

DEMOGRAPHIC AND PSYCHIATRIC ASPECTS OF ATTEMPTED SUICIDES — NINETY-SIX ATTEMPTS

G. MURUGESAN YEOH ONN HOCK

INTRODUCTION

THE ATTEMPT ON one's life with the intention to die, however ambiguous, has grave implications for the individual and his society. The psychopathology of the individual who attempts suicide has to be understood in the background of his socio-cultural matrix. Durkheim illuminated this postulate as early as 1897. The expression of suicidal attempts may be culturally influenced by traditional mores and values.

The enumeration of attempted suicides in any society is far from easy. As it is against local laws, there is under reporting by friends or relatives and only cases serious enough to be admitted to Hospitals are available for study. Even then, not all cases brought to Hospitals are diagnosed as "attempted suicide". This may result from the desire of the doctor to maintain confidentiality or from a low index of suspicion of apparently minor cases of overdose or "accidental" self injury. Denial of suicidal intent also contributes to under reporting of cases. The person's own statement of intent to die can be motivated other than the wish to die or indifference to live at the time of the act. A further difficulty in studies of attempted suicide is the shame it evokes in the attempter and the fear and abhorrence in his family or in-group, resulting in the reluctance to talk about it. This, in some cases, leads to the covert understanding between cases and relatives to deny and cover up the act. Stengal (1970) states an operative definition of "A suicidal act is any deliberate act of self-damage which a person committing the act could not be sure to survive" and added that all cases of

potentially dangerous self-poisoning or self-inflicted injury ought to be regarded as suicidal acts.

This paper deals with the study of 96 cases of the three major ethnic groups in Klang District in Malaysia.

METHOD

The two authors were employed in the 400 bed Klang General Hospital with psychiatric consultation facilities. From the period 23rd January, 1977 to 13th November, 1977 all cases of attempted suicide by any method were referred to one of the two authors. Cases who denied attempting suicide but were suspected of doing so were also referred. All cases were interviewed by one of the two authors and relative or friends were also interviewed to confirm the data supplied. The data recorded were personal data and details of the circumstances surrounding the attempts and clinical assessment.

RESULTS

A total of 96 attempts by 94 persons were recorded during the period. One person left the Hospital immediately after admission and only her sex, race and age were included in the study. An Indian male and a female attempted twice within the same period. Their demographic characteristics were recorded once each, but the details surrounding the circumstances of their attempts and admissions and follow-ups were recorded as separate events. Only 95 attempts by 93 persons were fully recorded.

Race and Sex

It is readily apparent in Table 1 that the Indians were over represented, comprising 66% of the sample of 94. The Chinese and Malays comprised 20.2% and 11.7% respectively. In Singapore, Chia and Tsoi (1974) noted a similar ranking for the same 3 ethnic groups. In both

formerly General Hospital, Klang.

G. MURUGESAN M.B., B.S., M.P.M., M.R.A.N.Z.C.P.

YEOH ONN HOCK M.B., B.S. M.P.M.,
M.R.A.N.Z.C.P., M.R.C. Psych.

presently General Hospital, Penang.

Table I
Race and sex distribution of 94 persons who attempted suicide

Race	Female	Male	Male Female Ratio	Percentage of sample	Estimated percentage of District population (mid-1977)
Indian	19	43	1:2.3	66	25.4
Chinese	3	16	1:5.3	20.2	43.0
Malay	2	9	1:4.5	11.7	31.1
Eurasian and Others	0	2		2.1	0.5
Total	24@	70@	1:2.9	100	100

@ Total of 94 persons with a total of 96 suicides attempts.

Table II
Race, sex and age distribution of 94 persons who attempted suicide

Race	Sex	Age in Years					
		10-14	15-24	25-34	35-44	45-54	55 and over
Indian	Male		8	9	2		
	Female	5	34	2	1	1	
Chinese	Male		1	2			
	Female		8	4	3		1
Malay	Male		2				
	Female		7	1	1		
Eurasian and Others	Female		2				
Total @		5	62	18	7	1	1

@ Total of 94 persons with a total of 96 suicide attempts.

