ALCOHOLISM AND ATTEMPTED SUICIDE

By

I. R. C. BATCHELOR, M.B., F.R.C.P.E., D.P.M.

Deputy Physician Superintendent
Royal Edinburgh Hospital for Mental and Nervous Disorders
Lecturer in Psychiatry, University of Edinburgh

(Received 1 September, 1953)

In her sociological study of suicide Cavan (1928) commented that "up to date no adequate studies have been made of the relation of the habit of drinking to suicidal tendencies". Ten years later, Merrill Moore (1939) makes a similar complaint: "What relation, if any, is there between alcoholism and suicide? This question has never been definitely answered and little has been written about it . . . In the entire literature of medicine hardly more than twenty acceptable articles on this subject are recorded." Little has been written on the topic since then.

A century ago the relationship of alcoholism and suicide was receiving attention from British and Continental physicians, some of whom considered alcoholism to have the foremost place in inducing suicidal acts: and it is illuminating still to read a discussion of those days. In a book on alcoholism Dr. Charles Wilson (1855) of Edinburgh expressed his opinions both perceptively and eloquently:

". . . should [the alcoholic] lift his hand against his life, armed with an instrument more promptly fatal, it is by a kind of double suicide that the last act is perpetrated. The more gradual self-destruction, which simulates disease, is crowned by the rapid catastrophe which kills by violence. It is the character of the act which is changed, but not its essence." This is the theme which more recently Menninger (1938) has elaborated in his well-known description of alcoholism as a "chronic suicide".

Clinically, Wilson identified two types of alcoholic suicide, and much of what he wrote about them remains valid.

"There are two forms under which the tendency to suicide exhibits itself in the confirmed drunkard, and it is of considerable practical importance that these should be distinguished. In the one form, the act assumes the appearance of cool deliberation, has frequently been long contemplated, and is approached with every precaution to prevent detection, and to secure its completion . . . in some moment of more than ordinary desperation, or during the shame and depression consequent on some more than ordinary excess, the fatal blow is struck."

"Under the second form . . . the act itself is without premeditation, in the strict sense of the term, and is a direct consequence of those more violent states of disorder of the intellect, for which he is no further responsible than that they are the result of his excesses. In attacks of delirium tremens, his delusions are sometimes of so painful a nature, and the phantasms which surround him so full of horrors, that he rushes to avoid them with a panic terror which gives no scope for hesitation . . . But even during the fit of drunkenness itself, and without the

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

presence of any other delirium than that directly attendant upon the intoxication, there appears occasionally, in certain individuals, a remarkable disposition to commit self-murder . . . An ill-timed reproof, or a threat, levelled against the drunkard while in a state of excitement, has induced him to perpetrate instant suicide; and the sudden detection of a long career of excess, assiduously disguised under the mask of indisposition, has been known to lead to an attempt of a similar description . . ."

Fifty years later Sullivan (1906) was claiming that both statistical findings and clinical evidence gave alcohol the chief role in the genesis of abortive suicidal impulses. He considered the alcoholic suicide as a special variety, characterized by its impulsiveness and the relative youth of those most typically involved. 77·5 per cent. of 142 cases of attempted suicide were attributed by him (1898) to alcoholism.

East (1913), reviewing 1,000 male cases of attempted suicide, found that in 39 per cent. alcohol was wholly or partially the cause of the attempt. Both Sullivan and East stated that in a large proportion of their cases the individual was drunk to the degree that he had an amnesia for his act.

Henderson in his Salmon lectures (1939) dealt with alcoholism and suicide as clinical manifestations of Psychopathic States, particularly of those types which may be described as predominantly aggressive. He states that "it is an almost identical type of disposition which uses these agents [alcohol and drugs] as commits suicide or perpetrates a serious assault which may result in murder. It is merely another way of escaping from reality, more pleasant perhaps, but by no means less deleterious either for the individual or for society." This contribution, which widens and clarifies the clinical issues and social implications, should be directly consulted. Elsewhere Henderson (1936) has written with reference to suicidal acts, "The degree of alcoholism need not, by any means, have proceeded to the stage of delirium, but sufficient is taken, usually, to deaden or lower consciousness."

