes that women, being passive and dependent, might attempt suicide if they lose hope and face despair. Women may resort to acts of self-destruction as an expression of anger, especially if their usual method of coping by influencing others to help fails (Suter, 1976; Peters, 1985).

Men and women have traditionally inhabited different social sphere. Men functioning as providers and women as the nurturers and caregivers. However, in today's modern world, women are now in the process of defining new roles. Therefore, for those who grew up the traditional way as their ideal find the social changes to be extremely stressful with confusing new options. Moreover, while the status of the traditional homemaker is seen as low, neither are they truly respected in the work place. In addition, due to the disparity in job distribution and pay differences, women have less autonomy than men do. Lack of autonomy, coupled with a socialization that tends to be passive and dependent, can cause a depression, which can be lethal threat to women's lives (Peters, 1985; Travris & Offir, 1977; Ong & Yeoh, 1992).

According to the American Foundation of Suicide Prevention, the higher rate of attempted suicide in women is attributed to the elevated incidence of mood disorders such as major depression, and seasonal affective disorders (AFSP, 1997). In addition young women attempters are found to have a high affiliative, succorant and nurturant needs, and an inability to tolerate frustration with tendency towards externalized aggression. Consequently, with high succorant needs an inability to reach significant others appeared to distinguish young persons who frequently thought about suicide from those who actually attempted suicide (AFSP, 1997; Cantor, 1976; Suter, 1976).

According to Murphy (1998) suicidal attempts are not really attempts to die most of the time, but rather an effort to bring attention, to a problem that the individual feels need to be solved. Suicide holds a solution in itself.

In attempted suicide, both men and especially women tend to use methods that allow for second thoughts or rescue. When people intend to survive, they choose a slowly effective, or ineffective, means such as an overdose of sleeping pills (Murphy, 1998).

According to Murphy (1998), women are less vulnerable to suicide because of their approach to problem solving and their ability to interact with others. Women are less inclined to commit suicide because they have stronger social support, and their thinking is more inclusive, weighing all matters, considering feelings of family, friends and even acquaintances while men find it difficult to express feelings and ask for help. A man will make his decision and act while women may consider help through psychiatric or medical intervention (AFPS, 1997; Murphy, 1998).

On the psychological dimension, tests have shown that women in comparison to men tend to be more neurotic, unstable, less self sufficient, more introverted, less self confident and more socially dependent. However, this also means that women are more willing to admit their weakness and embarrassment and to seek help (Tyler, 1976).

In addition, within the local context, apart from the issue of male-female relationship, the issue of suicide and attempted suicide could also be linked to the problems of rural-urban migration. Such factors can have an impact on an individual especially in terms of adjusting from the traditional way of life with an integrated family system, into a modern nuclear family style of living in the cities. The exposure to western culture and a new way of living can be stressful to the Malaysian, as the norms of traditional beliefs, customs as well as close knit family system deteriorates. Those individuals who are exposed and influenced by this culture lose out on the

spiritual aspect of the supportive system especially in times of crisis. These individuals feeling vulnerable and lost trying to fit into a system that is alien to them experienced a sense of hopelessness, thus turning to drugs and alcohol as a means of coping with the crisis, or eventually resorting to suicide as a form of escape (Hussein Habil, 1992).

### **Rationale of the Study**

Life is sacred, and failure to preserve it is a loss to humankind. Suicide should not be seen as a choice available to a person no matter how desperate a situation one is in, for there are always other options. Suicidal people have a narrow vision, not being able to see possible choices and options that could be taken during a crisis, but rather see suicide as the only possibility, thus the need for outside help (Shneidman, 1996).

While suicide and attempted suicide rates may not be as high in Malaysia as in the United States of America the trend is increasing (Ong & Yeoh, 1992). In addition, statistics from Befrienders Kuala Lumpur, a voluntary organization providing twenty-four hours telephone services to those in distress, as well as acting as a suicide crisis center, recorded an increase from 10% in 1997 to 12% of the total number of callers who have suicidal thoughts in 1998 (Befreinders, 1998).

As such it is crucial to be aware of the suicidal intention of attempters, whether they are merely suicidal thoughts or that those who called could actually be attempting suicide as a cry for help. So this understanding should be a critical part of the training of care providers.

In order to have effective prevention strategies we have to identify and gain insight on the nature of suicide and the person who is suicidal. We need to understand why one person would rather cling to live even if it is merely a state of day- to-day existence, while another flees from life into death by suicide. Currently there is little research on suicide in Malaysia. Therefore there is an urgent need to carry out research on suicide and attempted suicide in Malaysia. The findings may help us curb the increasing trend of suicide and attempted suicide in Malaysian society.