Table III
Marital status and sex of 93 persons who attempted suicide

Race	Married		Unmarried		Widow/ Separated Female
	Male	Female	Male	Female	
Indian	7	16	12	26	1
Chinese		9	3	5	1
Malay		4	2	4	1
Eurasian and Others				2	
Total @	7	29	17	37	3

@ Total of 93 persons excluding 1 of unknown status.

these neighbour countries, the incidence was highest in Indians who comprised the minority of the ethnic groups.

Females of all ethnic groups were encountered approximately 3 times more frequently than males. This predominance of females in attempted suicide is well documented in other countries as well. (Stengel, 1969.)

Age

Nearly three-quarters of the sample were between 15 to 24 years (Table II). The rate for females below 24 years was significantly 5 times that of males. ($\chi^2 = 9.56$, $df = 1$, $P < 0.01$). Both extremes of age were in females, the oldest being a Chinese of 65 and youngest, an Indian of 12. Four other Indian females were aged 13 and 14.

Marital Status

36 were married and 57 were single (Table III). The ratio of married to singles was 1:1.6. For both sexes the rates for the unmarried were highest, but the difference in marital status between the sexes was not significant. ($\chi^2 = 1.38$, $df = 1$, $p > 0.05$). Most of the unmarried were living with parents or relatives, only 3 females and 1 male were living on their own. Three elderly females who were divorced, separated or widowed lived with their grown-up children.

The highest rate for unmarried males was between 21 to 25 years and for unmarried females between 16 to 20 years.

Religion

Religious beliefs correspond closely to ethnic origin, but the Christian faith was practised by 4 Indians, 1 Chinese and 1 Eurasian. There were 58 Hindus and 17 Buddhists or Taoists. The Malays were exclusively Muslim.

Socioeconomic Status

The classification of social class in the country is poorly defined. No attempt is made to classify the sample in this study, but the educational, occupational and income status are described to indicate the social status of the sample.

Eighty-six percent of the sample were educated of whom 2% had tertiary, 43% secondary and

41% primary education.

Only 2 males were unemployed, one of whom was a patient who suffered from poliomyelitis. Another male was in University. Thirty-eight females (61%) above 16 years of age were unemployed. The majority of these were housewives or young Indian females living with parents.

Of those in employment, 9 received an income of less than 100 dollars monthly, 28 received between 100 to 300 dollars monthly and 9 received 300 dollars and above monthly. Thirtynine were unskilled workers and 5 were semiskilled. Two were trained teachers and they constituted the highest profession in the sample.

From the economic, occupational and educational indicators, it was apparent that the rate in the lower socioeconomic classes was high with only a scattering in the middle socioeconomic class. The significance of this finding is difficult to interpret without knowledge of the distribution of social classes in the general population for comparison. It is generally accepted that attempted suicide is more frequent in the lower socioeconomic classes. (Kessel 1965, Stengel 1969, Morgan *et al.*, 1975).

Methods Used

Ninety percent resorted to self-poisoning. The high incidence of self-poisoning as a method of self injury had been similarly recorded in Singapore as 94% (Chia and Tsoi, 1974) and in British studies from 95% to 99% (Morgan *et al.*, 1975, Holding *et al.*, 1977, Bancroft *et al.*, 1977).

The agent used most frequently varies among countries and in Malaysia varies among ethnic groups. The commonest agent used was insecticide, used by almost a third of all cases (Table IV). Other agents used in descending order of frequency were tranquillisers and hypnotics (24%), detergents (15%), methyl salicylate liniment (12%) and weedicide (6%). Among other agents used were analgesic tablets (3 cases), formic acid, antiseptics, camphor, kerosene, methylated spirit and dermatological solutions. The steady increase in the use of psychotropic drugs including tranquillisers in Britain was reflected here as well but only among the Chinese and Malays.

