

Characteristics and Motives of Suicide Attempt Survivors: A Case Study in Hebron Governorate

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Abstract

The study aimed to identify the characteristics of suicide attempt survivors and their motives from their viewpoint and from the professionals' viewpoint in Hebron Governorate. To achieve this end, the study adopted the descriptive approach design using a 59-item questionnaire, which was appropriate to the exploratory nature of the research. The random purposive method was used which comprised of a sample size of 127 subjects. The findings showed that the participants experienced a high level of emotional and moral characteristics, whereas the economic, social and health characteristics were moderate. In light of the study results, the researchers report that there is a need to identify some of the characteristics and reasons that lead to suicide attempts and the most adopted methods used during the process of committing suicide.

Key words: Suicide attempts, motivations, survivors, Palestine.

1. Introduction

In 2006, Abdul Rahim observed that suicide has become a worrying phenomenon in the past few years in most Arab countries, and the statistics indicated that more than 78% of those who committed suicide are within the age range of 17- 40 years old. The most common motive to committing suicide involves social and economic deterioration and failure. As indicated by the figures, between 11,000 and 14,000 young men and women attempting suicide each year belong to Arab countries including Yemen, Jordan and Kuwait.

Today, we are in the process of conducting research concerning one of the most important social and psychological problems that has entered the Palestinian society and has become a phenomenon threatening members of the community, known as the phenomenon of suicide.

The statistics of the department of protection of the family of Hebron show that the number of suicide attempts for the year (2015-2016) amounted to 154 suicide attempts, six attempts of which succeeded, and strikingly the majority of whom were between the ages of 16-36 years old.

The large and rapid increase in the numbers of suicide attempts has led to asking a series of questions about the reasons and motives behind this significant increase in Hebron and the need to study this phenomenon and examine the motivations and characteristics of the survivors of suicide attempts between 2015-2016 in Hebron.

The purpose of the current study is to investigate the correlation between suicide and socio-demographic characteristics (age, gender, marital and work status, place of residency, and educational level). According to the reports issued by the General Directorate of Police (2015) has witnessed a significant increase in the number of cases and attempts of suicide compared to the previous years, turning into a phenomenon that calls for attention to find out the causes and effects, noting the varying suicide rate between the village, the city and the camp.

The Palestinian police explained that suicide cases in Palestine increased by 68.4% according to the latest statistics in 2014, which recorded 32 cases of suicide compared to 2013. (The Police recorded 19 cases, while in 2012 there were 8 recorded cases of suicide).

2. Background and Literature Review

In 2014, there were 22 cases of suicide by hanging, 6 cases of fall from height, two cases of drug overdose, one case of an insecticide, and one case of toxin ingestion respectively.

He added that the number of suicide cases in 2014 among the total number of cases whereby 21 suicide cases (65.6%) were male, while 11 cases (34.4%) were female.

With regards to the marital status, it is reported that the number of cases of married couples of both genders reached 12 cases (37.5%). According to statistics received by the police, the number of cases of unmarried persons of both genders was 20 cases (65.5%).

On the geographical divisions and suicide cases in the Palestinian society, the police statistics showed that the number of suicides in the villages was 21 cases (65.5%), and 8 cases (25%) in the cities. Remarkably, the lowest suicide rate throughout the year was in the refugee camps accounting for 3 cases (9.4%).

He added that Hebron Governorate had the highest number of suicides (9 cases). Bethlehem and Qalqilya were the lowest governorates with reported suicide cases where one case was recorded for

each, while Nablus was the second highest Governorate with eight recorded cases of suicide attempts (Palestinian Police, 2015) in a network together.

