

ORIGINAL ARTICLE

Mysore study: A study of suicide notes

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ABSTRACT

Background: Suicide is one of the leading causes of preventable deaths. Recent data suggest South India as one of the regions with highest suicide rates in the world. In 2013, 134,799 people committed suicide in India according to the statistics released by the National Crime Records Bureau. Suicide note is one of the most important sources to understand suicide, which may be beneficial in suicide prevention. Studies on suicidal notes from this part of the world are sparse.

Objective: The aim was to study the themes in suicide notes that might be useful in prevention strategies.

Materials and Methods: A descriptive study of all suicide notes of those individuals who committed suicide between 2010 and 2013 available with Police Department, Mysore district was obtained and analyzed.

Results: A total of 22 suicide note were available. A majority of suicide note was in age group of 16–40 years (86%) and most were men (59%). All suicide notes were handwritten, the majority (70%) in regional language Kannada. Length of notes varied from just few words to few pages. Contents of suicide notes included apology/shame/guilt (80%), love for those left behind (55%) and instruction regarding practical affairs (23%). Most have blamed none for the act (50%). 23% mentioned that they are committing suicide to prove their innocence. 32% mentioned a last wish.

Conclusion: The majority of suicidal note contained “guilt” which is a strong indicator of possible depression in deceased. Creating awareness about suicide among public and ensuring access to professionals trained in suicide prevention is need of the hour in this part of the world.

Key words: Guilt, prevention strategies, suicide, suicide note

INTRODUCTION

Suicide is a leading cause of preventable deaths and it is among the top 20 leading causes of mortality globally for all ages.^[1] In the last 50 years, suicide rates have increased by 60% worldwide while in India, in just last three decades there is 43% increase. Recent data suggest South India as one of the regions with highest suicide rates.^[2] Current annual suicide rate in India is about 11/100,000 general population. In 2013, 134,799 people committed suicide in

India according to the statistics released by the National Crime Records Bureau.^[3]

Every individual differs in suicide or suicide attempts due to diverse social and personal circumstances and biological predispositions.^[4] Variations in suicide risk factors in different cultures and periods are known.^[5,6] Common psychosocial causes of attempted suicide in Southeast Asia includes problems in interpersonal relationships, family conflicts, domestic violence, academic failure, disappointment in love, recent bereavement, and other stressful life events.^[7-11] Research reveals that 98% of those who committed suicide may have suffered from some diagnosable mental disorder,

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especially adjustment disorder, depression, substance use disorders, and physical illness.^[12-15]

To gain insight into the suicidal frame of mind, researchers have suggested analyzing national mortality statistics, psychological autopsies, nonfatal suicide attempts, and documents such as suicide notes.^[16] Leenars stated that suicide notes are an invaluable starting point for assessing and predicting suicide and para suicidal behavior. He also mentioned that suicide notes are windows to the mind of the deceased.^[17] Early research on suicide notes usually used an anecdotal approach incorporating descriptive information.^[18] Subsequent methods, based on Frederick's analytical approach have used content, classification, and theoretical-conceptual analysis.^[19] Content classification extracts explicit information from a suicide note, e.g. length of the message, words, and parts of speech. On the other hand, classification schemes use data such as age, sex, marital status, educational level, employment status, and mental disorder.^[20-24] It has been suggested that simple classification analysis has its limitations, but comparison of suicide note-writers with non-note-writers has consistently found no differences.^[25,26]

Study of suicide note may also have implication in developing strategies for future research in this area and strategies for prevention of suicide and suicide attempts. Suicide notes may have a therapeutic role in helping the surviving relatives.^[26] Indian studies on suicide notes are sparse.

MATERIALS AND METHODS

All suicide notes left behind by those who committed suicide between 2010 and 2013, which were available with City Crime Record Bureau, Mysore, was included in the study. Informed consent from family of deceased with permission from the Commissioner of Police was considered for study.

The method of analysis was based on a disruptive study that included a collection of sociodemographic features. Categorizing each note according to a scheme of four general categories: (1) Addressee, (2) reasons stated, (3) specific content, and (4) general focus of note. Addressee was further classified as (1) either parent (2) spouse (3) friend (4) media (5) others. Reason for committing suicide and general focus of note was noted.

RESULTS

A total of 22 suicide note were available. A majority of suicide note was in age group of 16–40 years (87%) and it ranged from 21 to 85 years [Table 1]. Most were married (70%) and men (59%) [Table 2]. All suicide notes were handwritten. The majority (70%) in regional language Kannada, three were written in mixture of Kannada and English, two in English, and one in Tamil. Length of notes varied from just few words to few pages. Nearly half of them were over 100 words.

The majority of suicide note was not addressed to any person in particular (55%), others were addressed to relatives (36%), spouse (18%), and mother (13%). Two have addressed the letter to press and media. Most have blamed none for the act (50%). Four of them blamed self, two of them blamed husband, and seven have pointed some others. 23% committed suicide to prove their innocence. Reasons for committing suicide has not been mentioned in one-fourth of suicide notes, marital issues has been mentioned in another one-fourth, one-third for other distressing situations, loss of dear ones and problems at workplace (14% each), one has noted illness.