Moore (1939) made a retrospective survey of the records of 143 alcoholic suicidal patients admitted to the Boston City Hospital. Though the paper contains the admission that only a few superficial formulations about these patients could be made, useful factual data are recorded. It is suggested that alcoholic suicidal patients as a group are less successful than suicidal patients in general: and that there is a distinction (not formulated) between alcoholic suicidal patients and suicidal alcoholic patients. 11 per cent. of 1,195 cases of attempted suicide were found to be alcoholic.

Dahlgren (1945), whose book may be referred to for details of the continental literature, concluded that the majority of authors have ascribed a comparatively great importance to alcoholism as a suicide-eliciting factor. He found in Sweden that 46 per cent. of the males who attempted suicide, but only 2 per cent. of the females, abused alcohol. He comments, "even if the sometimes presented statement that alcohol makes a suicidal attempt less effective, were true, there does not seem to be any essential difference between suicide and attempted suicide cases as regards the frequency of inebriates". The reaction types of the subjects investigated are detailed in this survey.

In summary it may be said that a conspectus of the literature reveals that there is still some uncertainty on many important points. For example—what is the role of alcoholism in suicidal attempts, and what is its frequency and importance? What is the usual degree of drunkenness at the time of the suicidal act? How dangerous is the suicidal attempt made under the influence of alcohol? Is there such an entity as "the alcoholic suicide"? Is suicide a common out-

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

come in chronic alcoholism, and what type of pathological drinker attempts suicide? Can one in fact distinguish between alcoholic suicidal patients and suicidal alcoholic patients?

The Case Material

The material on which this paper is based consists of 200 (male 92, female 108) consecutive cases of attempted suicide admitted to a general hospital in the years 1950-52, and personally observed. The sample is probably representative of an urban population, since the large majority of all suicidal attempts occurring in the city of Edinburgh are admitted to this hospital.

The incidence of alcoholism in the family histories and childhood homes of the group as a whole, will be reported. Forty-three (21·5 per cent.) of the cases gave a personal history of excessive drinking: these will be described in detail. A further 16 individuals in the group, who attempted suicide while drunk but who had not been addicted to alcohol, will be more briefly presented.

Family Histories and Childhood Homes

In 200 consecutive cases of attempted suicide there was found a family history of alcoholism in first-degree relatives in 28·5 per cent. 24·5 per cent. of these 200 suicidal individuals came from homes "broken" because of parental alcoholism:

	Cases of Attempted Suicide		
	Male	Female	Total
Broken homes due to:			
Alcoholism in Father	23	20	43
Alcoholism in Mother	7	7	14
Alcoholism in both parents	2	6	8

(For a discussion of these findings, see Batchelor and Napier, 1953.)

Among the cases which are the subject of this paper, a family history of alcoholism in first-degree relatives was obtained from 22 (51·2 per cent.) of the 43 excessive drinkers, and from 5 (31·3 per cent.) of the 16 individuals who were not pathological drinkers but who were drunk at the time of their suicidal attempts. Both sexes gave similar percentages.

These bare figures give some measure of the great frequency, but can give no picture of the quality, of disturbances in the childhood home-life of individuals who later became alcoholic and suicidal.

The Group of Pathological, Excessive Drinkers

This group, which gave histories of often repeated excessive drinking of alcohol, comprised 21·5 per cent. (male 32·6 per cent., female 12·0 per cent.) of those who attempted suicide.

Their characteristics are shown in the tables below:

	Male	Female	Total
Sex	30	13	43
Age: 20–29	3	2	5
30–39	5	4	9
40–49	9	2	11
50–59	9	2	11
60 and over	4	3	7

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

	Male	Female	Total
Marital State			
Single	5	2	7
Married	15	5	20
Widow(er)	2	3	5
Separated or divorced	8	3	11
Present Social Class:			
I. Professional	1	2	3
II. Intermediate between I and III	5	1	6
III. Skilled workers	2	2	4
IV. Intermediate between III and V	9	1	10
V. Unskilled workers	13	7	20

Previous Personal Adjustment

The large majority of the group showed serious evidence of maladjustment in more than one sphere.

Social Adjustment. It will be noted that nearly half the group are found in the lowest social class (V). In the case of 16 of the men, and 4 of the women, their present social status was inferior to that of their childhood.

Employment Adjustment. Of the 30 men, 24 had unsatisfactory work records: 10 were unemployed at the time of their suicidal attempts and a further 5 were off work. Half of the women had unsatisfactory work records. Though the large majority of the women were carrying on with their household duties, it was at an impaired level of efficiency.

