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Chart of Uncompleted Suicide Behavior Regarding Individual, Social and Psychological Factors

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ABSTRACT The purpose of the study was to construct a profile of uncompleted suicide attempts regarding individual, social and psychological factors. The study was carried out through a qualitative research method with 194 females and 44 males, totally 238 individuals who attempted to commit suicide. Data was obtained through a structured interview form by means of interviewing face-to-face with participants analyzed by frequencies and percentages. Suicide characteristics that have been frequently seen in individuals who attempt to suicide are mostly women, whose age is between 15-20, are first child, are single and high school graduates, whose economical level is moderate, live in country town and do not have any job, have inconsistent parental attitude and weak interfamilial relations, had no trauma experience and psychological support, have low level of social support perception, do not use any drug, had attempted to suicide before, who have self-blames before a suicide attempt, and who did not leave a message before the attempt.

INTRODUCTION

Suicide is a very common death reason all over the world, especially in recent years. Suicidal behavior consists of suicidal ideation, Parasuicide or completed suicide attempt, and completed suicide (Diekstra and Gulbinat 1993). Completed suicide attempt or parasuicide, used interchangeably in the literature, is defined as suicide attempts and deliberate self-harm inflicted with no intent to die (Welch 2001). In literature it has not seen much prevalence and risk factor researches about completed suicide attempt (Welch 2001; Vijayakumar et al. 2005) because identification of risk factors for suicide have been problematic (Murphy 1984). Some researches (Ostamo et al. 1991; Hawton et al. 1998) indicated that the rate of completed suicide attempt might be about ten times the suicide rate. It is predicted that approximately half of the patients seen in emergency departments for completed suicide attempt have a history of previous completed suicide attempts (Hjelmeland et al. 1998). Harris and Barraclough (1997) explained that the risk of suicide following completed suicide attempt is up to 40 times the expected rate.

In addition to the high rate, completed suicide attempt places a heavy burden on the healthcare system (Colman et al. 2004). It is crucial to find risk factors of a completed suicide attempt to prevent further completed suicide attempts. Therefore, many factors such as prior history of completed suicide attempt, age, marital status, unemployment, socioeconomic status, psychological conditions, psychiatric history, family history, cultural and ethnic differences have been studied. Previous completed suicide attempts were reported most common predictor of completed suicide attempt (Diekstra 1993; Bille-Brahe and Jessen 1994; Taylor et al. 1994; Bille-Brahe et al. 1997; Cedereke and Ojehagen 2005). Moreover, many studies (Platt and Kreitman 1990; Morton 1993; Tejedor et al. 1999) indicated that unemployment especially long-term unemployment is a vital predictor of completed suicide attempt. Parallel to unemployment was low socioeconomic status, which is significantly associated with a completed suicide attempt (Gunnellet al. 1995; Hjelmel and Bjerke 1996)

Psychological conditions are an important determinant of completed suicide attempts. Especially people with mood, substance and per-

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sonality disorders show completed suicide attempts more than other disorders (Lewinsohn et al. 1995; Beautrais et al. 1996; Kessler et al. 1999; Nock et al. 2010). Also, people attempting suicide come from families with a history of mood, substance and personality disorders and have stressful family environments (Brent et al. 1996; Pillay and Wassenar 1997; Wagner 1997; Potash et al. 2000; Dube et al. 2001; Brent and Mann 2005). It was found that depression has a direct effect on suicide proneness (Lamis et al. 2015).

Although stressful family environments have roles to play in completed suicide attempts, the intimate relationship has protective factors for completed suicide attempts. With this regard, many researches (Kessler et al. 1999; Dieserud et al. 2000) explained that single or divorced persons are a high-risk group for completed suicide attempts compared to married persons, regardless of age and gender due to the offering of some protective factors of marriage such as emotional stability, social and community integration (Van Herringen 1994; Dieserud et al. 2000).

Taking into consideration age and gender, the completed suicide attempt rate is generally highest among the young and middle age population although suicide rate generally increases with age (Beautrais et al. 1999; Schmidtke et al. 1996; Kessler et al. 1999; Hjelmeland et al. 2002). Highest rates of completed suicide attempts are generally seen among young women but the highest rates of completed suicide attempts are seen in adult men regardless of race and ethnicity (Schmidtke et. al 1996; Kessler et al. 1999; Lewinsohn et al. 2001). In other words, with increasing age, the rate of completed suicide attempts has dropped amongst women, but risen amongst men. A completed suicide attempt is not seen more among older age groups (Schmidtke et al. 1996).

