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Books Reconsidered

Attempted Suicide: E. Stengel & N. G. Cook

When the study which formed the basis of this monograph was carried out almost 40 years ago, relevant research was still scanty. The authors expressed disappointment that more than a century of research had not had any obvious positive effect on suicide rates. They considered research into suicide at that time to be stagnant, stereotyped, repetitive, and grossly limited by a retrospective approach, and were clearly frustrated by the resistances which hindered any attempt to 'lift the veil that covers these tragedies'. The use of sophisticated statistics should not, they asserted, be seen as compensating for major unreliability of social, medical and psychological data, and altogether the authors felt that the prospect for progress in research into suicide was gloomy and discouraging. Research into attempted suicides had also, in their view, been blinkered in its approach and they regretted that it had not been recognised as a behaviour pattern in many ways distinct from suicide, its underlying motivation often far more diverse than simply one of self-destruction. The authors set out, therefore, at a time when attempted suicide was still a criminal offence, to look at the relationship between two populations of patients – those presenting with attempted suicide and those who had carried out completed acts of suicide. Their aim was to evaluate the relationship between the two, their relative size, the mental state of individuals who attempted suicide, as well as the role of inner conflict and their relationships with key other persons.

The study first considered in detail the various social elements related to attempted suicide, including the way in which warning is given, and the tendency to remain in the social field, as well as elements of appeal, threat, ordeal, and what the authors termed a 'Janus-faced' ambivalence towards death and living. In other words, the authors aimed to view the suicide attempt as a social behaviour pattern, and to evaluate the reaction of the human environment to it. The study was based on unselected admissions to three different types of hospital: two psychiatric observation wards, the Bethlem and Maudsley Joint Hospitals, and a general hospital. In two of these they carried out a follow-up study of patients who had been admitted up to five years previously, interviewing relatives as well as patients, although it is not clear what proportion was seen nor precisely how many were assessed by face to face interviews as opposed to the use of questionnaires. Finally, the study analysed the coroner inquest data of 117 suicides from northern areas of London. The authors emphasise that the various groups were probably unrepresentative of the general population in a variety of ways and they declined to utilise detailed statistics, even to the extent of avoiding percentages which they believed 'might add a spurious sense of scientific precision'.

Nevertheless, the study revealed convincingly the various ways in which attempted suicide differed from suicide itself, and demonstrated the distinctive social meaning of the former. Attempted suicide was shown to occur frequently in such a manner that intervention by others seems possible, even probable, so it cannot be fully understood unless it is related to the human environment: persons who attempt suicide do not move away from the social field, only a minority are alone at the time, and even in these, intervention seems probable. Survival appeared at least as natural and legitimate an outcome as death. The authors considered it erroneous to divide suicide acts into successful or unsuccessful, with death being the only criterion, and they refused to dismiss apparently trivial acts merely as gestures. The social character of attempted suicide was seen to be independent of diagnosis, and in support of their assertion that underlying motivation was more complicated than that of self-destruction they commented on the rarity of subsequent life-threatening repetition and of suicide, as well as the fact that only a minority of suicides had attempted suicide previously. Dangerousness of the attempt and intent did not appear to be crucial in deciding whether or not the patient was admitted to hospital, and this was considered to be further evidence that environmental reaction must have been an independent and important factor. Novel too was the way in which the degree of dangerousness in terms of physical risk was separated from seriousness of intent, and when these were rated separately it was found that in a considerable number of patients the two correlated very

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imperfectly. Only among the 'absolutely dangerous' attempts had the degree of intent been maximal in a majority, and in one-fifth of all patients the highest degree of dangerousness was associated with only a medium degree of intent. This particular finding has had a very considerable influence on subsequent clinical practice in the care of attempted suicide.

The authors could not have anticipated the massive rise in the incidence of attempted suicide in subsequent decades. Their monograph proved to be very timely, because it opened up and broadened the way in which the problem of attempted suicide was conceptualised, and helped to distinguish it from suicide itself. The authors stressed time and time again the deficiencies of their data, and their refusal to utilise even the basic forms of mathematical analysis seems strange by present-day standards. The various patient groups in their study were surely representative in the sense that they constituted consecutive series of admissions to hospital, but the authors' caution is a salutary reminder for those of us who read too much into data from present-day studies.

Without doubt, the monograph has had a major influence on the understanding of attempted suicide, particularly with regard to its effect on others. It is odd that the authors used the term 'attempted suicide', almost as if they were unable to take the ultimate logical step of their argument and proceed to produce a term which does more justice to the many differences between non-fatal and fatal acts of self-harm. There is very little to be found in the monograph on rates of repetition and nothing on modes of intervention, but the work has undoubtedly had a significant influence on the subsequent development of treatment policies for attempted suicide, if only because official guidelines today still recommend that patients should be admitted to hospital even though the apparent physical risk may seem to be low.

What seems obvious to us now may not necessarily have been so in the past, and the ways in which this monograph challenged previous assumptions about attempted suicide is a very good example of this. The social meaning of attempted suicide seems so self-evident to us today yet at the time when this study was carried out such was not the case. One cannot help wondering what other presuppositions may cloud our understanding of clinical problems, the underlying causes of which will seem only too obvious once the correct conceptualisation is achieved.

The current scene presents many challenges with regard to the management of patients who attempt suicide. Fewer beds are becoming available for their admission to general medical wards and an increasing number are being discharged directly from accident and emergency departments. Changes in patterns of care are inevitable and it will therefore be more necessary than ever before to keep in mind the many insights first presented in this monograph. It remains true that trivial physical risk may coexist with severe underlying physiological disturbance, and the meaning of attempted suicide is unlikely to be understood fully unless we take into account the importance of key other persons as well as adverse environmental factors in their wider sense. We should be grateful to the authors of this monograph for alerting us to the wider meanings of the complex and varied form of behaviour which is subsumed under the term 'attempted suicide'. Unfortunately, no effective form of secondary prevention has yet been demonstrated, and undoubtedly this is a source of embarrassment to us all. Perhaps the way forward is to extrapolate from Stengel & Cook's study (it should be mentioned that Irving Kreeger also made a significant contribution) and look again at the way in which it might be possible to separate out specific groups within the overall category of attempted suicide. By focusing on the particular needs of such sub-groups, for example first timers as opposed to the chronic repeaters, it may be possible to demonstrate elements of effective intervention and perhaps distinct styles of treatment programmes appropriate to each. Ironically, having come to realise the full complexity of its aetiology, effective intervention in terms of both primary and secondary prevention of attempted suicide still eludes us. This monograph is a challenge to us not to leave things that way.

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