Sexual Adjustment. Of the 30 men, 9 showed homosexual trends (one of these was a practising homosexual), while 8 others were heterosexually promiscuous. Of the 13 women, 6 were heterosexually promiscuous (one of these also homosexually so), and 3 others were frigid. It will be noted also from the table above that 41·9 per cent. of both sexes were single or separated from their spouses.

Diagnoses	Male	Female	Total
Psychopathic states	13	6	19
Depressive states	11	4	15
(First attack	6	1	
Previous attack(s)	5	3)	
Chronic alcoholism	3	2	5
Epilepsy	2	1	3
Mental defect	1	0	1

It is obvious that the classification adopted here is somewhat arbitrary. The fact that only 5 of these 43 individuals have been diagnosed as chronic alcoholics, requires explanation. The term "chronic alcoholic" itself is not altogether satisfactory: it is descriptive at a superficial, symptomatic level, and there may be argument in certain cases whether the use of and dependence upon alcohol have become of such degree as to justify the diagnosis. However, if we employ it to depict the individual who has been steadily addicted to alcohol over many years, whose alcoholism is the central feature of his abnormality, and whose deterioration in character and intellect are insidious, it appears that such individuals constitute a small minority of the suicidal group. The impressions of clinical experience are borne out by the findings of the present investigation. Two of the 5 chronic alcoholics had for some time previous to their suicidal attempts been more than ordinarily dejected, and might have been alternatively described as suffering from depressive states.

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

The large majority of the group was composed of psychopaths and depressives. Nine of the 15 depressives were considered to be suffering from Manic-Depressive Psychoses: in the others the clinical picture was less clear-cut, more obviously reactive and gave evidence of neurotic trends. In at least one-third of the depressives the alcoholic habit had been dipsomaniac. Some of the psychopaths were also intermittent though excessive drinkers. That only one of those not labelled "Chronic alcoholic" showed marked evidence of liver and peripheral nerve damage, also suggests that in the majority of cases the alcoholic over-indulgence had not been continuous.

The Suicidal Attempts

Method	Male	Female	Total
Poisoning:			
Barbiturate	12	8	20
Coal gas	4	3	7
Other	7	2	9
Cutting	7	—	7

The limited variety of methods is rather striking. Poisoning was used by 83·7 per cent. of the cases. "Other" poisons included aspirin, epanutin, bromide and chloral mixture, and methylated spirits (there is some evidence that the individual who took the last with suicidal intent, was also using it as a drug of addiction). The main method only has been listed: two persons used combined methods; a man, cut throat and gassing; a woman, barbiturate poisoning and cutting.

Timing: The most favoured months for the suicidal attempts were October, November and May. Five psychopaths made their attempts between 10 p.m. and midnight, upon returning home drunk. In 4 depressives, hangover effects had been added to the matutinal worsening of depressive symptoms.

Drunk or sober: It is noteworthy that 20 (46·5 per cent.) of these excessive drinkers were *not* under the influence of alcohol at the time of their attempts. This was true of 73·4 per cent. of the depressives and 47·4 per cent. of the psychopaths. The majority of the depressives who were sober had been drinking until shortly before their attempts: but three had not had a drink for more than a month and one individual probably not for some years.

Precipitants: The essential determinants of these suicidal acts lay in the past. In two-thirds of the cases, however, environmental circumstances had played an immediately important role as precipitants. This reactivity to current events was more apparent in the psychopaths than in the depressives: in 9 out of the 15 depressives there was no identifiable immediate precipitant. The commonest antecedents were explosive quarrels, usually with a spouse or lover; and the threat or onset of court proceedings for debt. Three men made their attempts upon being jilted: two of the women, when admission to a mental hospital seemed imminent.

