THE COMPLEXITY OF MOTIVATIONS TO SUICIDAL ATTEMPTS*

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ATTEMPTED suicide is a non-fatal act of self-damage carried out with the conscious intention of self-destruction. This is the only definition about which clinicians can be expected to agree. Attempted suicide was, until recently, regarded only as an abortive or unsuccessful suicide. Consequently, it was studied purely retrospectively, which is appropriate for events which mark the ultimate end of an individual. Motives, methods, clinical diagnosis, social factors leading to the suicidal attempts were examined and the available figures were interpreted in the same way as the suicide figures. In the published studies, the number of attempted suicides used to be smaller or did not greatly exceed those of suicides occurring in the same population. It is not surprising that non-medical research workers should have accepted them as reliable approximations to the true incidence of suicidal attempts, but many psychiatrists have done the same, which illustrates the deceptive magic of figures.

THE INCIDENCE OF SUICIDAL ATTEMPTS

No psychiatrist had until recently tried to investigate the incidence of suicidal attempts. Another equally surprising gap in the knowledge of attempted suicides was the lack of follow-up studies. Apart from two notable exceptions, no research into the fate of people who had made suicidal attempts had been carried out. The two exceptions were: first, Stelzner's follow-up study of 200 cases admitted to the Berlin Psychiatric Klinik, published in 1906. The purpose of that study was to compare the natural history of psychoses in the course of which attempted suicides had occurred, with that of comparable psychoses without this complication. It was found that the two groups did not differ with regard to their natural history. The authoress did not even comment on the very small number of patients who had committed suicide during the period under survey. The second catamnestic study was published in 1945 by Dahlgren of Malmö, who was interested in the same problem as Stelzner. Fourteen of his 237 patients had killed themselves within four years following the suicidal attempts which had led to their admission. Dahlgren found no difference in the incidence of final suicides among psychotics, neurotics and personality disorders. He regarded his series as representative of attempted suicides although their number had been smaller than that of the suicides which had occurred at Malmö during the same period. The authors of these and other studies looked at suicidal attempts as a kind of suicide. Even today the word suicide is often used in the literature for both the fatal and the non-fatal suicidal act, the implication being that the latter is just a minor version of the former. This is true, but attempted suicide has many other equally important implications. Attempted suicide undoubtedly happens much more often than suicide. Precise figures will,

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for obvious reasons, never be available, but it is possible to make certain basic estimates about the ratio of attempted suicides to suicides. In a British city of about half a million, such as Edinburgh or Sheffield, the number of suicides will vary between about 50 and 100 per annum. Every single psychiatrist working in such a community sees at least that number of attempted suicides, probably more. It has been estimated that the number of attempted suicides is about 6 to 7 times as high as that of the suicides, which would mean about 5,000 attempted suicides per year in Metropolitan London, surely a very conservative figure. Follow-up studies of several samples of suicidal attempts (Stengel and Cook) showed that only few of those people, 1 to 5 per cent., killed themselves within the following 5 to 10 years. Although none of those samples could be regarded as representative—it is doubtful whether such a sample is obtainable—it is of interest that they differed from the typical suicide samples with regard to age and sex distribution. The peak of the attempted suicides was in middle age and females were in the majority, which is at variance with the suicides, which have a later peak and a male majority. At any rate, in the light of follow-up studies it can be stated that suicides and attempted suicides present two different populations, of which only two characteristics are known for certain. (1) The former are all dead, while the large majority of the latter stay alive. (2) There are many more of the latter than of the former. Those two populations overlap, a small number of the one, i.e. of the attempted suicide group, entering into the other, i.e. the suicide group, in the course of time. The thesis of the two different, though overlapping populations is further supported by the fact that according to the information available only a minority of those who commit suicide have attempted suicide before. Therefore, if one treats those who commit suicidal acts, i.e. suicide and suicidal attempts, as one population, it is a population consisting largely of attempted suicides with a small minority of suicides. The vast majority of people who have made suicidal attempts continue to be the doctor's concern. Follow-up studies carried out in Switzerland by Schneider confirmed these findings. However, a note of warning is called for. Small though the proportion of those who, having attempted suicide, finally kill themselves may be, it is, of course, much higher than the proportion of suicides occurring among the general population. People who have attempted suicide are, in fact, a group with an excessive suicidal risk.

There has been some controversy as to whether or not the groups of cases available for study should be subjected to a statistical analysis, although they are not representative samples. A statistical analysis can be very misleading if applied to unsuitable material. The following consideration illustrates this pitfall. Suicide has been shown to be relatively more common in the upper than in the lower social classes, at least in Western society. However, among suicidal attempts accessible to analysis the upper classes were invariably underrepresented. To the statistician this may mean that they are less prone to suicidal attempts and more to suicide than the others. The clinician would reject such a conclusion. The apparent difference is probably due to the fact that while admission to the coroner's mortuary is entirely unselective, the same does not apply to public hospital departments to which people who have made suicidal attempts are admitted. To subject such figures to a statistical analysis is apt to bestow on them the undeserved dignity of scientific statements.