Empirical evidence indicates that there is a wide range of risk factors, including personality disorders and depression, which contribute to the susceptibility of committing suicide. For example, hopelessness, increased neuroticism, and to a lesser extent, introversion, have been regarded as useful in the screening for risk across all three suicidal behaviors, suicide ideation, attempted suicide and completed suicide (Brezo *et al.*, 2006b). Elevated neuroticism is a prominent predictor of suicide ideation (Brezo *et al.*, 2006b; Duberstein *et al.*, 2000; Enns, Cox, Inayatula, 2003; Fanous *et al.*, 2004; Fergusson, Beautrais, & Horwood, 2003; Kerby, 2003; Statham *et al.*, 1998; Useda, Duberstein, Conner, & Conwell, 2004). Perfectionism, self-criticism, cynicism and extreme scores on trait anxiety have been found to also predict suicide ideation (Cox *et al.*, 2004; Goldston *et al.*, 1996). Whereas the personality features of impulsivity, hostility, and negativism, have been found to cluster in suicidal individuals (Engstrom, Alilng, Gustavsson, Orelund, & Traskmanbends, 1997; Janowsky, Morter, & Hong, 2002). These individuals also tend to be sensitive to interpersonal rejection, introverted, excessively self-punitive, self-critical, and perfectionistic (Janowsky *et al.*, 2002).

During the past three decades, there has been increased interest in the role of personality traits in understanding suicidal behavior (Brezo *et al.*, 2006b; Statham *et al.*, 1998). At this point, it is important to note that there is a paucity of research investigating the nature of the relationship between personality and suicidal behavior in the South African context and given that most of the research in this area has been undertaken in the Western world; findings in this regard are limited in its cross-cultural generalizability. Hence, the present study addresses the gap in this area of research.

There are those who succeeded in committing suicide, and there are those who tried to commit suicide and failed. Studies have demonstrated that those who survived suicide attempts will try to commit suicide many consecutive times in a short period. This is what Ettliger confirmed in her study in Sweden (2015), in comparative research between committing suicide and simply tracking cases of attempted suicide in the past, which found significant differences among the samples population due to gender and educational level.

The study of Kilani and Saleh (2010) focused on the types of violence against women, physical, psychological and sexual. Also the study discussed the effect of violence on self-harm or violence by others causing suicide or attempted suicide, which influenced the high suicide rate in Nablus. According to police reports, the study also found that 73% of cases of attempted suicide are females and the remaining 27% are males.

One of the aims of the inter-European study on parasuicide, which was initiated by WHO/Euro in the mid-1980s, was to try to identify social and personal characteristics predictive of future suicidal behavior. A follow-up interview study (the Repetition-Prediction Study) was designed, and so far 1,145 interviews have been carried out with a sample of patients aged 15 years or older at 9 research centers, representing 7 European countries. The study and the instrument used (the European Para Suicide Study Interview Schedules, EPSIS I and II) are described here. Some basic characteristics of the material from the various centers are presented and compared, and the representativeness of the samples is discussed. There were differences between the centers in several respects (e.g., age, previous suicide attempt). Results from analyses based on pooled data have to be treated with some caution because of the possible lack of representativeness (PsycINFO Database Record (c) 2012 APA, all rights reserved).

The study of du Toit, Kruger, *et al.*, (2006?) investigated a profile analysis of attempted-suicide patients referred to Pelonomi Hospital for psychological evaluation and treatment between 1 May 2005 and 30 April 2006. The aim of the study was to determine the profile of patients who had attempted suicide and were referred to Pelonomi Hospital, Bloemfontein, for psychological evaluation and treatment during the period 1 May 2005 to 30 April 2006. A descriptive, retrospective study was conducted. The study population comprised 258 attempted-suicide patients referred to Pelonomi Hospital for psychological evaluation and treatment. A data form was compiled to transfer the relevant information from patients' clinical files. The majority of patients were female (68.9%). The median age was 22 years. The most common method used in suicide attempts was drug overdose (66%) – mostly antidepressants (19.7%) and analgesics (8.2%). More females than males overdosed on drugs ($p=0.0103$). The main precipitating factors included problematic relationships (55.4%) and financial problems (22.9%).

