

Double suicide attempt

Hocaoglu C

ABSTRACT

A suicide pact is an agreement between two or more people to kill themselves. They represent 0.6–4.0 percent of all suicides, with the vast majority being double suicides. Double suicides are quite rare and are generally seen in old, married couples. We present a double suicide pact involving two young brothers aged 20 and 22 years. Using these two detailed cases and other cases reported in the literature, some general observations on the psychodynamics of suicide pacts are discussed. This is the first study in the literature on a suicide pact made by two brothers.

Keywords: double suicides, suicide attempt, suicide pacts

Singapore Med J 2009; 50(2): e81-e84

INTRODUCTION

Nowadays, suicide attempts are widely regarded as an important health problem. It has been found in recent years that suicide attempts are more common in young adults and that suicide is the third commonest cause of death among young people in the United States and the second commonest in many European countries.⁽¹⁾ It is an undeniable fact that nearly every day, suicidal behaviour based on social, political, cultural and economic processes increases. In many epidemiological studies on suicides and suicide attempts in the literature, sociodemographic characteristics and causal relations regarding mental diseases have been investigated; depression, quality of interpersonal relationships, education level, economic status and the smoking habit have been analysed.⁽¹⁻⁶⁾ However, in a number of studies on suicides and suicide attempts, it is indicated in case reports that double suicides rarely result in death and are often seen in old, married couples.⁽⁷⁻¹⁰⁾ Suicide pacts between two or more persons to end their lives at the same time generate interest in the popular media in inverse proportion to their frequency, yet they are rarely discussed in the medical literature. They represent 0.6–4.0% of all suicides,^(8,9) with the vast majority being double suicides. Typically, they involve married couples, aged 50–60 years, who are socially isolated and mentally or medically ill.^(8,10) An extensive literature search revealed two similar case studies reported by Ryabik et al⁽¹¹⁾ and Altindag and Yanik,⁽¹²⁾ involving an adolescent triple suicide pact. However, to date there

appears to be no previous report about a suicide pact between two male siblings. We present a double suicide pact involving two young brothers.

CASE REPORTS

Two men, aged 20 and 22 years, were brought to our hospital by their neighbours. They informed the doctor in the emergency department that as they had been unable to resolve their recent family and financial problems, they had therefore attempted to commit suicide together. They used bottled gas, and the suicide attempt occurred while they were spending their holiday in Trabzon, Turkey. Because the gas ignited, they received second degree burns covering 15%–20% of their bodies and were admitted to the emergency unit. We treated the survivors of this double suicide pact. After written informed consent was obtained for a case study and publication, the two brothers were interviewed.

Brother A was a 22-year-old, born in Trabzon, Turkey, married with no children, unemployed and had dropped out of high school in his second year. He was living in Belgium with his family and receiving unemployment insurance. He had previously worked as a labourer in various industries: a pastry, cleaning, gas and pizza factory. Brother H was a 20-year-old, born in Belgium, married with no children, had been unemployed for six months, and was a high school graduate. He was living in Belgium with his family and was receiving unemployment insurance. He had worked in a construction company, a glass factory and as a painter.

The two brothers had travelled from Belgium to Turkey two weeks earlier to see their wives in Trabzon, but were unable to return as their father had prevented them from doing so. Brother A's wife, who had taken her belongings with her and moved into her father's house six months earlier, said that she intended to divorce him and no longer wanted him. In addition, brother H wanted to see his wife, whom he had married without any prior acquaintance. He learned that she was in the village but that she did not want to see him. The two brothers then went to Istanbul, but failed in their attempts to obtain documents for their return to Belgium. They therefore returned to Trabzon and called their father to ask for his help, stating that they were in "a very difficult situation and unemployed". However, their father refused to help and told them to resolve their problems themselves before hanging up on them. Neighbours took care of

**Department of
Psychiatry,
Karadeniz Technical
University School of
Medicine,
61080 Trabzon,
Turkey**

Cicek Hocaoglu, MD
Assistant Professor

Correspondence to:
Dr Cicek Hocaoglu
Tel: (90) 462 377 5393
Fax: (90) 462 377 5393
Email: chocaoglu@
superonline.com

the brothers, who sought work for 4–5 days without success. The pair did not report their situation to their close relatives living in Trabzon, and planned to commit suicide as a final remedy.

