

ATTEMPTED SUICIDE: A PSYCHIATRIC AND STATISTICAL STUDY

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To gain insight into the personality factors involved in persons who attempt suicide, 100 such patients were personally studied at Bellevue Psychiatric Hospital, New York City.* A further series of the first 500 cases in the Bellevue files for the year 1948 was also analyzed for purely statistical data. This data was compared with the New York City Department of Health figures on actual suicides for the same year, a procedure undertaken because such a comparison throws some light on the general problems of suicide. In addition, the information revealed in the study of the 100 patients who attempted suicide helps explain some of the data revealed in this and other statistical studies.

In the accompanying short tables, are summarized the statistical data on age and sex taken from the 500 cases of attempted suicide in the Bellevue files and the 902 cases of actual suicide from the New York City Department of Health figures—both for the year 1948.

Incidence Figures in Percentages

	Male	Females
Attempted suicides	46	54
Actual suicides	67	33

Mean Age in Years

	Male	Female	Combined
Attempted suicides	41	37	39
Actual suicides	51	48.5	49.8

A consideration of the facts that more women than men attempt suicide and yet that more men succeed—in a ratio of approximately 2 to 1—and also that the mean age of actual suicide is 10 years higher than that of attempted suicide, leads one inevitably to the problem of suicidal intent.

INTENT

Such figures as those cited make apparent what one might suspect, that not all of those who attempt suicide have the same “wish to die,” i. e., suicidal intent. It is certainly necessary, for example,

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to differentiate with regard to intent the case of the girl who swallows some iodine in the presence of her boy friend, from that of the man who turns on the gas in an enclosed room, passes out, and is accidentally discovered and then revived by a friend.

All 100 cases of attempted suicide in this series were evaluated as to their degree of intent on an arbitrary scale of 1 to 3: with 1 representing a minimal degree of intent; 3 a maximal degree of intent in which only fortuitous circumstances appear to have prevented successful termination, and 2 representing an intermediate degree. This evaluation is based primarily on the statements of the patient and on the circumstances and the method employed in the attempted suicide and is most rewarding in the information that it yields.

Of these 100 cases only 15 of the 45 men, or one-third, were given ratings of minimum intent, or 1, on the scale. However, 28 of the 55 women, or about one-half, were in the group with an intent rating of 1. The age correspondence of this group with the rest of the 100 cases studied was almost identical, indicating the difference as being due primarily to sex. Thus, in the 100 cases, it is seen that a significantly greater percentage of females make attempts in which the intent to die is minimal.

In the group with intent of 2 or more, i. e., 2, 2 to 3, or 3, 27 per cent of the total group, the average age was five years higher for both men and women than the average age for all men and all women in the 100 cases. This indicates that in cases of attempted suicide a higher degree of intent is seen in the older age group, correlating well with the significant age difference between successful and attempted suicide.

METHOD

Examination of the method employed in attempting suicide was necessary, since this plays some role in the success or failure of a given attempt. In the 500 cases of attempted suicide analyzed from the Bellevue files there was only one in which a firearm was employed. In the 902 cases of actual suicide in the same year, 62 used firearms, 60 men and two women. The question then arose as to whether it is through use of a method such as firearms, which is in itself more successful, that more men than women succeed in committing suicide. However, this difference because of firearms was responsible for only a small part of the difference between

the 604 men and 298 women who committed suicide in 1948 in New York City. If there is one method that plays a part in the difference between men and women, it is hanging or strangulation. Two hundred seven of the men and only 39 of the women committed suicide by this method. Even in the use of illuminating gas, more men than women succeed in committing suicide, although an analysis of the 500 cases in the Bellevue files shows that a greater percentage of women than men attempt suicide with this method. This indicates that intent is of more importance than method in determining success or failure; and, thus, the value of going into detail as to the method employed in the individual case consists, to a large extent, of the information that it gives as to the patient's intent. It might be mentioned at this point that illuminating gas and hanging or strangulation were the two methods used by a majority of the actual suicides, while in attempted suicide illuminating gas, the use of cutting or piercing instruments and sleeping pills were the three commonest methods employed.