The Appeal Function of Suicidal Acts

The behaviour patterns of attempted suicides, the individual's relationship to, and his communications with other people immediately before, during

and after the attempt, have been closely studied (Stengel and Cook). Warning of the impending suicidal act were found to be the rule rather than the exception. Most people who attempt, and many who commit suicide, remain within the social field, i.e. near others. The immediate and lasting repercussions of the suicidal act on the human environment were examined in a large number of cases. A great variety of reactions to it were observed. In many instances they transformed the patient's life situation permanently or transitorily. The suicidal attempt acted as an alarm signal and as an appeal to the human environment, although it was not as a rule consciously meant to do so by the person committing the act. However, regular and predictable consequences of a voluntary act such as attempted suicide are apt to play a part in its motivations, i.e. the urges and sentiments which set it into motion. This is why it is essential for the understanding of a purposive action to consider its various predictable effects. Nobody doubts that the wish to destroy oneself and to die, which is the effect of a minority of suicidal acts, enters into their motivations. The large majority of suicidal acts, i.e. the so-called suicidal attempts, have alternative consequences which are broadly predictable. Psychologically speaking, it is not quite correct to say that the only effect of suicide is death. It usually has considerable psychological consequences beyond this effect, because it calls forth grief reactions and guilt feelings among those close to the person who has killed himself. It often leads to a belated upsurge of affection, in short many of the things happen which some of the people contemplating suicide envisage in their phantasies, and sometimes ask for in their suicide notes. The difference between those reactions to suicide on the part of fellow-men and those to attempted suicide is that in the case of the former they are posthumous, while in the case of the latter they can reach the person who committed the suicidal act. The appeal function of the suicidal act was by some critics understood invariably to imply a conscious intentional appeal. This is true only for a minority of cases where side by side with the self-destructive intent the alternative of the appeal effect in case of survival was contemplated. One of the critics argued that if suicidal acts had an appeal function, there ought to be far fewer of them in our civilization because society was so prosperous today. Such arguments are based on a misconception. The suicidal attempt acts as an alarm signal and as an inarticulate and unspecified appeal for help in distress. Everyday observation shows that there is nothing like a suicidal attempt to call forth helpful reactions from the environment. This reaction may sometimes consist in protecting the individual against himself.

The concept of the appeal function of the suicidal act has a certain ambiguity which reflects the complexities and ambiguities of suicidal motivations. Nobody can deny that a suicidal attempt acts as an appeal for help, but the same is true of an accident, and indeed of illness. The difference between the psychological effects of those afflictions and of those of a suicidal attempt springs from the fact that the latter is a purposive act which in case of survival can be expected to have this effect. This is why the possibility of the appeal function playing a part in the multiple motivations of a suicidal act can never be ruled out even though only a minority of individuals may be conscious of it.

Individuals and society as a whole have often tried to reduce the incidence of suicidal acts by depriving them of their appeal function. There is a belief that suicidal intentions can be countered by apparent indifference or even by threats of punishment, which in the case of a fatal outcome used to consist of public disgrace.

Should suicidal acts, because of their appeal function, be regarded as

hysterical manifestations? This question has been discussed elsewhere (Stengel and Cook). It was pointed out that the appeal effect of an action does not make it hysterical, but that this effect would make it liable to be exploited by hysterics and psychopaths.

The Suicidal Act as a Gamble

There is a marked similarity between gambling and most suicidal acts. Their outcome usually depends on a variety of unpredictable factors among which the intervention of the environment is important. Only a small minority of suicidal acts are carried out in such a way that there is nothing left to chance. Survival is usually accepted without demur, at least for a time. This is why the suicidal attempt has been likened to an ordeal, i.e. a dangerous trial whose outcome is accepted as the will of God or of Providence (Stengel, 1952). In some cases the suicidal act is reminiscent of "Russian roulette".

It follows that frequently the outcome of a suicidal act, be it death, near death, or only a slight threat to life, also depends on a variety of factors other than the degree of suicidal intention and the method employed. This is why there is so much confusion about serious and non-serious suicidal attempts. Schmidt, O'Neil and Robins called serious those suicidal attempts which either gravely endangered life or had been undertaken with serious intent. It seems preferable to rate suicidal attempts separately for dangerousness and for degree of intent. Frequently those two factors show an inverse quantitative relationship.