48 hours before the attempt took place, they told their neighbour who lived in the same apartment block during dinner that they were desperate and helpless, and intended to commit suicide. The neighbour told them that this was not the right course of action and that they should abandon the idea. After the neighbour left, the brothers first thought of committing suicide by means of lethal injection, but then decided that this was a difficult, inconvenient and painful method, and changed their minds. The next morning, they told their neighbour, who had brought some food for them, that they had changed their minds about committing suicide. However, that night, after writing a farewell letter and consuming alcohol, the brothers planned to commit suicide by poisoning themselves with gas. They carried a gas bottle from the kitchen to the bedroom, closed all the doors and windows, and went to sleep in the same room. At 6 am, brother A woke up, realised that they were still alive, and woke brother H up. Brother H turned off the gas bottle and decided to light a cigarette. As he struck a match, however, the gas bottle exploded. The explosion shattered the windows, demolished the walls of the room, and caused considerable local damage. Having heard the explosion, the neighbours and firemen broke down the door and entered the house. The injured brothers were taken to the emergency unit. After receiving first aid and the necessary medical treatment, they were admitted to the psychiatric clinic.

Case histories

Brother A was born in Trabzon, and migrated to Belgium because of his father's job when he was nine months of age. He successfully completed primary and secondary schools. At his family's request, he enrolled in the Galatasaray High School in Istanbul, but dropped out during his second year because of language problems. He was treated for allergic bronchial asthma at the age of 11 years, and bit his nails until he was 15 or 16 years of age. When he was 19 years old, he suffered a head trauma as the result of a traffic accident while returning home from a party in a car driven by a friend. He was hospitalised for ten days. He was involved in another accident when he crashed into a tree while under the influence of alcohol, but was not injured. After all these incidents, he was subjected to strong criticism from his father. When he was 20 years of age, upon his father's request, he married a girl, one of his relatives whom he did not wish to marry. During the wedding ceremony, he consumed some alcohol to help him relax, and subsequently attempted

to commit suicide by taking large quantities of various types of medicines orally. As his condition worsened after the wedding, brother A was taken to the emergency unit by relatives, where his stomach was pumped and he was hospitalised for three days. He said that his self-mutilations, depression and suicide attempts were the result of family problems. He had stubbed out cigarettes on his hands a year before the last suicide attempt.

Brother H was born and grew up in Belgium, and used to visit Turkey with his family only on holidays. He successfully completed primary and secondary schools. At high school, he was less successful however, and eventually dropped out. He underwent a tonsillectomy at the age of three years. He was frequently ill and suffered from fevers during babyhood and childhood. At the age of 13 years, he suffered a fall while playing football, and broke his left arm. He bit his nails until the age of 16 years. Since the age of 18 years, he smoked 1–1.5 packs of cigarettes a day and consumed alcohol from time to time. One year earlier, he had been forced by his father to marry a girl from Trabzon whom he did not like. He stated that they were officially married, but had not had a formal wedding ceremony, and that having met her only twice he did not know his wife well. Brother H revealed that he had a Belgian girlfriend for three years and that his father did not approve of this relationship.

Family history

The brothers' mother was a 52-year-old, healthy, illiterate housewife, whom they described to be quite a calm, easygoing, helpful and generous person. On the other hand, their 55-year-old father, who had gone to Belgium in his youth to work as a labourer and was now retired, was described as a very harsh, normative and authoritarian individual who expected everything he said to be done and who talked little. They had been beaten and punished by their father since their childhood, even for small failures. They claimed that they have never been able to forget being locked in a dark room, and added that they often had to witness their father's violent treatments towards their mother. Over the last year, their father had been hospitalised twice in a psychiatric clinic and he was still on medication. The parents had an arranged marriage in 1970. Ten years later, the couple had their first children. Other than the brothers A and H, they have a 16-year-old son living with them. Brothers A and H said that their brother was just like their father. The patients and the third brother have a troubled relationship.

Follow-up

In the first psychiatric review of the cases, significant sorrow muted speech and short answers were given as the result of language problems; anhedonia, difficulty in

concentration, regret in thought content due to the suicide attempt, feelings of worthlessness and guilt, and intensive depressive themes were observed. Their self-esteem was significantly low. Brother A had a history of several depressive episodes and previous suicide attempts. He was diagnosed with depression and borderline personality traits. He had no history of psychiatric treatment. Brother H had no history of previous suicide attempts, or any serious medical disorder. His brother described brother H as being “depressed”. He had stated that he had been feeling depressed and guilty, had difficulty in concentrating, had been sleeping too much and had been feeling tired for a few months. He was diagnosed with major depression.