Centre on Suicide Prevention, University of Padua in Italy has done a study in Physical illness and parasuicide (De Leo D, Scocco P, Marietta P, *et al.*). The aim of this research was to identify

psychosocial characteristics which might predict future suicidal behavior in parasuicidal subjects in Europe. The interview utilized for the survey (European Parasuicide Study Interview Schedule--EPSIS) was administered to 1269 parasuicides aged fifteen years and older, within one week of hospital admission after a suicide attempt, and is part of a longitudinal multicenter study. EPSIS included a brief medical questionnaire, scales rating depression, hopelessness, self-esteem, suicide intention, questions on socio-demographic characteristics, an interview on life events and social support, a description of the parasuicidal act, and an evaluation of factors precipitating the index parasuicide. Physical illness proved to be very frequent among suicide attempters. One in two subjects suffered from an acute, chronic, or chronic disorder in relapse at the time of the parasuicide. Subjects with a physical illness were significantly more depressed, particularly subjects from the intermediate age band and ones affected by a chronic physical disease in relapse. 42% of patients with physical illness rated their somatic problem as a factor precipitating the attempt and 22% judged it to be major one. Furthermore, subjects with physical illnesses considered psychiatric symptoms and disorders to be relevant factors in triggering suicidal behavior, to a greater extent than non-sufferers. The importance of physical illness in contributing to suicidal behavior increased with advancing age. More careful attention to somatic conditions and their subjective implications would probably augment chances of effectively preventing suicide.

3. Purpose and Scope

The aim of this study was to identify the characteristics and motives of people who committed/attempted suicide, and to identify the variables associated with this phenomenon in addition to the impact of each variable on this study. Moreover, the study aimed to explore the perceptions of individuals who committed/attempted suicide through the application of a questionnaire prepared by the researchers to investigate at the characteristics of the survivors and their committed suicide attempts, and whether it is possible to predict suicide attempts.

4. Definition of Terms

A suicide attempt is defined as a nonfatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior, even if the behavior does not result in injury (CDC 2015a, Crosby *et al.* 2010).

Motivations means needs, desires, wants or drives within the individuals. It is the process of stimulating people to actions to accomplish the goals. And the term motivation refers to factors that activate, direct, and sustain goal-directed behavior like suicide. Motives are the whys' of behavior the needs or wants that drive behavior and explain what individual do. We don't actually observe a motive; rather, we infer that one exists based on the behavior we observe (Nevid, 2013).

5. Hypothesis

Based on the literature review, the study questions are determined as follows:

What are the characteristics and motivations of suicide attempt survivors from their viewpoint and that of professionals in Hebron? Is there any correlation between suicide attempts and socio-demographic characteristics (age, gender, marital and work status, place of residency, and educational level)?

6. Methodology and Design

The study adopted the descriptive approach design using a 59-item questionnaire, which is appropriate to the exploratory nature of the research.

The study population included all the survivors who attempted suicide in Hebron, with 134 individuals as per the official statistics issued by the Palestinian Center for Democracy and Conflict Resolution, and Family Protection Department of the Palestinian police in Hebron (2015-2016). The random purposive method was used which comprised of a sample size of 127 subjects.

Validation of the instrument proceeded in two distinct phases. The initial phase included a small focus group session (N=10); while the second phase involved the implementation of a pilot study (N=30) to validate the survey using exploratory factor analysis. Factor loading for all items exceeded 0.65 (0.67 to 0.87), which indicated that those items were suitable in measuring every item of characteristics and motivations of suicide attempt among the sampled population.

The reliability was tested using Cronbach's Alpha to establish reliability and consistency of the survey. Cronbach's Alpha for the survey instrument was 0.87, indicating very good reliability and consistency.

The demographic breakdown of the participants were age, gender, marital and work status, place of residency, and educational level. In total, 127 participants were studied. Respondents were between 18 and 30 years of age ($M= 24.32$, $SD= 10.37$). Females represented 72.4% of the participants, while the remaining 27.6% were males; and nearly 49.6% of whom were single. About half (48.8%) of the participants lived in rural areas, 32.3% lived in urban areas, and the remaining 18.9% were from refugee camps. 58.2% of the participants had a basic educational level; and only 34.6% were employed.