The Seriousness of the attempt: The determination behind a suicidal attempt may be very difficult to measure and cannot be judged by any one criterion. In the case of poisonings, so frequent in this group, the depth of the unconsciousness produced is not by itself a safe guide: there are so many variables, the amount and type of the drug available, the rate of its absorption, the time elapsing before treatment; and complicating these, the fact that the actions of alcohol and barbiturates are at least additive and that there may be mutual potentiation. The details of the methods used and the extent of the injuries,

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

attempts at concealment, the individual's feelings before and his statements and attitude after the attempt, the accompanying symptoms, the contents of farewell notes, these are some of the things which must be taken into account in assessing each act. In the present group, two-thirds of the attempts (both by men and women) were adjudged serious: but for prompt and effective treatment there would have been a considerable number of fatalities. In the cases of the other third there were elements of doubt. Whereas the depressives had usually for some time contemplated and deliberated over their attempts, the large majority of the psychopaths had acted impulsively: their sudden outbursts of rage, reactive usually to acute frustration, seemed sometimes not directed towards any definite goal. In two or three the element of evasion was so obvious that there was some suspicion of counterfeit. All these acts had however been accepted as suicidal by the police or the relatives. It is important to add that a blasé individual may stage a highly dramatic attempt, which is yet serious.

Loss of consciousness: The attempt led to complete loss of consciousness in 33 and partial loss in 2 others of the 43 cases. It is clear that whether or not death was intended, withdrawal was an urgent desideratum.

Subsequent amnesia: Of the 22 individuals who were under the influence of alcohol at the time of their attempts, only 5 claimed an amnesia for the act. In one of these 5 cases the amnesia was partial; and in another it was probably feigned.

It is evident that very few of this group had been "dead drunk" at the time of their suicidal attempts. They were not even sufficiently drunk to abolish the (at least partial) appreciation and registration of what they were doing. One man was in a state of acute alcoholic hallucinosis at the time of his attempt, but he was able afterwards to give a detailed, written account of his symptoms and actions.

In all, 38 individuals were investigated who had been drunk at the time of their suicidal attempts: only 5 had any amnesia. These findings are at variance with the opinions of East quoted earlier. One explanation of this could lie in the fact that East examined his subjects while they were in prison on remand. Fear of legal consequences is apt under such circumstances to inhibit memory.

Aspects of the Psychopathology

Attention will be given only to a few of the more outstanding features.

In every case of chronic alcoholism, and in most cases of attempted suicide, there is a serious underlying personality disorder. But there is no uniform psychopathology. Many types of temperamental instability, neurotic conflict and psychotic reaction are encountered. Diagnostic categories are first approximations only to explanations.

Alcoholism and suicide are alike modes and degrees of escape from states of anxiety and depression, whether these are reactive to external circumstances or the reflections of inner disharmony. Not infrequently it is difficult to determine how permanent was the oblivion sought.

In the discussion of chronic alcoholism emphasis is commonly laid on the gratification of oral narcissistic needs, frustrated in infancy with the development of feelings of intense disappointment, rage and inferiority, which later demand belated and persistent satisfaction by mouth. An explanation along these lines (over-simplified as stated), is relevant to many cases, though certainly not to all. The history of a broken home in many instances in the present series, the frequent inadequacy and immaturity of the previous personality, the strikingly high percentage of attempts by poisoning (by mouth) and the egocentricity and

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

wish-fulfilling aspect of many of these acts, would fit into such an explanation. The equivalence between the crassly self-sufficient euphoria of the alcoholic when drunk and the feelings of infantile omnipotence revealed in some suicidal attempts, is also noteworthy. But the theory is too restricted. Chronic alcoholism is a reaction to the anxieties associated with many types of conflict: so is suicide.

Castration anxieties and symbolic castration may be revealed in the suicidal attempts of some excessive drinkers; but it is in a small minority of these. In this series one man's suicidal attempt (Case 93) took the form of an incision to reach his appendix: it was preceded by other episodes of self-mutilation, when he gashed his abdomen and the upper and inner aspects of his thighs. Another man (Case 116), during a period of vivid hallucinosis immediately preceding his suicidal attempt, believed that a woman had "lacerated his leg" with a sharp instrument.

The terror of an acute alcoholic hallucinosis may drive a man to blundering self-destruction. Much more commonly anxiety and depression, which demand relief, are derived from guilt associated with the sexual deviations and the aggressive impulses which are frequent in this group. The anxiety may be accompanied by phobias of and impulses towards injuring others. When a depressive psychosis is the fundamental disturbance, guilt is usually a main factor both in the excessive drinking and in the suicidal attempt, which is an atonement.

Both alcoholism and attempted suicide are in themselves patently aggressive reactions. Causing so much offence to relatives and to society as a whole, they give a sense of power. Many of the suicidal attempts in this series—particularly those perpetrated by psychopaths, were acts of spite, pique and revenge. Frequently openly hostile or assaultive behaviour towards others preceded the self-injury.