The patients twice underwent plastic and reconstructive surgery. In addition, they were placed on a regular exercise programme by the Physical Therapy and Rehabilitation Department. Following admission, the brothers easily adapted to the clinic in the first few days, and their relatives in Trabzon were informed about their situation. As their relatives were supportive of them, they realised that they were not alone and their mood improved. During the first week, they carried out routine tasks, such as eating, taking medicine, going to the toilet and getting dressed, with the assistance of healthcare workers because of the pain they experienced after their injuries had been dressed. In the subsequent weeks, in addition to the recovery in the burned parts of their bodies, there was also a significant improvement in their mental condition. During interviews, it was established that the two brothers had come to various decisions, such as ending their marriages as soon as possible, consulting a social services special therapist the next time they are in a difficult situation, fulfilling their obligatory military service and drawing up business plans for their lives. In a telephone interview with the father in Belgium, he was informed of his sons’ situations. He replied that this was nothing new, that they had frequently been in trouble with the law, and that he did not forgive them. However, the brothers were pleased when he later sent the necessary insurance documents and some money. In the clinic, they were observed to exhibit cheerful behaviour and to joke with each other. Looking forward to completing their treatment and planning to go back to Belgium, the two brothers were hospitalised in the psychiatric clinic for two months and as their conditions had improved, they were discharged from the hospital and advised to continue their treatment in Belgium.

DISCUSSION

As suicide attempts are important risk factors with regard to death from suicide, strategies aimed at decreasing the number of such deaths should involve reducing their

frequency and prevalence in society. Atypical features of this case include the number of participants, their young ages and their good health. Similarities to previously-reported cases include participants experiencing family disturbances, having histories of depression and borderline personality. It has been reported that parental separation or divorce is significantly more frequent among double attempters than single ones.⁽¹²⁻¹⁴⁾ In addition, factors such as migration and solitude have been emphasised as playing an important role in suicide attempts.⁽¹⁾ As stated above, the family of the subjects had emigrated from Turkey and settled in another country. Our patients were born and grew up in a family environment that both tried to maintain the characteristics of the traditional Turkish family and, at the same time, lived in a different society’s sociocultural structure. These young people lived like Turks at home and behaved like Belgians outside it, using a different language and seeking an identity between the two societies. They had no permanent employment. Intensive familial conflicts, marital problems, unemployment, psychoactive substance use and legal problems led the patients to attempt suicide together. This situation is in keeping with the idea stated in many studies that stressor events are experienced before suicide attempts.^(5,6,12) Adults who enter into suicide pacts tend to be socially isolated. The participants create a social group, which Hemphill and Thornley called an “encapsulated unit,” in which they interact exclusively.⁽⁷⁾

In the present study, the suicide attempters were obviously socially isolated, and their relations with their father, wives, friends and relatives were estranged. The brothers in our case had created an “encapsulated unit.” The role of mental disorders in suicide pacts cannot be ascertained without an extensive psychological autopsy of the decedents. In the current suicide literature, there are studies involving reviews of coroners’ reports only.⁽⁸⁻¹²⁾ Brown et al showed that the prevalence of mental disorders in members of 18 suicide pacts was 61%.⁽⁸⁾ Fishbain et al found a lifetime history of depression in 45% of 40 pact members of 20 consecutive pacts between 1957 and 1981, but did not assess their mental states at the time of death.⁽⁹⁾ Brown and Barraclough reported that mental disorders are present in half of all suicide pacts.⁽¹⁰⁾ In the present case, the two brothers had a history of depression and one had a history of borderline traits. Some shared risk factors could have made the brothers susceptible to the suicide pact. First, there were shared environmental stressors, such as problems in the family and not wanting to be married. Second, there were shared genetic factors; both brothers had a history of depression and one had a history of a suicide attempt. In addition, their father had been hospitalised twice in a psychiatric clinic and he was still under medication. Both brothers have had a problematic

relationship with their father since their childhood and it was significant that the father refused to provide the help they had asked for. Third, they had a close relationship with a relative who had committed suicide. The role of genetic factors, environmental stressors and having a close relationship with someone who committed suicide in suicidal behaviour is well established.⁽¹⁵⁻¹⁷⁾ Brothers A and H, who were almost the same age, have had a close relationship since childhood. In addition, in recent years, as they had experienced similar problems, they had acted and made decisions together. Another point to be taken into consideration is that both brothers had bitten their finger nails until adolescence. In the literature, there are limited studies claiming that there can be a relationship between the habit of nail biting in childhood and attempting suicide at a later age.⁽¹⁸⁻²⁰⁾

In conclusion, double suicides are not that infrequent, certainly not in Japan, where they often involve lovers, or a mother and child(ren), nor in the Western world in the case of older couples, one or both of whom are ill. Suicide attempts by two sisters are, however, a rare event.⁽²¹⁻²³⁾ The lack of any previous report on a suicide pact involving two brothers made a comparison of our study impossible. Double suicide attempts frequently end in death and the reasons for suicide attempts are investigated.⁽²⁴⁾ In the present case, we may argue that the main motive for the suicide pact was relief from environmental stressors, such as immigrant and family problems. This report is important as a contribution to the prevention of suicide attempts, which represent an important public health problem, because there are few cases of double suicide attempts in the literature.