### **Purpose of Study**

It is the purpose of this study to understand the trend as well as the feelings and thoughts of attempted suicide within the urban population with the ultimate goal of finding a means of helping those who may be tempted to suicidal tendency. More specifically, the purposes of this study are:

- i) To identify women who are likely to be suicidal so that remedial actions can be taken before the actual attempt at suicide.
- ii) To determine the underlying factors that instigate the intention to attempt suicide
- iii) To determine the feelings and thoughts of suicide attempters before and after the attempt.
- iv) To determine the awareness of counseling facilities among the suicide attempters.



## **Research Questions**

Bearing in mind the purposes, the following research questions will be addressed:

1. Who among the female youth that are inclined to suicidal acts?
2. What are the causes that made attempters want to kill themselves?
3. What are the thoughts and feelings of attempters that prompt them to contemplate the idea of suicide?
4. What are the effects of the attempt and how do they feel after the attempt?
5. Do the suicide attempters know of any social organization that they could go to for emotional help?

## **Significance of the Study**

The study would provide a valuable source of data on suicide and attempted suicide in the Malaysian society where information on this subject is currently lacking, while the number of suicide and suicide attempts has been shown to be increasing. To help understand and reduce this trend, effort should be made to identify factors that brought about this tendency. As human life is precious, it is important that these people do not die needlessly. A country like Malaysia that is constantly growing would need human resources to move it to great heights, thus all effort should be made to curtail the increasing number of suicide in the country. It is hoped that this research will throw some light on how to identify and deal with those who might have

suicidal tendencies and work them through the crisis so that suicide will not be their choice in coping with adversity.

One of the significance of this study is that, with the understanding of the feelings and thoughts of a suicidal person it will equip the counselor with greater confidence on how to approach and deal with suicide in a more empathetic manner. It would also at the same time provide counselors with the confidence in dealing with a sensitive issue as death and suicide.

Another significant of the study is that it can be used as a tool for care providers to facilitate quick intervention when a person is detected to be suicidal. In addition, it will help plan and create prevention and intervention strategies and training programs for care providers, namely counselors, social workers, helpline volunteers and family members. With training and proper strategies, they will be better equipped and prepared to handle the sensitive and personal issues of suicide.

### **Limitations**

Like other research that had been carried out in the past, this research too have its limitations. One of its limitations would be that the research would focus on cases of those who have attempted suicide, as those persons would be accessible for study. Because findings have shown that both females and young adults are more prone to suicidal attempts, the research will concentrate on females within the age range of 16 to 30 years.

This research looks at the prospective of the suicide attempter only, that is a self-report, not taking into account those of the significant others or third parties that

could give information about the suicide attempter or have played a role in the circumstances leading to the attempt.

It is expected that there might be difficulty in getting volunteers for interviews, as the stigma of suicide will discourage those who have attempted suicide to admit their feelings and volunteer as subjects. Moreover, as the interviews to be carried out would be soon after their attempt, their mind may still be clouded while physically they might not be fit to be interviewed.

The sample of the research will be limited to those suicide attempters that had been admitted to the General Hospital Kuala Lumpur from the month of April to May 2000. Thus the total number of sample would be depended on those admitted at the time, which would not be a fair representative of the total female youth population.

Another limitation of the study is its inclusion of qualitative case study approach in the major part of the research. Thus the findings might be limited in terms of its usage to the public as one will not be able to generalize the findings.

## **The Nature of Suicide and Attempted Suicide**

### **The origin of the word**

In old England, a suicide was considered a felony (felo de se – a felony against self) and was equated to murder. As felony is a crime, the property of the person who committed the felony was confiscated and reverted to the Crown while his/her body is denied a proper burial (Alvarez, 1971). Some etymologists noted that the word suicide could have derived from the word “Suist” meaning selfish man or “suism” meaning

selfishness. The Oxford dictionary stated that suicide is derived from the modern Latin pronoun for “self” and the verb “to kill” (in Lettieri, 1978).

The word suicide is said to be a relatively recent word, and the exact date of its first use is open to question. According to the Oxford English Dictionary, the word suicide was first used in 1651 by Walter Charleton when he said “*to vindicate oneself from ...inevitable calamity, by suicide is not ...a crime*”. However, Edward Phillips, in the 1662 edition of his dictionary, *A New Word in Words*, claimed invention of the word “One barbarous word I shall produce, which is suicide” (Encyclopaedia Britannica, 1973; Peters, 1985). Alfred Alvarez (1971), a British poet, in his book, *The Savage God*, claimed that he found that the word was used even earlier, in Sir Thomas Browne’s *Religio Medici* written in 1635, and published in 1642. The passage read “*Herein are they not extreme that can allow a man to be his own assassin and so highly extoll the end and suicide of Cato*” (Alvarez, 1971 p. 45). Barraclough and Shepherd (1994), in their research on the origin of the word suicide, affirms that Sir Thomas Browne was the first to use the word suicide.