For the schizoid and insecure, alcohol is a passport from loneliness to the company of fellow-men. But it leads eventually and inevitably to his rejection by the society he seeks. Loneliness and the need for belonging are also fundamental factors in many suicidal acts. A suicidal attempt may signify at the same time an appeal for and a rejection of help. The alcoholic is similar both in his need and in his ambivalence.

Individuals Drunk at the Time of Their Suicidal Attempts, but not Pathological Drinkers

Of the 39 (19·5 per cent.) individuals who were under the influence of alcohol at the time of their suicidal attempts, 16 (10 men, 6 women) had *not* previously been persistently excessive drinkers. Ten of these 16 were aged 20-39, 3 were middle-aged, 3 were over 60 years. Eight were married, 4 widowed, 4 single.

Thirteen of these 16 individuals were suffering from Depressive States, 2 were Psychopaths, one could hardly be described as ill. The depressive reactions were predominantly reactive to environmental stresses, deprivations and frustrations.

Alcohol had been used before the time of the suicidal attempt, sometimes for some months, more or less deliberately, to relieve tension and to dull the pain of events. This anodyne having failed, suicide was attempted. But it must be emphasized that the decision to die was not reached rationally: the majority of the attempts were not planned, but impulsive. Though usually feelings of hopelessness and suicidal thoughts had been present (at least intermittently), only four individuals admitted to pondering their acts in any detail. Retrospectively, it was evident that emotions had become overcharged, to build up to a danger-

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

ously explosive situation: and that an amount of alcohol less than that required to produce even marked inco-ordination, had been sufficient to weaken the controls opposing a violent outburst. None of these individuals had an amnesia for the attempt. Yet, with two or three exceptions, the genuineness of their suicidal intentions—however transient those intentions may have been—was not in doubt. After the attempt, control over the suicidal impulse was by the majority soon regained; which suggests of course that without the influence of alcohol some of these attempts might not have been made.

Alcohol both released the impulsive behaviour and tended to render it less lethal: in some instances the suicidal individual contributed to his ultimate safety by drawing attention to himself on account of his drunkenness, or by making a confession shortly after his act, or by scamping measures to make the attempt fully effective, e.g. by concealment, or by shutting windows before turning on the gas. Fifteen of the group made their attempt by poisoning (barbiturates, aspirin, lysol, sulphonamide, amphetamine, coal gas, nitrous oxide). It will also be noted that not all of the poisons were well chosen.

This group of unsuccessful suicides could not be expected to give much evidence of how alcohol can make a suicidal attempt more dangerous (apart, that is, from its pharmacological action). That it may do so, however, was demonstrated in the case of one man, who was left lying unconscious on the assumption that he was simply drunk, and whose life was thus endangered.

Two illustrative cases from this group may be quoted briefly:

Case 22.—A labourer aged 38. During a depressive reaction following the death of his wife he became attracted to a young woman. Their relationship was stormy, attended by guilt on his side and erratic conduct on hers. Finally, during a quarrel after her announcement that she was jilting him, he struck her, feeling the impulse to kill her. With exacerbated feelings of guilt he went weeping to a police station to surrender himself. Told by the police to go home, he proceeded to a public house where he had beer and whisky. Later that night he returned home and made a determined attempt to gas himself.

Case 92.—A railway fireman aged 27. An impulsive, quick-tempered man whose marriage had been marred by much quarrelling between himself and his wife. She had left him to return to her mother a fortnight previously. He became then depressed in his spirits, lost appetite, could not concentrate on his work and slept badly. "To pass the time" he began to drink each night. On the morning of his suicidal attempt, unable to sleep after a night shift, he went for a walk, took whisky and beer in a public house at midday, and in the early afternoon returned home to write a farewell note to his wife and to attempt to gas himself. There was some evidence however that he expected he would be interrupted.

Both psychopaths in this group were men. One claimed that he took alcohol on the night of his suicidal attempt, deliberately to ease the commission of his act, the precise determinants of which are unknown. The other, refused money by his adoptive father, got drunk and after leaving a farewell note upbraiding his father, slashed his wrist.

In one instance alcohol helped to release a dangerously aggressive impulse in an unstable personality, who on other counts at the time would not have been considered ill.

