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Self-immolation a predictable method of suicide: A comparison study of warning signs for suicide by self-immolation and by self-poisoning

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ABSTRACT

Objective: Understanding warning signs for suicide is a crucial aspect of suicide prevention. This study was designed to compare warning signs prior to suicide attempt by self-immolation versus suicide attempt by self-poisoning among consecutive referrals for treatment after suicide-attempt at Kermanshah Imam Khomeini Hospital, Iran.

Methods: Over a 4-month period (June–September 2008), first degree relatives of 200 consecutive patients referred to Kermanshah Imam Khomeini Hospital, Iran, following a suicide attempt were interviewed. Sixty-three patients had attempted suicide by self-immolation and 137 by self-poisoning. Interviews addressed demographic characteristics (gender, age, marital status, and educational status) and three sets of psychosocial warning signs for suicide (verbal, behavioral, and environmental).

Results: Four significant differences in types of warning signs were found between the two groups. Those patients who had attempted suicide by self-poisoning were more likely to have shown seeking behavior for killing devices prior to the suicide ($p < 0.001$), to have shown depressed mood and severe changes in mood ($p < 0.01$), to have shown a lack of interest in work and education ($p < 0.02$), and to have shown reckless behaviors ($p < 0.01$). Other symptoms were not significantly different between the groups. Analyses considering warning signs in clusters of behavior patterns (verbal, behavioral, and environmental warning signs) indicated behavioral warning signs were more common in patients who had attempted suicide by self-poisoning. Further, the total number of warning behaviors was greater in the self-poisoning group ($p < 0.001$), indicating that the group who attempted suicide by self-poisoning seemed to do so with more substantial planning and warning than those who attempted suicide by self-immolation.

Conclusion: Warning signs for suicide by self-immolation were different and fewer than warning signs for suicide by self-poisoning among this sample of 200 Iranian patients who had attempted suicide. Prediction and prevention of suicide by self-immolation may be more difficult than prevention of suicide by other methods.

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1. Introduction

Suicide is a major mental health problem worldwide, and suicide prevention is listed as a specific priority in many national health strategies [1]. Epidemiological data support this prioritization. Every year, approximately 1,000,000 people die by suicide. Worldwide, suicide represents the 7th leading cause of death in males and the 15th leading cause of death in females.

A number of demographic risk factors have been identified to explain risk for suicide. Men are more likely to commit suicide successfully than women, for example. Age, race/ethnicity, and other psychosocial risk factors are well documented [2]. The method used for suicide has also been cited as important to determining risk among particular subgroups of individuals. Firearms and poisoning are the most common methods for suicide in males and females, respectively. Limited access to suicide means is one recommended strategy for suicide prevention [3]. Therefore, attention to common suicide methods in a geographic area may be helpful in regional suicide prevention programs.

In Kermanshah Province, Iran, where this study was conducted, significant scientific attention has been devoted recently to studying the risk of suicide by self-immolation, or self-inflicted burning, partly because it is among the more dramatic and most lethal suicide strategies [4–15] and partly because self-immolation survivors face long and painful hospitalizations accompanied by long-term physical and psychological disability.

A substantial body of reports describes psychosocial risk factors associated with suicide attempts by self-immolation in Iran [4–15]. In Iran, self-immolation is the third leading cause of death in women, accounting for 71% of successful suicide attempts. Research suggests self-immolation victims tend to be young, poorly educated, married women living in rural areas, not working, and experiencing marital discord and personal distress such as adjustment disorders [4–14]. Although the accumulated literature is very helpful to describe the type of person who might attempt suicide by self-immolation, it fails to address an important aspect of self-immolation that is necessary for development of prevention strategies: What warning signs do self-immolation victims offer prior to suicide attempts?

The suicide literature has recently emphasized the importance of identifying warning signs for suicide as a prevention tool [16]. Warning signs are distinguished from risk factors because they are viewed to be clinically derived, individually applied symptoms that indicate proximal and imminent risk of the event. Just as warning signs such as shoulder or arm pain can be used to identify risk for a heart attack, warning signs for suicide represent proximal and sometimes transient but imminent risk of a suicide event. They do not include more traditional risk factors for suicide such as demographic traits or chronic mental illness. Identification of warning signs can be especially helpful for prevention. Research from other regions of the world, and focused on other suicide methods suggest warning signs for suicide vary widely across individuals. Warning signs may be manifested through verbal, behavioral, and environmental signals. If properly recognized, warning signs offer the opportunity to prevent fatalities [16–21]. The present study was designed to investigate warning signs for suicide offered by victims of suicide by self-immolation in Iran.

To consider warning signs for suicide by self-immolation, we needed to identify an appropriate comparison group. The most logical option was individuals who attempted suicide through other means. The most common alternative method for suicide in Kermanshah Province is self-poisoning [15].

2. Methods

2.1. Protocol

The study was conducted over a 4-month period, from June to September, 2008. Consecutive referrals for attempted suicide at Imam Khomeini Hospital in Kermanshah City, Iran, were approached. This general hospital is an educational and treatment center administered under the supervision of Kermanshah University of Medical Science (KUMS). It has both a BICU and an MICU, and is the preferred center for admission of suicidal patients in Kermanshah province. Almost all patients with serious injuries are admitted to this hospital. The hospital serves a large geographic region in Western Iran and is therefore the best and arguably only location to conduct large-scale research on suicidal patients in this region of Iran.

All patients in the study had attempted suicide either by self-poisoning or self-immolation; no referrals had attempted suicide through other means. After obtaining informed consent, a well-trained research team member interviewed first degree relatives (father, mother, husband, sister, and/or brother) who lived with the patient and had complete information about the patient's recent (encompassing the past week and also the last several hours prior to the suicide attempt) behaviors. To reduce recall bias, interviews were performed very soon after patients' admission (first 24–48 h). When possible and appropriate, multiple relatives were interviewed. The study protocol was approved by the research council of Kermanshah University of Medical Sciences and all participants provided informed consent.

2.2. Participants

First degree relatives of 200 patients who attempted to suicide and were treated at Imam Khomeini hospital were included. Specific demographics of the interviewees were not collected. Attendance of a first-degree relative at the hospital setting is a culturally bound behavior in Iran, so we did not confront any difficulty in locating relatives of victims. All individuals who were approached consented to participate in the study.

2.3. Measures

All measures were collected via semi-structured interview with first-degree relatives of suicide attempt victims. Interviews were conducted in the Kurdish language, the native language of all participants. Four demographic variables were

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