Moreover, a completed suicide attempt generally is seen more among White young people than Black young people because of cultural and territorial issues (Molock et al.1994). Thus, a completed suicide attempt changes with region and country. Most of the studies about completed suicide attempts were done in developed countries (Petronis et al. 1990; Platt and Kreitman 1990; Snowdon 1997; Kessler et al. 1999; Brown et al. 2000; Suokas et al. 2001). Recently, few of the studies about completed suicide attempts (Ndosi and Waziri 1997; Phillips et al. 2002; Vijayakumar 2004; Akin and Berkem 2012; Ersan and Kilic 2013) have been done in developing countries. It is stated that there are some differences between developed and developing countries about completed suicide attempt. For example, in China and India, the male and female ratio is narrower, married women are at a higher risk factor and presence of mental disorder has not been a crucial risk factor for attended suicide (Vijayakumar 2004).

As a developing country, Turkey has only one comprehensive epidemiological suicide and completed suicide attempt research (Devrimeci-Ozguven and Sayil 2003). In this research it was indicated that completed suicide attempts are generally seen in young people and more often women because they are usually economically dependent in Turkey. Parallel to this research, few clinical researches about completed suicide attempt and suicide (Sayil 2002; Yalaki et al. 2011; Akin and Berkem 2012; Avcil and Avcil 2012; Ersan and Kilic 2013) have been done among young population. These researchers emphasized that completed suicide attempt increased among young people in Turkey.

All things abovementioned have been essential predictor factors of completed suicide attempts but there might be also many factors that might be important but have not been searched. Henceforth, this research aim is to find other completed suicide attempt risk factors to understand and explain in a detailed way.

METHODOLOGY

The research was conducted with 238 individuals accessed through hospital and police records. The sampling group consisted of 194 females (82%) and 44 (18%) males. Ages of the participants in the study are as follows, 15-20 years for 77 participants (32%), 21-25 for 61 participants (26%), 26-30 for 15 participants (6.3%), 31-35 for 28 participants (14%), 36-40 for fourteen percent. The following demographic data was also noted regarding the majority of the sampling population.

- Education level at high school (153 participants, 64%),
- Economical level is moderate (148 participants, 62%),
- Dwelling unit in a country town (168 participants, 70%),
- Ones whose parental attitude is inconsistent and/or ones who have bad family relations (105 participants, 44%),
- Birth order is first (171 participants, 71%),
- Ones who have a low level of social support perception (179 participants, 75%),
- Ones who have no addiction to any drug (226 participants, 94%),

- Marital status is single (132 participants, 55%),
- Non-workers or unemployed (93 participants, 39%),
- Ones who had no trauma (144 participants, 60%),
- Ones who had no psychological support (162 participants, 68%),
- Ones who attempted to commit suicide before (222 participants, 93%).

Data was collected using a structured interview form. Data was obtained by six researchers through face-to-face meetings. Items in the structured interview form are related with the age, gender, economical level, education level, dwelling unit, parental attitude, family relations, birth order, social support perceptions, drug addiction status, marital status, working status, trauma experience status, status of taking psychological support, status of whether attempting suicide or not, the day, time and method of the suicide, which was attempted, events and feelings before the suicide attempts and status of individual in terms of whether they left a note after the suicide attempt or not. Data was analyzed using frequency and percentages with SPSS 15 packet program.

RESULTS

Demographic Variables and Uncompleted Suicide Attempts

Findings for Uncompleted Suicide Attempts Regarding Gender, Age, Education Level and Economic Level

Uncompleted suicide attempts regarding gender, age, education level and economic level are shown in Table 1. It was found that participants who are female between 15 and 20 years of age, are a high school graduate, whose economical level is moderate used mostly uncompleted suicide attempts.

Findings of Uncompleted Suicide Attempts Regarding Dwelling Unit, Birth Order, Marital Status, Working Status

Findings of uncompleted suicide attempts regarding dwelling unit, birth order, marital status and working status are given in Table 2. It was found that individuals, who live in country towns, are the first born for their parents, single and not serving in any work, mostly are prone to uncompleted suicide attempt.

