

High-intent suicide and the Beck's Suicide Intent scale: a case report

Suicide is the act of intentionally causing one's own death. Some acts of suicide are recognized as impulsive (low-planned) behavior; while others are characterized by having signs of serious intent and planning (intermediate or high-planned) acts. Women and younger individuals are more likely to carry out low- and intermediate-planned than high-planned acts of suicide. The Beck's Suicide Intent Scale (SIS) is a semi-structured, interviewer administered assessment scale consisting of 15 items. The scale consists of 2 sections, the first of which is objective, and in the second section, subjective characteristics of the suicide attempt are evaluated.¹ SIS scores obtained are classified as: 10 points "low-intent", 10-15 points "intermediate-intent", and >15 points "high-intent" suicides.²

We present the case of a 55-year-old woman found hanged with a rope looped, and knotted on a black scarf wrapped around her neck. The deceased's husband gave informed consent for publication of the case material.

Letters, addressed by the deceased, to her spouse, son, mother-in-law, mother, father, and sisters were found. They indicated that she had been planning to commit suicide for a long time, and directed that her dead body be washed with a special soap, dried with a special towel, and wrapped up with a special shroud. She also named the individuals she wanted to be present during bathing her corpse, and stipulated details related to her funeral ceremony. Since her cause of death was apparently explicit, she refused to be autopsied after her death, and requested to be buried in a cemetery made of black marble. She had also written the time she planned to hang herself, but subsequently altered it, and wrote 17:30.

She had had one daughter, and one son and since her daughter had died nine months previously in a traffic accident, she had frequently told her intimates that she did not want to live anymore, and always wore black suits. She was receiving psychiatric treatment for depression, and obsessive-compulsive disorder. Despite the treatment, she had attempted suicide four months prior by taking a drug overdose, and was subsequently sent by her husband to relatives in another city in an attempt to improve her morale. It was stated that she had hung many framed photographs of her deceased daughter in various parts of the house.

On the external examination at autopsy, tattoos depicting her son, and deceased daughter on her left, and right forearms, respectively, were observed. She had cleanly shaved axillary and genital regions, and an ascending,

superficial furrow starting from the front of the neck in the region of the larynx, and extending to both sides. Internal examination revealed ecchymosis in the neck muscles on the left, consistent with the rope mark, and around the thyroid cartilage. Hyoid bone and thyroid cartilage were intact. The cause of her death was determined as mechanical asphyxia due to hanging. Postmortem changes detected during autopsy were consistent with the time of hanging specified in the suicide notes.

The Beck's SIS was retroactively applied, based on information obtained from her spouse, to determine the degree of suicidal intent. The score was 11/16 points in the first and 14/14 points in the second sections of the questionnaire, amounting to 25 out of a total 30 points. When testimony of the intimates of the deceased, crime scene investigation findings and Beck's SIS score of 25 points were evaluated in combination, it was concluded that the case was an incident of high-intent suicide.

In Turkey, suicides are mostly committed by hanging (52.1%).³ In this case, when suicide by drug overdose was unsuccessful, the patient ended her life by hanging herself. Obsessive-Compulsive disorder carries a high risk for suicidal acts. Depression and despair are strongly associated with suicide attempts.⁴ Our case was diagnosed with both obsessive-compulsive disorder and depression, and collateral information from her intimates indicated that she felt hopeless about the future.

Suicide attempts are classified as impulsive (low-planned) or consciously prepared (intermediate-high planned) suicidal acts.⁵ Preparation for the suicide attempt in this case included the purchase of special soap, towel, and shroud, and the composition of suicide letters several months prior to the event. This suggests a high-intent suicide and, indeed, high SIS scores corroborated this view.

Conner et al evaluated 7 of 8 items in the first section of Beck's SIS questionnaire, and regarded patients who scored ≥ 8 points as cases with high-intent suicide.⁵ The authors used both subjective, and objective criteria in combination, and accepted a score of ≥ 15 as an indication of a high-intent suicide.² This patient, who received 11 points from the first, and 14 points from the second sections of Beck's SIS, was highly determined to commit suicide based on their criteria.

Demirci et al. reported that daily shaving of axillary and pubic hair might be a feature for suicide in Muslim communities.⁶ In another study, it was documented that people committing suicide by means of hanging, usually place a scarf, collar or hood under the rope so as to prevent pain.⁷ This patient had placed a thick hanging rope on a slippery scarf wrapped around her neck, further evidence of careful planning. Likewise, victims of suicidal

Correspondence

Dr N Canturk
email: nergiscanturk@yahoo.com

acts can leave suicide notes to be read by their loved ones as did our patient as part of her preparation.⁸

Suicide is an important public health problem. Assessment of suicide risk should include psychiatric diagnosis, and detailed evaluation of demographic characteristics, and actual life stress factors.⁹ The Beck's SIS is an useful adjunct to the assessment. Those individuals at high risk, according to the scale, require close monitoring and treatment. This approach might contribute to the prevention of at least some suicide attempts.

**Z Erkol¹, N Canturk², H Oguz³, H Ince³,
B Buken⁴, G Gorucu³**

¹Abant İzzet Baysal University, Medical Faculty,
Department of Forensic Medicine, Bolu, Turkey

²Ankara University, Institute of Forensic Sciences,
Department of Criminalistics, Ankara, Turkey

³The Council of Forensic Medicine, Ministry of Justice,
Istanbul, Turkey

⁴Duzce University, Medical Faculty, Department of Forensic
Medicine, Duzce, Turkey.

** This case report has been presented as a poster in the 4th
Mediterranean Academy of Forensic Sciences Meeting
organized between October 14- 18, 2009 in Antalya, Turkey*

References

1. Beck A, Schuyler D, Herman I. Development of suicidal intent scales. In: Beck A, Resnik CL, Lettieri D, eds, *The Prediction of Suicide*. Bowie, Md: Charles Press; 1974: 45-56.
2. Conner KR, Phillips MR, Meldrum SC. Predictors of Low-Intent and High-Intent Suicide Attempts in Rural China. *Am J Public Health* 2007; 97(10): 1842-1846.
3. *Statistics of suicide. [ntihtar statistikleri 2010]. Turkish Statistical Institute. 1st Edition; Ankara: Turkish Statistical Institute's Press, 2011: 1-15.*
4. Kamath P, Reddy YC, Kandavel T. Suicidal behavior in obsessive-compulsive disorder. *J Clin Psychiatry* 2007; 68(11): 1741-1750.
5. Conner KR, Phillips MR, Meldrum S, Knox KL, Zhang Y, Yang G. Low-planned suicides in China. *Psychol Med* 2005; 35(8): 1197-1204.
6. Demirci S, Dogan KH, Erkol Z, Deniz I. Is daily shaving of axillary and pubic hair a feature of suicide in the Muslim community?. *Am J Forensic Med Pathol* 2008; 29(4): 330-333.
7. Demirci S, Dogan KH, Erkol Z, Deniz I. Precautions Taken to Avoid Abandoning the Act of Hanging and Reducing Pain in Suicidal Hanging Cases. *Am J Forensic Med Pathol* 2009; 30(1): 32-35.
8. Demirci S, Dogan KH, Erkol Z, Gunaydin G. Unusual suicide note written on the body: two case reports. *Am J Forensic Med Pathol* 2009; 30(3): 276-279.
9. Overholser JC, Braden A, Dieter L. Understanding suicide risk: identification of high-risk groups during high-risk times. *J Clin Psychol* 2012; 68(3): 349-361.