DEPRESSION

The other factor for which it was felt necessary that a roughly quantitative rating be given was the degree of depression in the 100 cases. This rating was given on the basis of speech, thought content, psychomotor activity and general behavior on a scale of 1 to 4; 1 corresponding to minimal depression; 2 to moderate depression; 3 to major depression, and 4 to maximum depression. Also recorded for each patient, wherever possible, was the length of time for which the patient had been depressed. Forty out of the 100 patients had a depression rating of 2 or more.

An evaluation of depression was also made using the Rapaport Word Association Test. However, in this present analysis, only the clinical evaluation is being considered since a comparison of the clinical and psychological testing methods of determining depression is a separate project in itself.

The role that depression played in the different groups of patients will be discussed as the major psychiatric groups are taken up in turn.

Neurosis with Depression

It is worth while to make the distinction between neurotic depression and the so-called reactive depression. It happens, perhaps too often, that because a patient fixes on a single event as the

cause of his suicidal attempt he is put into the loose grouping of reactive depression. Even where the neurotic does appear to have reacted to a particular set of circumstances, the existence of the neurosis will be of more importance in understanding the problems and prognosis of the patient than the specific event the patient may indicate. The main basis for the distinction was the presence in the neurotic of conflict-situations and anxieties which usually resulted in maladjustment in varying degrees in several spheres of behavior.

Seventeen clear-cut cases in this group were studied. Nine of the 17 (slightly over 50 per cent) had an intent rating of 2 or 2 to 3. This is significantly higher than the 27 per cent of the total group of 100 who had a correspondingly high intent rating. This is further reason for making the distinction between these patients and those who can really be considered as having reactive depressions, since the intent rating in the latter group is much lower. Also, since the percentage of high intent ratings in schizophrenia and in the involuntional group is not higher than that found in the neurotic depression, it may indicate that the neurotic who attempts suicide is to be taken as seriously with regard to his intent to die as is the schizophrenic or involuntional patient.

Eight of the 17 cases in this group had depression ratings of 2 or more. This is not particularly striking since 40 per cent of the total group had similar ratings. Three other patients with neurosis were not considered with these 17 because complicating conditions, such as mental deficiency, were present. Nine other patients were considered indeterminate between neurotic and reactive depression, not because some approximation could not be made, but because it was of more importance to have a "pure" group.

Reactive Depression

In the younger age group, quarrels between the sexes were major inciting causes. Four patients made attempts during fights in the presence of the sweetheart or marital partner, and the intent in all these four was 1 (minimal) or even questionable. Five made attempts after fights but not in the presence of the sweetheart or marital partner, and the intent here was also low but somewhat higher than in the other group. The most that can be said about these 9, in addition to their suicidal attempts, was that they were emotionally labile or immature.

Other causes for reactive depression in which more than one patient was involved were: economic difficulties, sudden death of marital partner, family problems and somatic illness. The few whose predominant complaint was definite organic disease had a high degree of intent—2 or 2 to 3.

In this group the duration of depression was usually short, but this was not completely true of the older age group. Here there were about 10 individuals who would be described as passive and dependent. All of them had lost within the past few years the person depended upon—be it mother, wife, husband or sister. They usually struggled along for a year or more, making unsatisfactory adjustments until their suicidal attempts which often came in response to relatively small situational disturbances. Some of these persons developed symptoms severe enough to compel their inclusion in the group of involuntional psychosis.