7. Findings

The total score of emotional characteristics for the survivors of suicide attempts was high ($M = 3.60$). Moreover, findings revealed that the indicators of emotional characteristics for survivors of suicide attempts, ranked in a descending order, were as follows, “when I lose some one I feel sad so much” ($M= 4.23$), “I cry when I could not defend myself” ($M= 3.96$), “I’m afraid of the unknown, I am thinking about it all the time” ($M= 3.84$), “I am worried about the future. I quickly become angry for any reason” ($M= 3.77$), and “I cannot control myself during anger” ($M= 3.69$).

The findings showed that the total score of moral characteristics for survivors of suicide attempts was high ($M= 3.63$). Furthermore, findings showed that the indicators of moral characteristics for survivors of suicide attempts, ranked in a descending order, were as follows, “I am careful to satisfy my family members and relatives around me” ($M= 3.88$), “I am honest with what I do and what I say” ($M= 3.86$), “I preserve my relationship with neighbors” ($M= 3.81$), “I collaborate with others” ($M= 3.67$), “I get the love and the respect of others” ($M= 3.65$), and “I’m a good listener to others” ($M= 3.54$).

The total score of the health characteristics for survivors of suicide attempts was moderate ($M= 3.30$). Additionally, findings revealed that the indicators of health characteristics for survivors of suicide attempts, ranked in a descending order, were as follows, “sometimes I have thoughts to get rid of life” ($M= 4.03$), “complaining of general fatigue and exhaustion” ($M= 3.93$), “I feel depressed and sad most of the time” ($M= 3.73$), and “I suffer from difficulties of concentration” ($M= 3.60$).

Findings showed that the total score of the social characteristics of survivors of suicide attempts was moderate ($M= 2.21$). Findings revealed that the indicators of social characteristics for survivors of suicide attempts, ranked in a descending order, were as follows, “permanently on the complaint

and dissatisfaction of others, I find myself alone in all social situations” (M= 3.64), “I feel isolated and introverted from people around me” (M= 3.52), “I talk a lot about my problems in front of others” (M= 3.29), and “I expect others to help me to solve my problems” (M= 3.27).

The economic characteristics for survivors of suicide attempts were moderate as well (M= 2.32). Findings showed that the indicators of health characteristics for survivors of suicide attempts, ranked in a descending order, were as follows, “I suffer from financial hardship” (M= 3.90), “my monthly income is not enough for my daily requirements” (M= 3.83), “thinking about getting money in every way” (M= 3.70), “looking for work” (M= 3.48), and “the pressures of life made me work agency” (M= 3.36).

As for the main motivations of suicide attempts among the participants, findings revealed the following indicators, ranked in a descending order, social and family problems especially with the spouse and parents, financial difficulties, followed by marital conflict. Furthermore, psychopathology problems come in second place mainly mental disorders and epilepsy, and physical and mental disabilities, in addition to family violence, sexual abuse and maltreatment and fear of deviation behavior.

8. Discussion

The findings of the study revealed that most cases, overall, were young such that 60% fell into the age group of 18 to 30 years of age. As in the public sphere, however, when the cases were split into fatal and attempted suicide, the two groups showed different age distributions. For attempted suicides, by far, the largest age group was 31 to 40 years of age (30,7%), with 9.7% of attempted suicides over the age of 40.

The majority of all suicide cases were female (72.4%). Again, however, when attempted and actual suicides were separated, the characteristics were somewhat different.

Overall, the cases were quite evenly split according to the marital status: 49.6% were single and 40.2% were married, and 7.1% were divorced. In this sample, the cases of suicide were more likely to be with those who were single.



The location of residence was linked such that 48.8% were from the village, 32.3% from the city, and 18.9% from camps.

Two main points to note: First, there has been a slight increase in the number of suicide attempts, which may be attributed to the historical, social and political context of the period and second, there has been an increase in the public recording and reporting of cases of suicide. Both factors, together, have helped to trigger a moral panic and awareness.