Table IV

Distribution of 95 attempted suicides by type of poison or method used

Race	Sex	Insecticide	Psychotropics	Detergent	Liniment	Others	Total
Indian	Male	13	2	2	1	2	20
	Female	12	3	5	10	14	44
Chinese	Male		3				3
	Female	1	6	5		3@	15
Malay	Male		2				2
	Female	1	5	2		1	9
Eurasian and Others	Female		2				2
Total @		27	23	14	11	20	95

@ Excluding 1 attempted suicide of unknown mode.

A Schizophrenic female attempted by wading into the sea in full view of the public during the day time.

Both Indian males and females preferred the use of insecticides. More than half the Indian males and more than one-fourth of the Indian females, attempted with insecticides. The ingestion of liniment was exclusively by Indians and one-fourth of Indian females used it.

About one-fourth of all cases attempted with psychotropic drugs mainly tranquillisers and two-third of these were females. The use of psychotropic drugs among Chinese and Malays were higher than among Indians. More than a third of Chinese females used tranquillisers and another third used detergent solution. These were the two agents most frequently used by Chinese females.

Six cases used weedicide. All were from the rural agricultural sector with easy access to this type of poison.

Other methods used were almost entirely by Indian females and all agents were readily available in the house or place of work. One

Indian female took camphor which had a religious significance as it was used as incense at prayers. She had believed she was possessed by spirits and possibly used it with the unconscious desire to be exorcised. Her expressed reason was that her husband was in love with her sister. In her culture her belief of spirit possession was acceptable. She was not psychotic.

The same tranquilliser and insecticide were used by two repeaters in different attempts.

Source of Poison

Ten of the 23 cases who attempted with tranquillisers obtained their supply from their doctors. One female collected her tranquillisers from three practitioners. Three cases suffering from Schizophrenia overdosed with their own medication. Six cases obtained their supply illegally from drug stores. The other sources of tranquillisers were from friends, mother, husband and a pharmaceutical firm in which one female was employed.

The source of insecticide was almost entirely domestic. Three cases bought the insecticide prior

to their attempts. The cases using weed killer were all from the agricultural estates where the poison was readily available.

Sources of other poisons including methyl salicylate, kerosene, methylated spirit, antiseptic, camphor and anti-spasmodics were all domestic.

Place of Attempt

The scene of the attempt was their own home in 75 cases and in relatives' homes in 2 cases. One female attempted in a suicide pact in her boy friend's house. Out of the 75 cases, 7 were alone in the house, but in two instances the mother and husband were expected home. None of the 75 cases locked the door of the room where the attempt was made. Four cases attempted in the vicinity of their homes. Hence, a total of 83% attempts were in domestic surroundings.

Two of the 6 cases who attempted in their places of work had been reprimanded by their supervisors at work.

Two cases attempted by the roadside, another in his Club and a schizophrenic female in the sea. A second suicide pact couple attempted in a field.

Precipitating Causes

The most frequent reason expressed was chronic domestic strife, and 31 cases reported this (Table V). This strife occurred in both the married and unmarried but more frequently expressed by females.

Conflicts over love affairs were revealed by 29 cases. All were single. Twenty-seven of these were as a result of opposition by parents or elders to their relationship with the opposite sex. This was observed more often in Indians. Two suicide pact Indian couples attempted for this reason. Two other Indian females resisted pressure to marry their parents' choice of husbands. Relationship resulting in illegitimate pregnancies as in two Indian females had not only brought shame to themselves but to their families also. A Chinese female attempted for the same reason. A lesbian attempted after a break up with her partner, another female attempted after an unsatisfactory affair with a married man. One male homosexual whose relationship was discovered attempted

because he felt shame and the inability to withstand the ridicule of his housemates.

Three gave difficulties at work as their reason. Of these, two attempted in their place of work after being reprimanded by their work supervisors. Another gave absence of a job as the reason.

One Chinese male attempted because of financial difficulty and a Chinese female attempted because of gambling debts which she could not pay. She was arrested on a complaint of a creditor while in Hospital.