Psychiatrists often speak of genuine attempts without defining what they mean. There is a tendency to imply that an attempt undertaken by a person suffering from a psychosis such as endogenous depression or schizophrenia is always genuine however harmless to life, while so-called unsuccessful suicidal attempts undertaken by neurotics or psychopaths tend to be judged non-genuine, though they may be very dangerous. The feebleness of the self-destructive efforts of psychotics has often been excused as being due to their illness, which rendered the patients inefficient. This explanation is unconvincing, because severe psychotic illness is quite compatible with a determined suicidal act which leaves nothing to chance. If one considers that an element of gambling is a common feature of suicidal acts irrespective of diagnosis, one becomes very sceptical of the simple division into the genuine and non-genuine attempts. And yet, this distinction is used by many psychiatrists as the main guide to action and inaction. Not all suicidal attempts require to be treated as equally serious as far as the suicidal risk is concerned, but it would be mistaken to regard even a considerable degree of uncertainty about the outcome of the suicidal act as an indication of a slight or absent risk. If one classes only those suicidal acts as genuine which but for a miracle or an accident or a miscalculation would have been fatal, their number would be extremely small. The fact is that uncertainty of outcome is a feature of the majority of suicidal acts.

Suicidal acts as gambles with life and death deserve special study. The urge to gamble appears to spring from primitive instincts. To test uncertainty, to take risks by facing hazards is one of the tendencies which pervade human behaviour. John Cohen has lately carried out experimental studies into that tendency which he tried to measure. He demonstrated among other things that the urge to take risks increased as the result of alcohol intake. He believes this effect rather than lack of judgment to be responsible for the increased accident proneness of motorists after consumption of even small amounts of alcohol. Cohen's observations link up with the well-known increase of suicide proneness under the

influence of alcohol. They might take us a step further than the conventional explanation that alcohol increases suicide proneness because it makes some people depressed and removes their inhibitions. The study of suicidal acts as risk-taking actions should throw light on some of their most bewildering features, especially those related to the uncertainty of outcome.

Multiplicity and Ambiguity of Motivations

According to the conventional notions of suicide and attempted suicide, everything that does not serve the purpose of self-destruction is a contamination of the behaviour appropriate to suicidal acts. However, in most of those acts certain features which do not originate from the urge to self-destruction can be discerned. This urge is, of course, present in every suicidal act and so is aggression against others, though the latter may not always be conscious. Notwithstanding those tendencies, the suicidal attempt becomes a meaningful event for the survivor and his fellow-men. The recognition of the appeal function and the gamble character as legitimate features of the suicidal act is of practical importance. It means that suicidal acts in whose motivations those features manifestly play a part cannot, because of this, be regarded as harmless or non-genuine.

Human behaviour usually has multiple motivations, not all of them obvious and some antagonistic to each other. People, according to some psychiatrists, either want to die or to live. That most people who commit suicidal acts want to do both at the same time, and that these suicidal acts may also serve as punishment for others, seems difficult to grasp. Yet there is ample evidence that this commonly happens. To divide people who commit suicidal acts into those who want to kill themselves and those who do not, with a sprinkling of those who do not know, is as justified as to divide married people into those who love and those who hate each other, or parents into those who love and those who hate their children. In fact, the main reason why human relations, and psychiatry, are so complicated and confusing, is that most people love and hate, want to die and to live, and to kill and preserve life at the same time. Why should we expect those people who commit suicidal acts to behave as if they knew exactly what they wanted and to act accordingly? Only rarely is human behaviour governed by one tendency only. The outcome of most human actions, especially of most irrational actions such as suicidal acts, depends on the quantitative relationship of conflicting tendencies and on many other factors, some of them unpredictable. Only in a small minority of people who commit suicidal acts is the self-destructive urge so overwhelming that it completely submerges those tendencies which aim at human contact and preservation of life.

Another kind of dangerous simplification of the suicide problem springs from accepting the patients' explanations of their actions at their face value. The patients are not always aware of all the reasons for their conduct or they may not wish to disclose them. Many doctors too readily accept a patient's denial of suicidal intentions which his actions clearly indicate. Such denials are not always conscious lies, but manifest suicidal behaviour is more revealing and a more reliable guide to the truth than the patient's statements. There are many reasons why patients should deny suicidal intentions and why some suicidal attempts are carried out without a clear awareness of self-destructive tendencies.

It may be argued that the introduction of the concepts of the appeal function and of the ordeal character of suicidal acts is unnecessary and has no advantage over the simple statement that most such acts are carried out half-heartedly

and thus reflect the conflict between the destructive and the life preserving tendencies. There is no objection to this formulation, but closer observation of the patients' behaviour reveals the various manifestations of the life preserving tendencies, particularly the contact seeking features so often noticeable in suicidal acts. They can be observed in premeditated and apparently unpremeditated acts, and irrespective of the underlying clinical condition.

Schilder, in his studies of preoccupations with death, pointed out that in trying to understand suicide, it was necessary to consider what he called the ideologies of death. In this lecture a number of aspects concerning suicide and attempted suicide which have so far received little or no attention have been touched upon. In not confining ourselves to the death seeking urge, and in trying to understand those hidden components of suicidal acts which seek for life and human contact, we are doing justice to man's attitudes to death which has always been felt to be the end as well as a new beginning.

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