Contents of suicide notes shows an consistent theme that included apology/shame/guilt (90%), love for those left behind (55%), instruction regarding practical affairs (23%), life too much to bear (14%), hopelessness (14%) [Table 3].

A last wish was mentioned in 32%. 18% have expressed concern about their relatives being troubled by police after their death. One suicide note has mentioned that he was advised to meet psychologist. Four suicide notes are elaborate account of events leading to extreme step.

DISCUSSION

In this study, 90% of suicide notes contained the theme “apology/shame/guilt” which replicates finding from other studies from India and Abroad.^[26] These themes suggests that the deceased individuals might have suffered from

Table 1: Age group and number of individuals in each category

Age group (in years)	Number of individuals in the age group
21-25	5
26-30	6
31-35	4
36-40	4
41-45	1
56-60	1
81-85	1

Table 2: Gender and marital status of those who left suicide note

Sex	Percentage (%)	Married (%)	Unmarried (%)
Male	13 (59)	9 (41)	4 (18)
Female	9 (41)	7 (32)	2 (9)

Table 3: Overall content in 22 suicide notes

Content	Percentage (n=22)
Apology, shame, guilt	90
Love for those left behind	55
Instructions regarding practical affairs	23
Life too much to bear	14
Hopelessness	14
Advice for those left behind	14

despair, depression and or an inability to consider possible alternative solutions, a constriction of the suicidal mind that can be treated by timely intervention involving supportive, cognitive therapies, and appropriate medications.^[27] It is known that “apology/shame” theme pervades the thinking of people contemplating suicide, it may present an opportunity for psychotherapeutic intervention. For example words pointing towards dilemma like “I think I committed a mistake,” “Expected? Decided?”, Self-pity: “Story of a deceived girl” “from a hurt soul.” Frustration leading to anger at others was mentioned, for example “all these who are the cause for me to take this extreme step should be imprisoned. They should suffer just as I did, for them to understand how badly they had hurt me.” Repentance: “It was all about me and my silly mistakes. However, it’s affecting my family, my loving family member. I can’t just keep quiet and watch my family suffer because of me. I hope this will bring an end to all the problems and also my sufferings” “If you win, you need not have to explain. If you lose, you should not be there to explain.” There has been request to near and dear ones to consider the act as “not that of shame.” In one there is perceived sarcastic sense of relief from the account which states “It’s a beautiful sunrise! No more pain.” “I think this is the only daring act of my lifetime! Ha...Ha...! Goodbye.”

Studies have shown that suicide equally affects near and dear ones.^[28,29] In this study half of suicide notes express “love for those left behind.” This can be important component to be incorporated into preventive strategies, so that the person can be made aware of the enduring suffering of those bereaved by suicide. Understanding of all the content in suicide notes can be useful strategy as earlier research work shows no difference between those who left a suicide note and suicides without notes.^[30]

23% of the suicide notes give “instructions regarding practical affairs,” for example, one noted “Dear, P...I had borrowed Rs. 154 + 338 + 50 from S shop, please return it. There is Rs. 70 in my pocket and Rs. 200 in the wardrobe. Give the gold chain in my neck to G. uncle.” In our study there was two suicide note from elderly individuals, although it did not contain more details except one had just these words, “I no longer wish to be burden to others.” Association between theme “burden to others” and elderly suicides is of concern, it suggests the possibility of age related risk factors. Elderly depressed people who perceive themselves to be a burden, such a perception may result from depressive thinking error which may be corrected if identified early.

14% of the notes contained the theme “life too much to bear.” If these people had utilized competent problem solving skills and coping strategies they may not have reached such conclusions. Problem solving techniques are an important aspect of cognitive therapy for suicidal individuals.^[31] Indeed,

it may be enough to assist suicidal people to recognize the underestimation of their own problem solving skills.^[32] 14% of the notes referred to “hopelessness/nothing to live for.” Hopelessness is the end point of cognitive constriction which O’Connor *et al.* found to be more common in the notes of suicides with depression.^[33]

The findings of this study lend support to Leenars view that suicide notes are “window to the mind of the deceased” albeit sometimes the glass is translucent. Scrutinies of suicide note themes in the light of previous research findings confirm the need for a biopsychosocial framework for suicide prevention.^[34]

Limitation

The major limitations to this study are that the available suicide notes were restricted to availability of suicide notes with Mysore district police within specified time. The sample size was relatively small; hence, it cannot be generalized to larger population. The relatives of deceased were not interviewed in this study which would have added more comprehensive information about suicide and possible suicide prevention strategies.

CONCLUSION

Suicide notes provide valuable insight in study of suicide that can be incorporated in prevention strategies. If all suicide note are made available to scientific community, it may enhance current understanding about suicide. More focused research on suicide notes on wider population should be included to target prevention measures.

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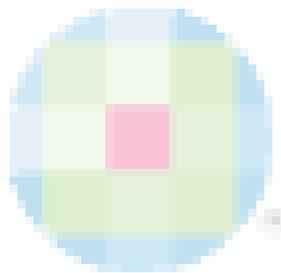
Conflicts of interest

There are no conflicts of interest.

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