Five Indian males were alcoholics. Two attempted during "black outs". Three others had contemplated suicide for some time. An Indian female with alcoholism attempted after inability to solve her debts incurred over her drinking. Two males with physical deformities from poliomyelitis attempted for this reason. Five attempted as a result of their Schizophrenic illness. Two were acutely ill for the first time and three chronic cases were depressed.

Fourteen (16%) cases denied suicidal intention. This subgroup comprised 10 Indian females and 3 males and a Malay male. Eight of the Indian females maintained they took the poisons to cure chronic abdominal pain. Another maintained she swallowed an organophosphorus insecticide, mistaking it for cow's milk. One of these females re-attempted with the same insecticide, 3 months later. The background of these 10 cases were investigated and all had shown considerable stress in their home environment. Of the 3 Indian males who denied, all took insecticides. One male took it a day after a close friend died, another after a quarrel with his brother. In Kessel's study (1965) 23% males and 16% females gave no reasons for their attempts.

Interpersonal conflict with key persons was the precipitating factor in 40% of cases in the study by Morgan *et al.*, (1975). An almost similar rate of 47.3% was observed in this study. Reasons of poor health, financial difficulties, accommodation problems were infrequently encountered.

Decision to Act

Fifty-six percent of the 81 cases who acknowledged their attempts had decided on the actual

Table V**Distribution of 95 attempted suicides according to the precipitating cause @**

Precipitating Cause	Indian		Chinese		Malay		Eurasian
	Male	Female	Male	Female	Male	Female	Female
Domestic Conflicts	3	17		7		4	
Love Affairs	7	11		5	1	3	2
Alcohol Addiction	5	1					
Illness	1	3		1			
Work	1		2	1			
Others		2	1	1	1	1	
No Reason Stated	3	10				1	

@ Excludes 1 attempted suicide of unknown cause.

Table VI**Distribution of 95 attempted suicides according to the intended outcome**

Race	Sex	To Die	Intention: Uncertain	Not To Die
	Male	11	2	7
	Female	26	2	16
Indian	Male	3		
Chinese	Female	10	2	3
Malay	Male	1	1	
	Female	4	1	4
Eurasian and Others	Female	1		1
Total @		56	8	31

@ Excluding 1 attempted suicide of unknown intention.

Table VII — Consequences

Race	Improvement	No Change	Deterioration	
Indian	31	31	2	
Chinese	11	5	2	
Malay	8	2	1	
Eurasian and Others	1	1		
Total @		51	39	5

@ Excluding one attempted suicide of unknown consequence.

day of the attempt and the majority (47.3%) were impulsive decisions. A high rate of impulsiveness of two-thirds of the acts was similarly noted by Kessel (1965). Twelve percent had contemplated suicide within the week and 32% exceeded one week. Three cases stated they had thought of it for 2 months and the longest period was for 6 months in one case. There was no significant difference between the sexes.

The precipitant was often a row or reprimand by key persons with whom the interpersonal relationship had been bad. Bancroft *et al.*, (1976) had found that 58% had a row before the attempts.

Intention and Risk

During the interview, spontaneous statements of intention to die were recorded and if no spontaneous statements were obtained, direct enquiries were made. In 56 instances (59%) the intention was to die, in 8 the intention was uncertain and in 31 (33%) the intention was not death (Table VI). It was difficult to be certain of the actual intention based on their statements. Even the statement of intention to die could be motivated by the expectation of help and acceptance by the staff. In other cases, though the intention may be death, the shame and fear of rejection by the community could motivate them to deny the intention to die or even the act itself. A total of 41% denied or were uncertain of their intentions. This was a large percentage in view of the manifest behaviour of attempted suicide as understood by observers, yet 41% denied what it seemed to be. Other intentions included threats to husbands or parents, prevention of husband from gambling, to obtain permission to work, to force husband to return home and to obtain permission to marry. There was no significant difference among the ethnic groups.

Medical Assessment of Risk

The interviewer assessed the possibility of fatality arising from the attempt if no intervention had occurred, taking into account the quantity and type of poison and the method of attempt. Only in 4 cases were death likely to occur. In 45 cases death was unlikely, and in forty six cases survival was certain even if not discovered or medical attention given.