Neurotic Character Disorders

In this group were put those individuals who got into frequent fights, were relatively asocial in behavior, and demonstrated little anxiety; some of them were predominantly homosexual. In five of the six patients in this group the intent rating was —1. Acute alcoholism played a role in the suicidal attempts of these same five. The depression rating was low—1 or 1 to 2—in all cases in this group. The one case in whom intent rating was high—2 or 2 to 3—was that of a Lesbian who was faced with the loss of her homosexual partner. She was undoubtedly reacting to a specific stimulus but the high degree of intent out of proportion to similar situations in the reactive depression group indicates that the key to the intensity of the reaction is to be found more in her underlying personality structure than in the given stimulus, no matter how causative it might appear.

Involuntional Psychosis

Nine of the 100 patients were in the involuntional psychosis group. Five of them had an intent rating of 2 or more, rating on a par with neurotic depression and schizophrenia in this respect. Four of the nine had a depression rating of 2 or more. The most characteristic thing about depression in this group was that it

tended to last for the longest period of time found—from several months to a few years. Most striking of all features in this group was the fact that six of the nine had histories of a previous suicidal attempt. This incidence of 66 per cent is even more impressive when it is realized that the incidence of previously attempted suicide in the remaining 91 patients was only 15 per cent. This emphasizes the danger of repetitive suicidal attempts with these patients, which, together with the high degree of intent, may well cause success. Also, with depression lasting for a prolonged period, careful surveillance for an extended period is indicated.

Schizophrenia

Seven of the 14 patients in the schizophrenic group had intent ratings of 2 or more. Five of 14 had histories of previously attempted suicide. This made schizophrenia, next to involuntal psychosis, the group in which repetitive attempts were most common. The most characteristic feature in this group was the degree of depression: 11 of the 14 patients had depression ratings of 2 or more. This was a consistently more severe degree of depression than was present in any other group. The reasons attributed by the schizophrenics as causes for their suicidal attempts were often symptoms of the illness itself. Thus, two stated that they made attempts because they were disturbed by auditory hallucinations in which they were called bad names; another, because of an imagined syphilis which was destroying his body, and two others because of their recent aberrations in sexual behavior.

Alcoholism

Alcohol played a variable role in the 100 cases. Four of the patients had psychoses due to alcohol, and three of these exhibited agitated depressions. The high incidence of acute alcoholism in neurotic character disorders was mentioned previously. Acute alcoholism was not infrequent in both neurotic and reactive depressions. In the reactive depression group, alcoholism was sometimes the first reaction to an unpleasant situation, and attempted suicide a later one. A few who made suicidal attempts under the influence of alcohol and had no later recollection of the attempts were difficult to evaluate as to degree of intent.

Miscellaneous

In the miscellaneous group of about 10 patients there were two cyclothymic personalities who made suicidal attempts in recurrent periods of depression; two were listed as undiagnosed psychoses, and there were several others in whom the diagnosis was too debatable to put them in a definite group.

DISCUSSION

To co-ordinate the material cited and to establish a working theory consistent with it, it would probably be best to postulate a "threshold" for attempted suicide. The underlying personality structure of the individual and whether he or she is neurotic, schizophrenic, etc., would, certainly, in a large measure determine this "threshold." Other factors also seem to play an important part. Age, or the aging process, for example, seems to lower this "threshold." Somatic illness is probably an important factor and alcoholism another. The loss by a passive dependent individual of the individual depended upon, would be still another.

Insomnia, a factor not heretofore considered, might thus be conceived of as playing a role in the following manner: A number of patients, particularly those with neurotic depression, gave sleeplessness as a major cause and precipitating event in their suicidal attempts. While the dynamics of the individual personality are responsible for the insomnia, once sleeplessness becomes a symptom, it in turn would then act to lower the "threshold" with regard to suicide.

SUMMARY

A description of some of the personality factors involved in the individuals attempting suicide who comprise the various psychiatric groupings has been given. Such material should be of aid in clinical evaluation, diagnosis, prognosis, and in guiding therapy, in patients who attempt suicide. It is felt that quantitative methods of evaluating both intent and depression such as those presented, give aid in comprehending the general problems of attempted suicide and are of help in specifically understanding the individual case. A working theory consistent with the information obtained in this study has also been postulated.

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