Case 147. A miner aged 31. His father was alcoholic and the home much disturbed by this and the consequent parental quarrelling. He grew up hating his father: and was at his father's complaint committed to an approved school at the age of 14 for a theft of money from his home. At the age of 20 he was invalided from the Army with neurosis. Later, he served a short term of imprisonment for another theft. He has been a shy, impulsive individual, prone to depressive moods and feelings of inner restlessness: but since his marriage six years ago his adjustment has been reasonably satisfactory. Getting into arrears with hire-purchase payments, he found his wages arrested, on his birthday. Later that day he went to a public house, drank 8 pints of beer, and returned home, as he described it, "big with drink": whereupon, feeling fed-up and resentful, he swallowed on an impulse 100 tablets of a sulphonamide drug. There was no loss of consciousness. He said afterwards, "I wasn't caring at the time: at the same time I wouldn't say I wanted to die." A social worker was able to help to disentangle the financial situation, and no psychiatric treatment was required.

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

Discussion

Those who study the importance of alcoholism in the genesis of suicidal acts are likely to report results varying according to the time and the locality of their investigations. What is found to be true of an urban population in Scotland now, may not apply elsewhere nor be true a decade hence.

With the exception of the case of the individual who essays his confused exit in a state of delirium tremens, it is rarely possible to attribute a suicidal attempt wholly or even mainly to the influence of alcohol. The chief types of people who make suicidal attempts under the influence of alcohol—those suffering from psychopathic and depressive states, are those who more often make their attempts without its influence. Both alcoholism and suicide have deeper, often apparently identical, bases in personality disorders and situations of severe maladjustment.

Nevertheless alcoholism plays a significant role in the genesis of many suicidal acts. Alcoholism in first-degree relatives, particularly in the parents, has often disrupted the childhood home of those who later become suicidal: and it is probable that in many of these cases it has contributed significantly to the personality distortions of which suicide may be the outcome. While stressing this environmental effect one also recognizes that, though they are not themselves heritable, both alcoholism and suicide may be at least in part in some cases the expression of inherited morbid tendencies.

In the adult, alcoholism may prepare the way for suicide by hastening personal disintegration, material ruin and social estrangement. Also, under the disinhibiting influence of alcohol repressed drives are released and suicidal attempts may be made, which perhaps might not have originated had not aggression been thus released, fears numbed and perspectives blurred. It is unusual for there to be a true amnesia for a suicidal attempt made under the influence of alcohol; which is what one would expect, since enough alcohol must have been taken to produce disinhibition but not enough to cause insensibility.

While alcohol facilitates a number of suicidal attempts, it may render them less effective by making the individual less competent in his performance (more rarely probably, the incompetence may result in worse injury). It may also hold suicidal impulses in check, preventing the irruption into clear consciousness of painful conflicts and the more dramatic acting-out of the destructive trends of which it is itself an expression. The frightened and perplexed individual with feelings of hopelessness may fly to alcohol from the grief or demands of an intolerable situation, and find sufficient solace in the forgetfulness it produces. An alcoholic bout can in these circumstances substitute for suicide. But for the individual with a severe personality disorder, alcoholism may be an effective compromise only so long as it is steadily maintained. Almost one-half of those in this series who abused alcohol repeatedly, were not under its influence at the times of their suicidal attempts: and suicide is not a common feature of "chronic alcoholism", since the persistent drinker follows a less urgent course of self-destruction unless he is overwhelmed by an unusual access of depression or abandons his habitual consolation. The wholly unsatisfactory nature of this alcoholic compromise frequently justifies the use of the term "chronic suicide".

That the individual has been drunk at the time of his suicidal attempt, usually makes his act more difficult to assess. But because he has been drunk, it should certainly not be readily assumed that he has not been in earnest. Many such attempts are dangerous. Each case, after detailed investigation, should be judged on its merits.

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

There is no such entity as "The alcoholic suicide". Between the ruined habitual drunkard who attempts to end his life, and the previously stable man, overwhelmed by some recent tragedy, who seeks first by alcohol and then by suicide to abolish his distress, there is obviously a wide difference. But it does not seem very profitable to try to make a neat distinction between suicidal alcoholic patients on the one hand and alcoholic suicidal patients on the other. There are no firm boundaries between these groups. The intensity of the suicidal drive, the degree and duration of the dependence on alcohol, the underlying personality structure, the present reaction type, and the environmental circumstances—these are the main criteria upon which therapy and prognosis must be based.