Consequences

The reasons given for attempting suicide and the consequences arising from the attempts were studied (Table VII). Fourteen cases denied the attempt but were included to observe the consequences of their actions. The consequences were divided into three groups, improvement, no change and deterioration in solving their conflicts.

Fifty-one cases (54%) achieved improvement in solving their conflicts. There were 12 males and 39 females. Twenty-one females were Indians and most of their conflicts were with parents or elders or over love affairs. Included in these 21 cases were one suicide pact couple and 3 other females who overcame opposition to their marriages and one female who succeeded in the rejection of a marriage arranged for her. In two cases, their boy friends agreed to marriage. A Chinese female also overcame the opposition to her marriage.

The frequent outcome of improvement in the other cases were attention and sympathy directed towards them. The significant persons in their lives became aware of their conflicts and reacted, at least initially with sympathy. In many cases, no shame was felt when they returned to their family, but were accorded special attention. Among married females, pressure from in-laws lessened and attitude of husbands improved. As a consequence of their attempts, 2 cases were diagnosed as Schizophrenia and one case for severe depression.

Five met with deterioration in their conflicts after the attempt. The consequences encountered were further rejection by the husband, son and lovers in four cases and being taken to court over a debt in the other case.

Thirty-nine cases (40%) comprising 13 males and 26 females had brought about no change in their conflicts. This group included an Indian female who attempted twice.

There were no significant differences in consequences between the sexes.

Previous Attempts

Fourteen cases (15 percent) were repeaters.

Table VIII
Psychiatric diagnosis of 93 persons attempting suicide

		Diagnoses					
Race	Sex	Psychosis	Neurosis	Personality Disorder	Alcohol Addiction	Mental illness Absent	
Indian	Male		4	5	5	5	
	Female	2	6	3	1	31	
Chinese	Male	3					
	Female	1	5	4		5	
Malay	Male		2				
	Female		3	4		2	
Eurasian	Female			2			
Total		6	20	18	6	43	93 @

@ Excluding 1 person who defaulted before interview.

two of them repeated within the period of the study. Eleven cases were second occasion repeaters, and three were third occasion repeaters. These were 5 Indian females, 4 Indian males, 4 Malay females and one Chinese female. The previous attempts ranged from one month to 6 years with 8 cases repeating within 1 year and particularly within 6 months. Methods used were self-poisoning in all cases except for one who tried strangulation. Five cases used the same poison on different attempts.

Morgan *et al.*, (1975) recorded that 48% had previous attempts and almost half within the past year. The incidence of 15% encountered in this present study was lower and had been obtained only from history-taking. The actual incidence could be higher, realising the culturally determined reluctance to talk about suicidal behaviour.

Prior Warnings and Suicidal Notes

Twelve cases had spoken to someone or talked of suicide before their attempt; 3 cases within 24 hours, the other nine cases for some weeks to months.

A married Indian male told his sister-in-law on the same day that he could not live without her. She was his mistress. He re-attempted 6 weeks later because of objections from relatives over the affair. On his second attempt, he left a note disclaiming responsibility of others for his attempt.

Two others spontaneously told the authors they wrote suicidal notes. One was a 17 year old Eurasian girl who attempted because her boy friend was to marry another. The note was addressed to him. A 20 year old Malay girl left a note for her husband after he had received a letter from his past girl friend.

A schizophrenic patient under treatment had spoken of suicide to friends for months. A male transexual had told his housemates after he was discovered having a relationship with a man.

Of the twelve cases, ten had told someone close to them. Four girls had told their mothers with whom they had quarrelled. Two females told their husbands; one of them had been forced to marry the husband, the other because the

husband brought his mistress home. Three had threatened their boy friends after they had quarrelled or had been rejected. One man told his mistress. In most cases warnings were directed at the persons with whom they had been close but had felt rejection or had been reprimanded.

