

Ranging from situations of prolonged stress to a 'simple' feeling of loneliness—and plenty more—the reasons that drive people to suicide are many. Psychologist Ximena Palacios and historian Adriana Alzate Echeverri have studied suicide and how this piece of the puzzle of our lives fits in different ways.

THE COMPLEXITY OF SUICIDE



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While suicide comes about through different situations and personal triggers, society certainly plays a crucial role in the reasons paving the way to someone taking their own life. Understanding the complexity of such causes has not been an easy task, perhaps justifying why different sciences, disciplines, and professions are all working on understanding what is behind it.

Ximena Palacios Espinosa, psychologist and professor at the School of Medicine and Health Sciences of the Universidad del Rosario studies people with chronic physical illness who find themselves in the terminal stage of such conditions. Owing to this, she is greatly focused on the subject of death and recognizes suicide as one of the key elements in the processes faced by some of the persons at this point in their illness, although it is not a subject exclusive to people of these characteristics.

For society, the subject of suicide is related to young adults between 15 and 25 years of age, since these meet with difficulties in adapting, as well as disappointments in love and occupational failures. But the truth is that at any moment in life it is possible to consider suicide as the solution for ending both the physical and psychological suffering that torments a number of people.

PEOPLE MUST BE EDUCATED TO UNDERSTAND THE PROFUNDITY OF SUICIDE AND THAT CERTAIN BEHAVIORS THAT LEAD TO SUCH DECISIONS, SUCH AS BULLYING AND SEGREGATION, MUST BE PUNISHED.

It is commonly thought that, following a diagnosis of an illness that sets a time limit on life (as with chronic and terminal illnesses), this person “must fight and want to fight”. So, if that person is considering suicide, he or she must keep quiet in order to receive social recognition for being “an example of strength”, and must avoid the stigma of suicide.

The problem lies in suicide being an issue condemned by the world because society relates it to concepts such as immaturity, cowardice, lack of courage for life, and selfishness towards loved ones. So, in addition to making a personal decision, the crowd assumes that people in the midst of a struggle between life and death must still think about who will be affected. The outcome of this is that many of those contemplating suicide do not publicly recognise their desire to end their life, thus making intervention more difficult.

THE TRUTH BEHIND SUICIDE

Suicide is today understood as a public health issue requiring state attention and measures that go beyond clinical help, since not only has it transcended frontiers but it can occur at any stage in life and for very diverse reasons.

In the case of much older adults, suicide is considered in many circumstances because



they feel their life has lost its meaning. They often feel abandoned or a burden to their families and carers. More difficult to grasp, though, is the fact that children committing suicide is on the rise.

Violations in and outside the family context count among the identified causes: bullying and discrimination as tools of social pressure; bad management of frustration, which is closely related to some new training models, in which one is not merely permissive with children but where they are allowed to have absolute control in certain situations; then they face the world where reality is different to their own power space and they do not have the necessary instruments to channel the situation.

It is important to underline that suicide depends on various factors, in other words there are a number of reasons present when someone takes his or her life. They may be emotional reasons, such as suffering, desperation, loneliness, depression; there are also economic reasons, such as financial ruin or job loss; and there are social reasons such as stigmatization, discrimination, maltreatment; and even biological causes (such as imbalances in the substances found in the body,

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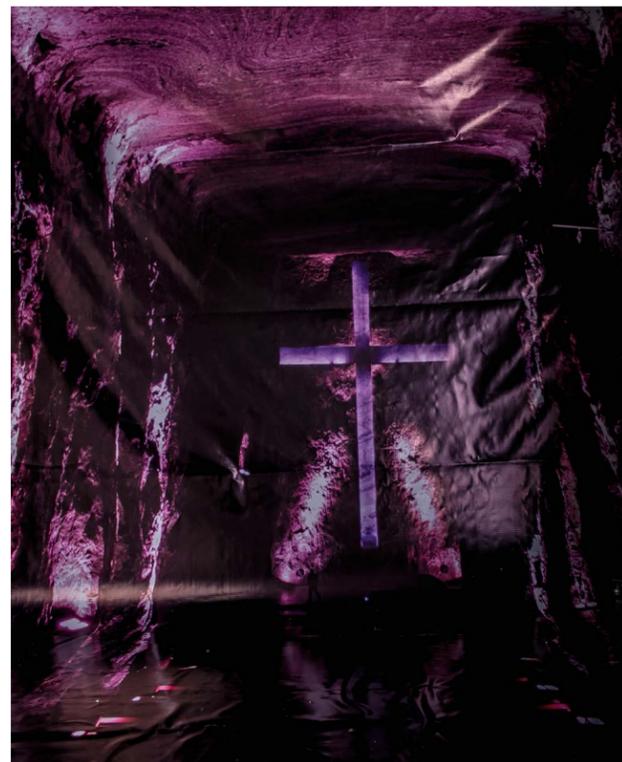
and especially in the brain). It is a mix, unique to each person, that can lead to suicidal behavior.