The difficult circumstances of those who attempted suicide appeared to have been exacerbated by the prominent social situation, such as marriage and family, in that the individuals found themselves to be in a powerless or anomalous position within them. For women in Hebron, social status is seen to be largely determined by marital status. Each status, unmarried, married or divorced results in uncertain strains. Society has high expectations from the unmarried woman to be chaste, the daughter to be dutiful, and the wife and mother to be obedient. Some of the interviewed women felt unable to cope or simply unappreciated. Since for the majority of women life revolves around the family, and there are limited alternatives or outlets available, they experience a marked sense of entrapment being confined to house and family.

Men are also subject to high expectations. They can feel pressurized to find work, to make money, and to provide for, support and protect their family, all of which can make them also feel trapped and confined by their situation.

Life without work is devastating for men, and some of the narratives build a picture of the realities underlying high unemployment figures, and the damaging effects of the high unemployment and poor economic situation.

There is also the damaging effect of the occupation, political violence and war. Suffering can be long term and wide reaching for the pain does not stop when the killing stops. The suffering continues. The levels of anxiety after the Intifada in 1994 were shown by the psychiatrist Samir Quota's study to be higher than the levels in 1984.

When society comes under stress, the greatest strain falls on the 'weakest' members. In fact, they need enormous strength in order to deal with their situation, particularly women who, given the tremendous stresses described and many more, have more reason than ever for resorting to such

measures as overdosing. Perhaps ultimately this thesis is a testament to the strength women and other powerless groups in the Arab Palestinian society need to have, rather than the weakness of the particular women who attempted suicide.

The most common method generally used was medicinal drugs (53.7%), followed by poisoning (17.6%). When the fatalities were separated from the attempted suicides, again they showed different characteristics. The fatal cases used drugs proportionately less (only 22.9%) and employed more violent methods such as burning, hanging and lacerations, in addition to poison. The attempted suicide cases mainly used drugs (64.5%).

There were gender differences: the use of drugs is much more common in women (65.5%) than in men (31.9%). Male cases used proportionately more poison than women, and more males implemented violent methods such as burning, hanging and lacerations (36.1%) in comparison to women (11.4%).

Women were reported having thrown themselves from a height, representing 9.2% of the methods used by women. This is interesting as the police statistics for 1998 included four cases of fatal suicide who were all females, and who all threw themselves from a height. No men were reported as having thrown themselves from a height.

Females attempt suicide more than males; males succeed in suicide more than females; attempted suicides are mainly young; fatal suicides are generally older. Women are more likely to use drugs and other 'soft' methods, whereas men are more likely to use relatively violent methods.

The most important characteristic of the survivors' suicide attempts in Hebron was moral on average of 3.63 reflecting a high score, followed by emotional (3.60) expressing a high score as well, followed by economic (3.32) reflecting a medium score. Then health with a mean of 3.30 showing a medium score as well. and finally, social (3.21).

Emotional instability is an important factor in suicide ideation as is the moral characteristics related to suicide ideation.

Suicide is a permanent solution to a temporary problem. The essential reasons for suicide in our sample population were social and family problems especially with spouse and with parents. Of course if we add to it the financial difficulties, 26.1% followed by marital conflict 9.0%.

Mental disorders, epilepsy, physical and mental disabilities represented 9%. Very important reasons for suicide in our sample were family violence, sexual abuse and maltreatment that represented accounting to a total of 17.5%.

9. Conclusion and Recommendations

The first conclusion and recommendation of this study will be that data collection needs to be taken into account. The outcomes of this study should be taken seriously. Several conclusions can be drawn from this study which has tried to put suicidal behavior, in all its complexity, into a social, economic, political and historical context. Based on the findings and conclusions of this study, the following recommendations are made:

1. The need to identify some of the characteristics and reasons that led to suicide attempts.
2. The need to clarify the most adopted methods used during the process of committing suicide.
3. Further research is essential in the area of suicide attempts in the Palestinian society.

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