Medical History

Two cases had suffered limb deformities from poliomyelitis in childhood. Both gave this as the reason for attempting suicide. Two cases were being treated by general practitioners for asthma, one for 10 years and another for 3 months. One was an epileptic, and another had hypertension. None of these four gave medical illness as their reasons for attempting.

Three females gave reasons of chronic abdominal pain for their attempts. All three had in addition, marital or family strife.

Psychiatric Diagnosis

All cases were categorised into formal psychiatric diagnoses. In 46% of cases no mental illness was diagnosed (Table VIII). The highest incidence for this category was in Indian females and 70% of them were judged as not suffering from mental illness as opposed to 24% for the rest of the sample and 26% for Indian males. Kessel (1965) found 26% males and 20% females had no psychiatric illness in his series in Edinburgh and Morgan *et al.*, (1975) found an incidence of 10% without psychiatric illness in Bristol. In Singapore, Tsoi (1970) found only 32% to be mentally ill.

The high incidence in Indian females with no formal psychiatric illness in this study could be explained by the circumstances surrounding the act in that it usually was impulsive and occurred after a quarrel with or reprimand by elders. This could be viewed as a mode of expression in their culture where females are still bound by strict cultural mores with limited degree of verbal retaliation especially to elders.

The most common diagnosis were neurosis (22%) mainly depressive neurosis, personality disorder (19%), alcohol addiction (6.5%) and psychosis (6.5%). The incidences of psychosis in findings by Kessel (1975), Tsoi (1970), and

Morgan *et al.*, (1975) were 5%, 13% and 12%. The incidence of neurosis ranged from 5% to 63% in British studies. (Kessel, 1965, Morgan *et al.*, 1975, Holding *et al.*, 1977.)

Alcoholism which was a frequent finding in attempted suicides in European studies was not observed here. Only 6.5% were addicted to alcohol as compared to 48% in males and 16% in females noted by Holding *et al.*, (1977) in Edinburgh and 18% by Morgan *et al.*, (1975). A low incidence of 2% was noted in Singapore by Tsoi (1970).

Current drug abuse was not observed in this study. There were only 2 cases of ex-Heroin abuse.

After Discharge Psychiatric Attendance

Eighty-four cases were given appointments for further psychiatric treatment. Two cases were transferred and lost to follow-up. Seven cases were not advised further psychiatric management after discharge because the cases refused or the therapists felt that the psychiatric intervention while they were in Hospital had relieved their conflicts or the crises had been resolved. Of those offered further treatment, only 40% complied, with 17% for one follow-up session, 13% for 2 sessions and 10% between 3 to 9 sessions.

The subgroup of those who did not give reasons for their attempts were compared with those who did in their subsequent attendance. There was no significant difference. Though cases may be reticent about the reasons for their attempts, some had accepted help. Inquiry from friends or relatives had usually revealed the precipitating causes and formed the basis for therapeutic intervention. The importance of after discharge psychiatric intervention favourably influencing subsequent suicidal behaviour was reported by Greer and Bagley (1971).

DISCUSSION

The objectives of this study is to describe the characteristics of those who attempted suicide and ethnic differences if observed.

The high frequency of attempted suicide in younger individuals, the female sex, the single

state and the lower socio-economic classes in this study were similar to reported studies elsewhere (Stengel, 1970; Holding *et al.*, 1977; Morgan *et al.*, 1975).

The choice of method of attempted suicide was self-poisoning in 99%. This trend was different from that of completed suicides in which poisoning was reported at 24.9% and hanging at 50% (Teoh 1974). The choice of poison was different in the ethnic groups. The Indians used insecticides frequently and the Chinese and Malays used psychotropic drugs.

The various poisons were generally available in domestic surroundings and 83% of the attempts were at home.