REFERENCES

- Diekstra RF, Gulbinat W. The epidemiology of suicidal behaviour: a review of three continents. *World Health Stat Q* 1993; 46:52-68.
- Hall RC, Platt DE, Hall RC. Suicide risk assessment: a review of risk factors for suicide in 100 patients who made severe suicide attempts. *Evaluation of suicide risk in a time of managed care. Psychosomatics* 1999; 40:18-27.
- Crepet P, Caracciolo S, Casoli R, et al. Suicidal behavior in Italy: data, trends and guidelines for a suicide intervention/prevention policy. *Suicide Life Threat Behav* 1991; 21:263-78.
- Hintikka J, Kontula O, Saarinen P, et al. Debt and suicidal behaviour in the Finnish general population. *Acta Psychiatr Scand* 1998; 98:493-6.
- Sayil I, Berksun OE, Palabiyikoglu R, et al. Attempted suicides in Ankara in 1995. *Crisis* 1998; 19:47-8.
- Bilici M, Bekaroglu M, Hocaoglu C, et al. [The suicide attempt incidence of 1995 in Trabzon]. *Turk Psikiyatri Derg* 2000; 11:95-102. Turkish.
- Hemphill RE, Thornley FI. Suicide pacts. *S Afr Med J* 1969; 43:1335-8.
- Brown M, King E, Barraclough B. Nine suicide pacts. A clinical study of a consecutive series 1974-93. *Br J Psychiatry* 1995; 167:448-51.
- Fishbain DA, D'Achille L, Barsky S, Aldrich TE. A controlled study of suicide pacts. *J Clin Psychiatry* 1984; 45:154-7.
- Brown M, Barraclough B. Partners in life and in death: The suicide pact in England and Wales 1988-1992. *Psychol Med* 1999; 29:1299-306.
- Ryabik B, Schreiner M, Elam SM. Triple suicide pact. *J Am Acad Child Adolesc Psychiatry* 1995; 34:1121-2.
- Altindag A, Yanik M. Suicide pact among three young sisters. *Isr J Psychiatry Relat Sci* 2005; 42:278-80.
- Fishbain DA. Double suicides. *J Clin Psychiatry* 1985; 46:453.
- Granboulan V, Zivi A, Basquin M. Double suicide attempt among adolescents. *J Adolesc Health* 1997; 21:128-30.
- Suokas J, Lönnqvist J. Outcome of attempted suicide and psychiatric consultation: risk factors and suicide mortality during a five-year follow-up. *Acta Psychiatr Scand* 1991; 84:545-9.
- Claussen B. Suicidal ideation among the long-term unemployed: a 5-year follow-up. *Acta Psychiatr Scand* 1998; 98:480-6.
- Mehlum L. Suicidal ideation and sense of coherence in male conscripts. *Acta Psychiatr Scand* 1998; 98:487-92.
- Harbauer H. [The aggressive child (author's transl)]. *Monatsschr Kinderheilkd* 1978; 126:472-8. German.
- Weinlander MM, Lee SH. Suicidal age and childhood onychophagia among neurotic veterans. *J Clin Psychol* 1978; 34:31-2.
- Lee SH, Weinlander MM. Suicidal behavior and childhood onychophagia in hospitalized psychiatric veterans. *J Clin Psychol* 1976; 32:228-30.
- Albrecht K, Breitmeier D, Fieguth A, Tröger HD. [An unusual case of double death]. *Arch Kriminol* 2003; 211:81-9. German.
- Santy PA. Observations on double suicide: review of the literature and two case reports. *Am J Psychother* 1982; 36:23-31.
- Young D, Rich CL, Fowler RC. Double suicides: four modal cases. *J Clin Psychiatry* 1984; 45:470-2.
- Shimizu A. [Double suicide of the aged and sick (1). Study of an incident of homicide to the wish of the victim]. *Kangogaku Zasshi* 1980; 44:492-9. Japanese.