While there are arguments on its first use, the fact was that before the use of the word suicide other terms were used. Mostly euphemisms, for expressions reflecting the association with murder were used. Examples are self-killing, self-destruction, self-homicide, self-murder and self-slaughter (Alvarez, 1971; Encyclopedia Britannica: 1973). However, currently the word suicide is much preferred. This is probably because it seems to reflect a neutral stand, while, the alternatives mentioned implies crime and have a stigma to its connotation (Barraclough & Shepherd, 1994). With the greater scope and interest in the subject of suicide, more appropriate and specific words may be coined for general use. In fact, in

1960, a new word, "suicidologie" was used by a Dutch professor W.A. Bongers in 1929. However it was not widely utilized until Edwin Shneidman put it to use. Now the term is widely accepted and it means "the scientific study of suicidal phenomena" (Shneidman, 1973; Barraclough & Shepherd, 1994).

### **The hierarchy of suicide**

Suicide is not a disease nor is it an immoral act as viewed by some in society. In the eyes of Monica Dickens, the famous American author, "*suicide is the chosen escape from pain, where there seems to be no other choice, nor hope of one*" (in Eldrid, 1988 p.94). Shneidman's comment on suicide was "*the most constant factor around suicide is the lack of constructive intimate relationship*" (Young, 1996, p.1). John Eldrid (1988) in his book "Caring for the Suicidal" employed a suicide ladder in a simple explanation of those people who are moved to despair and suicidal behavior. The book also elaborated how a relationship between a helper and a suicidal person can help reduce the sense of despair and hopelessness, moving the person away from suicide. The author explained this relationship using a ladder as per displayed in Appendix 1. According to the author there are four rungs to the suicide ladder. The first rung being thoughts and feelings of suicide followed by parasuicide or attempted suicide. The third rung is described as failed suicide, while the last rung to the ladder is the actual suicide.

Thoughts and feelings of suicide is the point of initial contact through which the early warning signs of suicide may be given to anyone. According to Ladder (in Eldrid, 1988) seventy percent of people who took their life communicated their intent beforehand, while 40 % stated their intent unequivocally. In a retrospective study of

1,397 suicide victims by Isometsa et al. (1995), it was found that 41% of the subjects were reported to have made contact with their health care professionals four weeks prior to death. Out of this, 17.5 % of them met their physician on the day they committed suicide and that 22% discussed their intent. Moreover more females (32 % of the 41% who saw their physician) communicated their intent. It is at this level that a listening ear, care, understanding and concern for the individual may help him/her from climbing up the ladder to actual death. A warm response goes a long way in diverting the individual from the choice of death (Eldrid, 1988).

Parasuicide or attempted suicide is the group of people who are taking actions towards suicide. The question is, do they want to kill themselves? According to Kreitman the person simulates or mimics suicide i.e. *"he is the immediate agent of an act which is actually or potentially physically harmful to himself, ... ..[but] rarely can his behavior be construed in any simple sense as orientated primarily towards death"*, and Kreitman termed this "parasuicide" (Kreitman, 1969,p.747). He defined parasuicide as *" a non-fatal act in which an individual deliberately causes self-injury or ingest a substance in excess of any prescribed or generally recognized therapeutic dosage"* (Kreitman, 1977, p.3). They are normally not in fact attempting suicide, but communicating a desperate cry for help, rather than actual death as the intention. Often the goal of 'attempted suicide' is to change one's life. It is more as a temporary escapes, expression of anger and frustration rather than actually committed to death as the objective (Alvarez, 1971; Shneidman, 1995; Eldrid, 1988). At this level it is important that a helper empathize and show understanding of the suicidal behavior as an expression of inner emotional pain.

Failed suicide is a situation where in spite of definite intention to end it all, they failed to do so by accident. These are people who were not successful in carrying it out, feeling sorry that they have regained “life”. Some may even deny their intention, because of guilt or to evade being stopped the next time (Eldrid, 1988). It would be useful to be able to identify those within this rung in comparison to those in the second rung in deciding upon what actions need to be taken. Taking into consideration the environment, demographics and circumstances surrounding the attempt is necessary, as they may deny any suicidal intention. Careful assessment may help alert the Counselor to the possible risk of another attempt (Hawton and Catalan, 1982; Eldrid, 1988).