In this presentation of some of the clinical features of the cases, the wider social aspects have been largely neglected. This has not been done in denial of their importance. It is evident rather that these suicidal attempts had been the maladaptive issues of conflicts between individuals and their environments, and that their explanation may lie in defects of nature or of nurture or of both. Here the explicit emphasis has been upon the individual's failure to meet the challenges of his environment in a healthy way. But the cultural setting of suicidal attempts deserves equal consideration: and the culture cannot be exculpated. Alcoholism and suicide may both be indices of social disorganization. The explanation of a state of human dissatisfaction may lie simply in the starvation of essential emotional needs, and whether alcoholism and suicide be considered as attempts to find nirvana or to escape misery, both reactions may be held to imply a criticism of the society which has failed to sustain some of its members.

Summary

The literature of the relationship of alcoholism and suicide is reviewed, and the need for further studies demonstrated.

Two hundred consecutive cases of attempted suicide admitted to a general hospital have been examined personally.

A family history of alcoholism in first-degree relatives was found in 28·5 per cent. Many of the subjects came from homes "broken" by parental alcoholism.

19·5 per cent. of the cases were under the influence of alcohol at the time of their suicidal attempt.

Forty-three (21·5 per cent.) of the cases gave a personal history of excessive drinking. The sex, ages, marital state, social class, previous adjustments and reaction-types of these individuals are detailed. Their suicidal attempts are discussed in relation to their mode, timing, accompanying insobriety, precipitants, seriousness, subsequent loss of consciousness or amnesia, and their psychopathology.

A further 16 (8 per cent.) individuals who were under the influence of alcohol at the time of their suicidal attempts, were not pathological drinkers. The role of alcohol in determining these attempts is illustrated.

The following are among the conclusions reached:

(*a*) Though rarely wholly or mainly the cause of a suicidal attempt, alcoholism is a significant factor in about 30 per cent. of these acts, and in men about twice as often as in women.
(*b*) Parental alcoholism disrupting the home, may contribute to the personality disorders which result in suicide.
(*c*) Alcoholism and suicide have frequently similar or identical psychopathological bases. Alcoholism may be a fractional suicide, prepare the way for suicide, or provide a substitute.
(*d*) Alcoholism may facilitate a suicidal attempt by releasing inhibitions: and it may also render it less effective. Such attempts, though often impulsive, are often also serious.
(*e*) A relatively small amount of alcohol is more potent in this than a large excess.
(*f*) The "chronic alcoholic" does not typically commit suicide. Sufferers from psychopathic and depressive states who repeatedly abuse alcohol, frequently attempt or commit suicide: the intermittency of their drinking may expose them more to the stress of intolerable conflicts.

Acknowledgments

I am grateful to Professor Sir David K. Henderson for his advice: and to Dr. J. K. Slater for permission to study these cases in his wards of the Edinburgh Royal Infirmary. I am also

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press

much obliged to Miss Margaret B. Napier, Senior Psychiatric Social Worker at the Royal Edinburgh Hospital, for her assistance in obtaining data from the families of these patients.

References

BATCHELOR, I. R. C., and NAPIER, M. B., *Brit. J. Delinquency*, 1953, **4**, 99.
CAVAN, R. S., *Suicide*, 1928. Chicago, University Press.
DAHLGREN, K. G., *On Suicide and Attempted Suicide*, 1945. Lund, Lindstedts.
EAST, W. N., *J. Ment. Sci.*, 1913, **59**, 428.
HENDERSON, D. K., *Edin. Med. J.*, 1936, **43**, 717.
Idem, *Psychopathic States*, 1939. New York, Norton.
MENNINGER, K. A., *Man against Himself*, 1938. New York, Harcourt Brace.
MOORE, M., *New Eng. J. Med.*, 1939, **221**, 691.
SULLIVAN, W. C., *J. Ment. Sci.*, 1898, **44**, 259.
Idem, *Alcoholism*, 1906. London, Nisbet.
WILSON, C., *The Pathology of Drunkenness*, 1855. Edinburgh, Black.

https://doi.org/10.1192/bjp.100.419.451 Published online by Cambridge University Press