In turn, the stigmatization associated with suicide lies behind much of the disinformation regarding the issue. Society tends to think that this act results from someone feeling uncontrollable pain, either physical or psychological, but the truth is that it can also come from anticipation of pain, especially among those who feel alone, and even when they have an entire support network around them.

The overall tendency, meanwhile, is to think that suicide is only a sudden act, but the truth is that it is far more complex a deed and one linked to a person's thinking, one reason why it turns out to be secret and unexpected for those around it. "There is a heap of myths, like for example the belief that if someone says they are going to commit suicide they won't actually do it, or that if you ask someone about their intention to commit suicide you might induce them to contemplate it," explains Palacios. Suicide comes along with planning, and it does not tend to be only the impulse of someone not in their right mind.

SUICIDE IN HISTORY

Understanding suicide from a historical perspective is also key. Professor Adriana Alzate Echeverri, historian and professor on the School of Human Science's History Program, contributes on this aspect through underlining the importance of understanding the concept of suicide in a historical context, since



she believes it can become confused with different behaviors focused by debate worldwide. Alzate quotes Emile Durkheim, author of the work *Suicide*: "the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result".

Starting out from this premise, Professor Alzate Echeverri explains that there are certain different elements between the world she studies (the 18th century) and nowadays. First, in the past suicide was seen as a sin and judged as a crime (it was an atrocious murder that went against the love of God for his creatures and the good of the community); today, however, while the condemnation of it as a sin has not disappeared, it has been nuanced and decriminalized. Secondly, it is precisely during the 18th century that the word *suicide* appeared (before that century it was called "self-murder"), which means it has gradually ceased to be an object of sanction and theological reflection, becoming the focus of medicine, psychiatry, and psychology.

Nevertheless, both in past societies and the current world there have existed multiple reasons for suicide, these being divided by Professor Alzate into motives deriving from physical or moral suffering. "In the former case, people tried a great variety of "curative arts" in search of relief: healers, shamans, faith healers, medicine men, among others; in the latter, the family was always there, above all the priest. Psychological and psychiatric help came much later," she comments.

In the 18th century, there was a combination of causes related with values and imagery that depended on the social group from which one came. According to various criminal files studied by Alzate (since suicide was judged in trials), many situa-

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tions could be seen as triggers of suicides: loss of honour, ruin, vengeance, poverty, failure in love, intense pain, illness, severe punishment, and harsh prison stretches. At that time, depression was not a mental condition, yet the archives throw up the evocation of melancholy as a cause of suicide, although this is not really the same thing.

Although suicide has had similar motives throughout the centuries, there is no doubt that the ignorance of society about this phenomenon has played a key role through stigmatization and myths. Nevertheless, this fact leaves a clear lesson that people must be educated, both towards understanding the profundity of an action such as this and ceasing to judge it, but above all so that exemplary punishment be meted out for certain behaviors that lead to such decisions, such as bullying and segregation. ■

COLOMBIA'S SUICIDE STATS - 2016



In 2016, suicide cases in Colombia climbed as much amongst men as in women of different ages.

270
cases of men between 20 and 24.

228
cases of men between 25 and 29.

71
cases of women between 15 and 17.

57
cases of women between 20 and 24.

2,068
cases reported in 2015

2,310
cases reported in 2016

In the year 2016, 2,310 suicides were reported, 242 cases (10.4%) more than the year before.