Table 1: Uncompleted suicide attempts regarding gender, age, education level and economic level

Variables	*N*	*%*
Gender		
Female	194	0.82
Male	44	0.18
Age		
15-20	77	0.32
21-25	61	0.26
26-30	15	0.06
31-35	34	0.14
36-40	34	0.14
41+	17	0.07
Educational Level		
Elementary school	9	0.04
Secondary school	18	0.08
High school	153	0.64
University	58	0.24
Economic Level		
Verygood	3	0.01
Good	5	0.02
Moderate	148	0.62
Poor	66	0.28
Terrible	16	0.07

Table 2: Findings of uncompleted suicide attempts regarding dwelling unit, birth order, marital status, working status

Variables	*N*	*%*
Economic Level		
Very good	3	0.01
Settlements		
Village	26	0.11
County seat	168	0.71
City center	44	0.18
Birth Order		
First-born	171	0.72
Middle child	43	0.18
Last child	24	0.1
Marital Status		
Married	98	0.41
Single	132	0.55
Divorced	8	0.03
Working Status		
Separated from work	17	0.07
Works	52	0.22
Not working	169	0.71

Psychosocial Factors and Uncompleted Suicide Attempts

Findings of Uncompleted Suicide Attempt Regarding the Variables for Perceived Parental Attitude, Level of Interfamilial Relations, and Status of Having Trauma Before

Findings of uncompleted suicide attempts regarding the variables for perceived parental atti-

tude, level of interfamilial relations, and status of having trauma before are given in Table 3. Individuals who have inconsistent parental attitude and weak intra-parental relations and indicate not having a trauma in the past were found to be prone to uncompleted suicide attempt.

Table 3: Uncompleted suicide attempt regarding the variables for perceived parental attitude

Variables	*N*	*%*
Economic Level		
Very good	3	0.01
Perceived Family Attitudes		
Overprotective and anxious	30	0.13
Repressive and authoritarian	21	0.09
Perfectionists	24	0.1
Inconsistent	163	0.68
Family Relationships		
Moderate	55	0.23
Poor	108	0.45
Terrible	75	0.32
Trauma		
Have	94	0.39
Not have	144	0.61

Findings of Uncompleted Suicide Attempt Regarding the Variables for the Status of Getting Psychological Support, Perceived Social Support and Drug Addiction

Findings of uncompleted suicide attempt regarding the variables for the status of getting psychological support, perceived social support and drug addiction are given in Table 4. It was detected that individuals who got psychological support before attempted to uncompleted suicide more than others.

Table 4: Uncompleted suicide attempt regarding the status of getting psychological support, perceived social support and drug addiction

Variables	*N*	*%*
Economic Level		
Very good	3	0.01
Counseling		
Received	76	0.32
Has not received	162	0.68
Perception of Social Support		
Low	179	0.75
Moderate	48	0.2
High	11	0.05
Substance Abuse		
Have	12	0.05
Not have	226	0.95

Antecedents of Uncompleted Suicide Behavior

Findings Regarding Whether There is a Suicide Attempt or not, The Day and Time That The Suicide Attempt was Done and Variables for Uncompleted Suicide Attempt

Findings regarding whether there is a suicide attempt or not, the day and time that the suicide was attempted and variables for uncompleted suicide attempts are shown in Table 5. It was detected that individuals who attempted to commit suicide before, attempted to uncompleted suicide attempts more than those who attempted to commit suicide on Saturday and at night hours.

Table 5: Whether there is a suicide attempt or not, the day and time that the suicide attempt was done and variables for uncompleted suicide attempt

Variables	*N*	*%*
Before Suicide		
Yes	222	0.93
No	16	0.07
The Day of SuicideAttempt		
Monday	27	0.11
Tuesday	40	0.17
Wednesday	27	0.11
Thursday	30	0.13
Friday	34	0.14
Saturday	41	0.17
Sunday	39	0.16
Time of Suicide		
Morning hours	28	0.12
Noon hours	38	0.16
Evening hours	85	0.36
Night hours	87	0.37

Findings Related to Suicide Attempt Methods, Symptoms before Suicide Attempt, Whether There is Any Event Triggering Suicide Attempt or Status of Leaving a Message or not for Uncompleted Suicide Attempt

Findings related to suicide attempt methods, symptoms before the suicide attempt, whether there is any event triggering the suicide attempt and status of whether leaving a message before the suicide attempt are given in Table 6. It was detected that participants used medicine as a suicide attempt method, occurring of self blames were found before suicide attempts, having interfamilial problems and not leaving a message before the suicide attempt.