The incidence was highest in Indians and particularly in single Indians. The main precipitating cause in young single Indians was objection to their boy or girl friends by parents or elders. In the highly structured Indian sub-culture, it has been the tradition that the young man or girl accepts the spouse chosen from the same caste by their parents. The preliminary approach and eventual marriage proposal are entirely carried out by parents and the process is highly patterned and ceremonial. To marry out of caste or before one's older siblings is not readily tolerated and could affect adversely the marriage prospects of the siblings. This cultural mores and heritage are being challenged by the younger generation to choose their own spouse and cause severe conflict between the young and their elders. The act of attempted suicide in this instance has appeal qualities and is a message of severe distress. In some cases, the objectives were achieved.

Another situation in which the young Indian female found herself in this study was conflict in her role in the family. Usually after a reprimand by the parent, she attempted. The reprimand may be trivial but alike the proverbial straw it was last in a series of events. Here again, the young female in a traditional family structure is expected to be submissive and obedient. This role is again changing. Verbal means of expression are limited in this structured family system. Attempted suicide in this instance is not so much a cry for help but a scream of anguish and despair against the rigid expectations. The

consequences of the act is usually a change in attitudes towards the girl.

The low incidence in Malays may be due to the Islam religion which explicitly forbids suicide. This could also be attributed to the relatively more traditional community unlike the migrant ethnic groups of Indians and Chinese.

Few cases were in financial difficulties or unemployed. More females than males were unemployed but many were housewives or teenagers. This low index of unemployment was lower than expected. The findings of Holding *et al.*, (1977) and Morgan *et al.*, (1975) revealed a higher proportion unemployed and a higher than national average respectively. It would appear that financial difficulties was not a major factor in motivation of attempted suicide in this sample. This could be due to the collective responsibility for each other in the extended family systems.

Social isolation as evidenced by living alone or in hostels so frequently noted in other studies (Kessel 1965, Morgan *et al.*, 1975) was not evident here. The prevalence of the extended family system in the Asian community acts as a barrier against social isolation.

A formal psychiatric diagnosis was made in only 54% of the cases. Neurosis, mainly reactive depression was diagnosed in 22%. Schizophrenia was diagnosed in 5 cases. The pre-conception of a person who attempts suicide as either a young hysterical female or a person suffering from depressive illness was not observed in this study. Most attempts were made as a result of chronic interpersonal strife but precipitated by trivial events. This finding has implications for management, suggesting that environmental manipulation and brief psychotherapeutic support would suffice in these cases. This approach was used in this study.

ACKNOWLEDGEMENT

The authors thank Tan Sri Dr. Raja Ahmad Noordin, the Director-General of Health, Ministry of Health, Malaysia for permission to publish this paper.

REFERENCES

- Bancroft J. and Marsack P. (1977); The repetitiveness of self-poisoning and self-injury, *B.J. Psych.* 131, 394 — 399.
- Bancroft J. and Simkin S. (1976); The reasons people give for taking overdoses, *B.J. Psych.* 128, 538 — 548.
- Chia B.H. and Tsoi W.F. (1974); Statistical study of attempted suicide, *Sing. M.J.* 15, 253.
- Durkheim E. (1951); *A Study in Sociology* (1897), Glencoe, The Free Press.
- Greer S. and Bagley C. (1971); Effect of psychiatric intervention in attempted suicide, *B.M.J.* 1, 310 — 312.
- Holding T.A., Buglass D., Duffy J.C. and Kreitman N. (1977); Parasuicide in Edinburgh, a seven-year review 1968 — 1974, *B.J. Psych.* 130, 534 — 543.
- Kessel M. (1965); Self-poisoning, *B.M.J.* 2, 1265 — 1270, 1336 — 1340.
- Morgan H.G., Burns-Cox C.J., Pocock H. and Pottle S. (1975); Deliberate self-harm: Clinical and socioeconomic characteristics of 368 patients, *B.J. Psych.* 127, 564 — 574.
- Stengel E. (1973); *Suicide and Attempted Suicide*, Pub. Penguin Books.
- Teoh J.I. (1974); An analysis of completed suicides, *Annals Academy of Medicine Sing.* 3, 117 — 124.
- Tsoi W.F. (1970); Attempted suicides, *Sing. M.J.* 11, 258 — 263.
- Vital Statistics, (1974) Dept. of Statistics, Malaysia.