Actual Suicide, at the top of the ladder, is the final drama of a suicidal behavior, that is the successful act of taking one’s life, resulting in actual death. Apart from some exceptions, suicide is a result from a build-up of unbearable emotional pain. Caught in an emotional cul-de-sac of despair, loneliness, dejection and a sense of isolation the deceased reached a point where life is seen as not worth living. A feeling of desperation, not able to see any possible change, suicide becomes the ideal alternative (Eldrid, 1988; Hendin, 1991). Shneidman defined suicide as “ *the conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the act is perceived as the best solution*” (Shneidman, 1986, p. 4).

With reference to the Suicide Ladder, the objective of a helper would be to work towards achieving the downward arrow as exhibited in Appendix I, arriving at a non-suicidal state of mind.

### **The suicide cell**

Maurice L Farber in the book *Theory of Suicide*, 1968, defined suicide in terms of two characteristics, that is, intention and outcome.

Intention refers to the fact that the person must want to kill him/herself and must actually attempt to do so. However, this may not be easily proved. As such, Beck, Emery, Rush, and Shaw (1979) elaborated that the degree of suicidal intent of a person ought to be seen as a point on a continuum, where at one extreme the intention is to kill self while at the opposite end is an intention to go on living. Therefore, all suicidal acts lie on a continuum from highly lethal to very safe. As an example jumping from a roof top, or a man who shot himself through the roof of the mouth can be seen as quite clear lethal intention, representing one end of the continuum. While, the act of taking pills and then calling a friend, or a wife cutting her wrist in the presence of her husband, may indicate a clear lack of lethal intention representing the other extreme of the continuum.

While the first examples above reflect quite clear intention, reflecting the two opposite ends of the continuum, the next examples are occasions where intentions cannot be absolutely certain. As an example, what does an overdose of sleeping pills signify? Farber (1968) further elaborated that between the extreme of the two intentions mentioned above (definite intention Vs intention to live) there are two other ambiguous intentions. One is a gamble with death and the other the desire to get away from it all.

With regard to gambling with death, it is a risk taking behavior where the intention to die or not to die is subject to outside forces which the person has no control over. It is when the suicide attempt is consciously or unconsciously arranged



in such a manner whereby the outcome may vary from an almost certain survival to an almost certain death. Basically, it is left to fate or chance – or at least some force external to the conscious choice of the person. This is likened to a game of Russian roulette in which one's life is left to chance. The attempt is usually followed by a sense of relief because the person was freed from guilt after testing fate and receiving punishment (Farber, 1968; Weiss, 1971).

Wanting to get away from it all is another ambiguous intention, whereby the individual does not necessarily wish to die but wanting to black out from the consciousness, at least for a time, the underlying feeling of sadness or acute desperation.

Farber (1968), claimed that while intention is not so clear cut, outcome is quite clear, either one dies or survives. However, we cannot infer intention from outcome as outcome is determined by a number of circumstances. As an example, subject A may die (outcome) as a result of taking sleeping pills. This does not demonstrate that her intention was to die. There is a possibility that she did not intend to die but was merely acting out as a cry for help, but by accident (underestimating the amount taken) brought death.

The methodological problem of the possible suicide cases available can be seen by a simple model that cross-tabulate intention and outcome, using only the clear-cut extremes of intention.

		Outcome	
		Die	Did not die
Intention	To die	A	B
	Not to die	C	D

Cell “A” – This is considered a “true suicide” as it meets both the criteria, having the intention to die and was successful in their outcome. This group of people is not available for study, as they are dead. In the US two thirds of those who successfully committed suicide used methods of shooting or hanging, while in Malaysia, hanging and jumping from a high building make up sixty percent of the methods used. This category is more common among the older age group, males more than females and among the single, divorced, widowed (Ong & Yeoh, 1992; Weiss, 1971; Farber, 1968).

Cell “B” – While their intention is similar to those of cell “A” they failed in their attempt and could be erroneously grouped as those under cell “D”. These are those who truly intended to end life and were certain that they would die by their actions. However, because they overestimated the lethality of the act, or due to outside intervention they survived. Weiss termed this as aborted successful suicide and if it can be clearly identified they can be studied as “true suicide” (Weiss, 1971; Farber, 1968).

Cell “C” - These are people who did not intend to die, but due to miscalculation, or underestimating the lethality of their act died in the act. These cases

are usually not differentiated from those cases in cell "A" despite their differing motives.