Table 6: Findings related to suicide attempt method, symptoms before suicide attempt, whether there is any event triggering suicide attempt or variable of leaving a message or not for uncompleted suicide attempt

Variables	*N*	*%*
Method of Suicide Attempt		
Drug	214	0.9
Weapon	12	0.05
Hang himself with a rope	6	0.03
High jump	6	0.03
Symptoms Before of Suicide Attempt		
Loss of interest	32	0.13
Sleep disturbances	20	0.08
Self-accusations	186	0.78
Kararsizlik	0	0
Events Inciting		
Within the family problems	195	0.82
Academic failure	32	0.13
The loss of a loved	11	0.05
Message		
Have	23	0.1
Not have	215	0.9

DISCUSSION

Findings in the paper were considered under the three titles. When examined regarding the relationship between uncompleted suicide attempts and demographic variables, gender was a factor in suicide attempt and suicide attempt was implemented mostly by females. The suicide attempt rate of females may be associated with the occurrence frequency of depression among women (Seligman et al. 1997). Uncompleted suicide attempts were found to be more intense between 15-20 years of age containing also the period of identity achievement to role conflict. It was detected that suicide attempts have gradually been increasing in adolescence age (Yalaki et al. 2012), and familial problems, problems with opposite sex and school problems (Gokcen and Koylu 2011) were detected to be the most faced reasons in suicide attempts. It was found that suicide attempts were detected on the individuals who are high school graduates, having a moderate economy level, live in country town, are single and not working. Failure in human relations and loneliness contribute to the high rate of suicide attempts in divorced, grass widows and grass widowers (Seligman et al. 1997). The paper revealed that majority of the individuals who attempted suicide was found to be the first child of their parents. It can be explained in terms of family realities. The first child can be a witness to family life and all problems are shared with the first child. At the same time, the first child is the inexperienced parents' product. Therefore, first children of a family could be grown up with so many needs, which cannot be fulfilled by the parents.

In a paper researching the applications to emergency service in America, women in the 15-19 age group were found to attempt to suicide the most (Doshi et al. 2005). Similarly, in developed and developing countries, individuals having suicide risk was found to be higher in females, individuals at young age, low level of education and income, single and unemployed individuals (Borges et al. 2010). In also studies carried out in Turkey (Akin and Berkem 2012; Avcil and Avcil 2012; Devrimeci-Ozguven and Sayil 2003), it was found that low level of age average, and single women attempt to suicide more than men.

Regarding psychological factors, uncompleted suicide attempts were predominated among individuals who have inconsistent family relations, weak interfamilial relationship, who state not having trauma, not having any psychological support before, having a low level of social support perception and not using any drugs. There are also results within the findings, which are also supported by the literature and differ from the information in literature. Doshi et al. (2005) found that sixteen percent individuals who attempted suicide face misuse of alcohol. Factors like loneliness feeling, parental problems, interparental conflict, unhappy marriages, poor economic conditions, abasement before the community, and breaking up a relationship were found to be the suicide attempt reasons (Delice and Temur 2012).

Atkinson et al. (2006) indicated that individuals who committed suicide had generally severe conflicts with the others within the weeks prior to suicide action or having events such as break-ups with their partners. It was found that there had been an increase in the number of events, which were out of the control of individuals who attempted to suicide before carrying out the suicide action in their life and they tend to explain the events though with external factors as the time approached (Burger 2006). In the light of this information, based on the findings of the paper, it may be interpreted that by assuming that individuals who have high level of desperation in their life are not able to control events and seek an externalization and try to terminate their life by approaching their life like an external factor. All those reasons could be shown as a reason for

individuals who attempted suicide not indicating a traumatic memory.