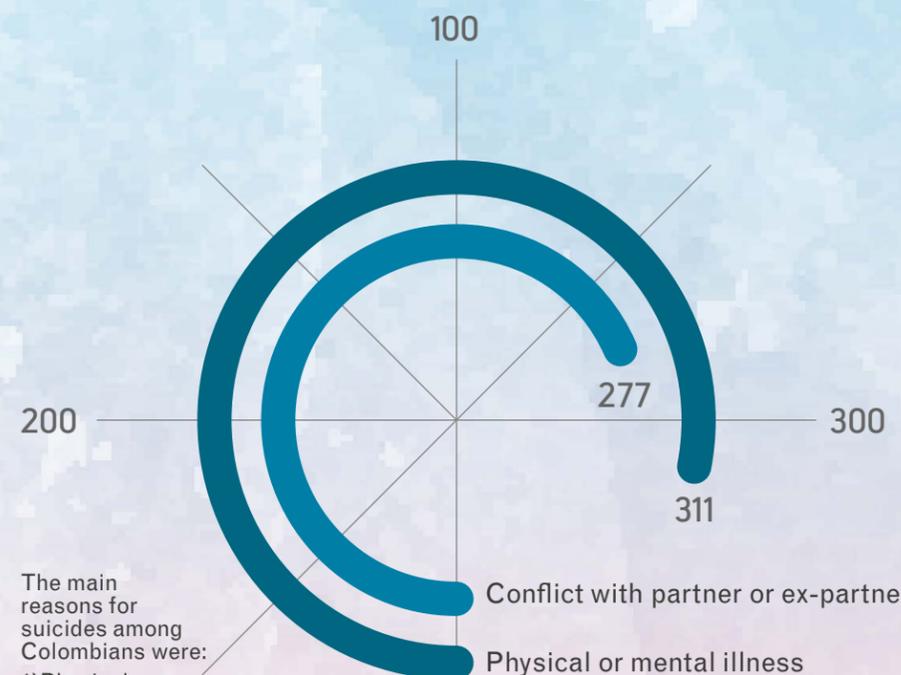
BETWEEN 2007 AND 2016:

19,177

cases occurred, with an average of 1,918 events per year

WHICH MEANS 193 SUICIDES PER MONTH AND SIX SUICIDES PER DAY.

The rate of fatal self-inflicted wounds in 2016 was 5.20 events per 100,000 inhabitants.

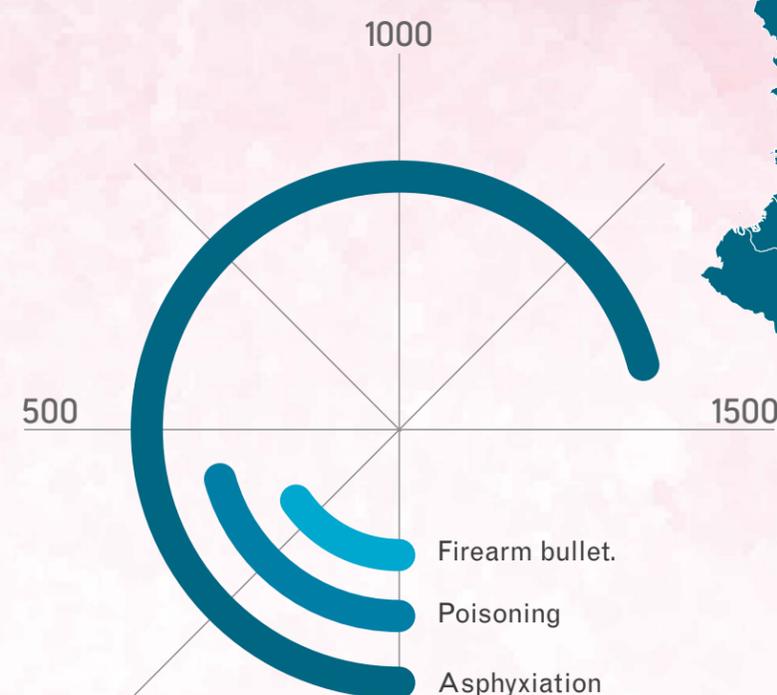


The main reasons for suicides among Colombians were:
1) Physical or mental illness, with 311 cases (29.09%).
2) Conflict with partner or ex-partner, with 277 cases (25.91%)



72,13%

of persons who committed suicide in 2016 did so at home. The home is the main place chosen to commit this act.



Asphyxiation is the most common mechanism adopted by men and women, with 1,421 cases (61.52%); followed by poisoning, with 447 cases (19.35%), and then firearm bullets, with 266 cases (11.52%)



78%

of municipalities that reported suicide cases in 2016 had an above-national rate per 100,000 inhabitants. The highest rates were recorded in the towns of Vetás-Santander (91,78), Berbeo-Boyacá (58,04), El Guacamayo-Santander (55,83), Gutiérrez-Cundinamarca (53,13), and Galán-Santander (49,29).