Cell "D" – These are the genuine attempters, and they form the largest group of cases. They are those who are said to be displaying suicidal gestures, as a cry for help. This group does not intend to end life and are certain that their actions will not result in death although it is performed in a manner that others might interpret as suicidal in purpose. Methods used in these attempts are mostly ingestion of poison, overdose, cutting or slashing, or inhalation of gas, all less efficient than shooting, hanging or jumping from high buildings which has a high probability to cause death. There are more young people rather than old, women more than men, and those who are married form the population of those from this cell (Weiss, 1971; Farber, 1968; Ong & Yeoh, 1992).

Farber suggested that there is value in studying cases on each cell. Moreover, those in Cell "D" may eventually move to Cell "A" as achievers. While the make-up of the population and the motives of the cells differ, the fact that both have committed self-destructive actions may help identify the similarities between them. The aim of this research is to understand this group of people with the objective of comprehending the causal factors of suicide.

### **The myth of suicide**

Following is a summary of the misconceptions on suicide that may be detrimental in dealing with people who are suicidal. Shneidman (1973) compiled this list of fables:

**1 Fable** : Persons who talk about suicide do not commit suicide

**Fact** : Of any ten persons that kill themselves, eight have given definite warning of their suicidal intentions. Thus it is apparent that we must take threats and attempts most seriously. (Lester and Lester, 1971)

**2 Fable** : Suicide happens without warning

**Fact** : Studies reveal that the suicidal person gives many warnings and cues regarding his/her suicidal intentions.

Unfortunately most people do not recognize the signs and symptoms, thus seeing it to appear without warning. Therefore, being alert to these cries for help and learning to recognize them may prevent suicide (Lester & Lester, 1971; Capuzzi, 1988).

**3 Fable** : Suicidal people are intent on dying.

**Fact** : Most are uncertain about living or dying, and they “gamble with death”, leaving it to others to save them. Almost no one commits suicide without letting others know how he/she is feeling. Suicidal behavior may be a desperate plea for attention.

*“Often this cry for help is given in “code”. These distress signals can be used to save lives” (Lester & Lester, 1971 p. 3).*

**4 Fable** : Once a person is suicidal, he/she is suicidal forever.

**Fact** : Individuals who wish to kill themselves are suicidal only for a limited period of time.

If they are saved, they can go on to lead a normal, useful life (Lester & Lester, 1971).

**5 Fable** : Improvement following a suicidal crisis means that the suicidal risk is over.

**Fact** : Most suicide occurs within about three months following the beginning of “improvement” when the individual has the energy to put his morbid thoughts and feelings into effect.

So, to be especially attentive during this period is important (Lester & Lester, 1971).

**6 Fable** : Suicide is a rich or a poor person’s curse

**Fact** : Suicide is neither a rich man’s disease nor the poor man’s curse. Suicide is represented proportionately among all levels of society.

**7 Fable** : Suicide is inherited or “runs in the family”

**Fact** : It is not a genetic trait. It follows an individual pattern and it can be prevented.

However, it may be more prevalent in some families than others due to modeled coping skills while being exposed to the same emotional climate (Capuzzi, 1988).

**8 Fable** : All suicidal individuals are mentally ill, and suicide is always the act of a psychotic person.

**Fact** : Studies of hundreds of suicide notes indicate that although the suicidal person is extremely unhappy, he/she is not necessarily mentally ill.

#### Operational definition of suicide and attempted suicide

Shneidman defined suicide as “*the human act of self inflicted, self-intentioned cessation*” (Shneidman, 1973, p.383). As such, this definition of suicide includes both awareness of death and it is self-determined, with the objective of death rather than self-injury.

However, there is more to suicide than death, for Stengel (1969,p.14-15), in his study of suicide and attempted suicide produced the definition “ *suicide means fatal, and suicidal attempt the non-fatal act of self- injury undertaken with more or less conscious self-destructive intent, however vague and ambiguous*”. Death, he states is not the only aim of suicide for he elaborated that “*most people who commit suicidal acts do not either want to die or to live; they want to do both at the same time, usually the one more, or much more than the other*” (Stengel, 1969,p.87). This reflects the ambivalence attitude towards life.

In this study, the operational definition will exclude the emphasis of intent as defined by Stengel and implied by Shneidman. The definition would be as follows; a) Suicide would be defined as a fatal act of deliberate self-harm by an individual. ; b) attempted suicide would be defined as a non-fatal act of deliberate self-harm by an individual (this would include self-poisoning or taking of substance in excess of any prescribed or commonly allowed therapeutic dosage).

The intent element is not included in the study because of the complexity of distinguishing intention. This is explained by the example of two hypothetical cases. A case of person X, who has the intention to die, but failed (non-fatal) because he was saved by outside intervention, while person Y, a distressed person making a suicidal gesture with no intention of dying, died in the act (fatal) because no help was available.