When examined the antecedents of uncompleted suicide attempts, factors like having attempted before, preferring night hours and Saturdays, using medicine as a method, having self-blame before the attempts and high levels of interfamilial problems were detected in a high proportion. There are many researches, which support the findings. Depression is one of the critical antecedents of suicide (Seligman et al.1997; Doshi et al. 2005; Yalaki et al. 2012). Similarly, psychiatric disorders are involved in antecedents of suicide in literature (TC Saglik Bakanligi 2004; Doshi et al. 2005; Engin et al. 2012). Feeling of loneliness showing up as a result of weak social bonds was found to be a significant reason for suicide attempt (Delice and Temur 2012). Besides, familial problems were detected to cause suicide attempts for the adolescent age group in particular (Brent et al. 1996; Dube et al. 2001; Yalaki et al. 2012). Lack of a family life and problematic experience in school may increase risk of suicidal behaviors in youth (Thullen et al. 2015).

Current individuals participated in the research preferred to leave a message before and after the suicide attempt. The sampling group, which was involved in the paper, entails a risk as well as not achieving success. Failure in suicide attempt of individual may lead individual not to save himself/herself from deadlock that is experienced. Besides, it may cause an increase in self-blame tendencies by becoming more sensitive of comments coming from others. Literature information has supported this comment. Seligman et al. (1997) indicate that individuals who experience failure in a suicide attempt face shame, blame, bewilderment and stigmatization. As a result of a paper, in individuals who attempted a suicide, an increase in depression rate as well as lack of family support, problems in anger control entails a serious risk for repetition of suicide attempt (Sevik and Ozcan 2012). In the light of this information, unless the personal, social and psychological factors, which cause suicide attempts, are regularized, recurrence risk of suicide attempt will continue to increase gradually.

While suicide is placed at the 10^{th} rank in the whole death reasons, it has been estimated that about 20 million suicide attempts occur every year (Bulut et al. 2012). Official records cannot provide clear information due to the tendency of hiding suicide in society. Factors such as the attitude that the society has developed, external strains and the interaction all of these with the characteristic and personality of individual play a role in generation of suicide concept (Gectan 1984). According to the research findings carried out in three big cities with 1003 individuals whose ages are between 18 and 60, it was found that the factors predicting suicide thoughts were loneliness, desperation and devotion to life. In the same paper it was concluded that suicide thoughts among women were predicted to be due to the lack of social support, frustration among men and education factor (Durak-Batigun 2008). Researchers offer that Twitter can be an effective tool to determine people, who are prone to suicide (Jashinsky et al. 2015). Current information and research studies in literature show that suicide concept is formed on two fundamental factors, that is, individual and social. Current research findings draw attention to the result that the suicide concept carries similar processes and characteristics worldwide despite inholding cultural differences. Although time alters the society and its social needs, the fact that processes related to suicide remain stable is a research subject. Besides, it also draws attention to the importance of detecting not preventing suicide events yet.

CONCLUSION

According to the results, a risky profile had been determined. The profile have the following characteristics, being a women, whose age is between 15-20, is the first child in the family, is single and has a high school graduate degree, has moderate economical, lives in a country town and does not have a job at present, has inconsistent parental attitude and weak familial relationships, had no trauma experience, has no psychological support, at the same time has a low level of social support perception, does not use any drug, had attempted to suicide before, generally self-blames before a suicide attempt, and did not leave a message after the suicide to blame any other people or to explain the reasons of suicide.

RECOMMENDATIONS

It is possible to give implications as below according to the research findings:

1. Factors predicting suicide attempts differ with historical processes. It is suggested to have a planned activity, applications and

educations to increase the awareness of related foundations and facilities regarding these factors.

2. Within the range of 15-20 years of age, educations should be given for increasing the sensitivity of family and school administration based on the finding of high level of suicide attempt risk in female individuals, individuals whose economical level is moderate and individuals who are the first child of the family.
3. Regarding the importance of oriental societies' attribute to emotional processes, individualization of societies rapidly generates emotional voids. Suicide may be regarded as one of the ways of coping with the pain that the existential void generates. Individuals should be provided to have more functional coping methods to find meaning for the pain that they have experienced.
4. The effect of finding meaning in pain may be tested by organizing psychological consultancy programs for individuals who attempted to commit suicide together with logo therapy directed group.

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