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PSYCHO-SOCIO-EPIDEMIOLOGICAL STUDY OF ATTEMPTED  
SUICIDE IN AN EGYPTIAN POPULATION

A thesis submitted in partial fulfillment

for M.D. degree in psychiatry

by

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# INTRODUCTION

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### HISTORICAL BACKGROUND

The idea of suicide did not always have the same meaning that it has in contemporary society. The word suicide first appeared as an English word around 1651 (p.12). Ancient Egypt viewed suicide with neutrality: death was merely a passage from one form of existence to another and the dead were abstract coequals with the living and the gods. The ancient Israelites, intensely concerned for the survival of their isolated nomadic tribe, regarded the death of even one Hebrew as a threat to tribal continuity (Hankoff, 1979).

According to the Jewish historian Flavius Josephus (37 - 100 A.D.) the most ancient suicide comes from Egyptian history, the suicide of Amenophis, at 1500 B.C. Amenophis, son of Paapis, was asked by his king how he might see the gods. Amenophis advised him to clear Egypt of all impure people, but foreseeing the wrath of the gods and the conquest of Egypt by outsiders, he wrote out his prophecy for the king and then killed himself (Hankoff, 1979).

According to Josephus also, the most ancient attempted suicide was that of Herod the Great at 41 B.C., he was about 32 years old when he first attempted suicide, he suffered a military setback and while fleeing from his enemies, the wagon carrying his mother was overthrown. Despairing, Herod drew his sword to kill himself. He was restrained by those nearby who shamed him for wanting to desert his friends and relatives in this crisis. Second attempted suicide by Herod occurred when he was 69 years old. In great physical agony he attempted suicide to stab himself with a fruit knife. His cousin stopped him by grabbing his wrist (Hankoff, 1979).

#### RELIGIOUS VIEW

The deliberate taking of one's own life is strongly condemned by Judaism, Christianity and Islam (Hankoff, 1979).

Judaism as a theistic religion puts a great value on human life. According to the Jewish view, it is disobedient to the Giver of life to end it before the time set by creator. So Judaism, in general, is opposed to suicide. By disdaining the suicide, Jewish religion affirms the high valuation it places on life and its belief in the sovereignty of the Creator (Siegel, 1979).

The Roman Catholic Church acknowledges two kinds of suicide the illicit act of taking one's life and the licit sacrifice of one's life. Catholic theologians in principle agree generally that direct suicide is intrinsically evil and that there can be no mitigating circumstances (Cassidy et al, 1979).

In Islam, suicide is looked upon as a taboo (Shaheen et al, 1971; Okasha, 1977a) where the Quran said:  
" وَلَا تَقْتُلُوا أَنْفُسَكُمْ ، إِنَّ اللَّهَ كَانَ بِكُمْ رَحِيمًا " سورة النساء آية رقم ٢٩  
Even the suicidal feeling was prohibited, where the holy prophet said:

" لَا يَتَمَنَّى أَحَدُكُمْ الْمَوْتَ إِلَّا مُحْسِنًا فَلَعَلَّه يَزْدَادُ ، وَإِلَّا مُسِيئًا فَلَعَلَّه يَسْتَحْتَبُ ."  
" لَا يَتَمَنَّى أَحَدُكُمْ الْمَوْتَ وَلَا يَدْجُ بِهِ مِنْ قَبْلِ أَنْ يَأْتِيَهُ ، إِنَّهُ إِذَا مَاتَ انْقَطَعَ نَفْسُهُ ، وَإِنَّهُ لَا يَزِيدُ الْمُؤْمِنَ عَمْرَهُ إِلَّا خَيْرًا ."  
" لَا يَتَمَنَّى أَحَدُكُمْ الْمَوْتَ لِيُشْرَ أَصَابَهُ فَإِنْ كَانَ لَا يَدُ فَعَلًا فَطِيقَلْ : اللَّهُمَّ أَحْيِنِي مَا كَانَتْ الْحَيَاةُ خَيْرًا لِي ، وَتَوَفَّنِي إِذَا كَانَتْ الْوَفَاةُ خَيْرًا لِي ."

### ATTEMPTED SUICIDE

#### I) DEFINITION:

The definition of "attempted suicide" has a long history of difficulties. The term literally is meant for individuals whom an observer can confidently assert that they were trying

to kill themselves, but that for some reason they failed to do so. But over 20 years ago Stengel et al (1958) pointed out that the great majority of patients who were usually describes as "attempted suicides" had an equivocal wish to die. This contrast has been reiterated by subsequent writers and has led to the gradual abandonment of the term "attempted suicide" for some more neutral designation such as "deliberate self harm or self poisoning or self injury".

Wexler et al (1978) used the following definition of attempted suicide: "Any intentionally, self-inflicted injury unless there is strong evidence both in circumstances and in the patient's statements, that there was not the slightest ambiguous self destructive intent. Lack of intent was not assumed simply on the patient's denial, absences of serious risk to life, or added manipulative elements. Accidental self-injury where self-destruction intent was suspected was excluded because the injury was not intentional".

Attempted suicide was defined by Goldney (1981b) as "the deliberate acute self administration of a drug or poison with the intention of causing or risking death or harm, or in order to give the impression of such intention." Nadim et al

(1983) used the following definition "A suicidal attempt is an intentional not to harm one's self through ingestion, inhalation of noxious material, or by injury. It is an attempt if it is not accidental and does not result in death."

Kreitman (1981) favours the synonym "parasuicide". Newson-Smith (1984) used the following definition for parasuicide "Any act deliberately undertaken by a person which mimics the act of suicide but does not result in a fatal outcome."

In this study the term "attempted suicide" was retained to remind the clinical psychiatrist that one of his principal tasks in assessing suicidal acts is to recognise the small fraction who are most likely to make a second attempt which may be fatal.

## 2) EPIDEMIOLOGY:

The epidemiological and psychological studies of suicides and attempted suicides in Arab countries are the following: Dabbagh (1968) in his book reports the official rates for suicide obtained from various Arab countries as Follows: In Iraq 0.1 - 0.2 / 100.000; Syria 0.38 - 0.45 / 100.000; Jordan 0.23 / 100.000 and Lebanon 1.8 / 100.000.

In Sudan, Nadim et al (1978) reported that the calculated rates for the population of 1.2 million (1.2 million are the population of Khartoum province) are 1 in 500.000 for suicide and 1 in 50.000 for attempted suicide.

In Qatar, Nadim et al (1983) in the study of 47 suicide attempters admitted to General hospital in Doha found that the rate of attempted suicide for the Qataris is 4.33 per 10.000 and for the aliens is 1.16 per 10.000 per year. El-Akabawi in 1982 in a socio-demographic study of 75 first admissions to the psychiatric hospital in Doha, found that the rate of attempted suicide for Qataris was 6.6 and for non Qataris 6.1 per 10.000 per year (Nadim et al, 1983).

In Egypt, Samaan (1964) studied the official rates available in the Ministry of Interior (Domestic affairs) on suicides and attempted suicides in Cairo in 1959 being respectively 3.6 / 100.000, 2.8 / 100.000 and these differed from all previous data throughout the world. Okasha et al (1979) gave in Cairo a rough estimate of suicide of 4 / 100.000 and attempted suicide of 38 / 100.000. Cross-cultural comparison between Egyptian, Indian and British depressives showed that Egyptians have a significant increase in suicidal tendencies but not in actual suicide or attempted suicide.