SUICIDE PACTS*

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A suicide pact is an agreement between two or more persons to end their lives at the same time. Since each is active in bringing about the death of the other, he is guilty of premeditated killing and a charge of murder can be brought against the survivor or survivors. Suicide pacts are reported occasionally in the press and the double attempt is usually fatal. Consequently, psychiatrists rarely have the opportunity of examining suicide partners. There are no records of the follow-up of survivors.

Although the term 'suicide pact' has been used for many years, there is only one paper about it in the English literature.[1] The title does not appear in the bibliography of all the publications on suicide between 1897 and 1957 compiled by Farberow and Shneidman.[2] Suicide pacts are not mentioned as a group in any of the classifications of suicidal behaviour.

We are at present treating a survivor of a recent pact, and in this paper we shall describe his case and refer to other suicide-pact cases of which we know.

The majority of fatal and serious attempts at suicide are made by persons who are mentally ill, usually with depression; less determined attempts are made by those who are possibly unstable or under stress, but not necessarily ill. Separation, bereavement, grief and common disasters are sometimes contributory but are rarely the main causes of suicide, otherwise the incidence would be larger than it is. All studies agree that social isolation, actual or feared, strongly predisposes to suicide. This accounts for the high incidence in the aged and in displaced persons who have not been integrated into a community. It appears that when an individual can no longer participate in society or find a social group, he senses that he has no further biological reason for existing. In depression, patients frequently believe that they are too inadequate or unworthy to be accepted in society, and attribute the suicidal urge to the belief that they must be cut off from it. Thus, the most important influence in deliberate or impulsive suicide is a conviction that the patient's bonds with society are breaking and cannot be reforged.

The loss of a loved partner, and ensuing grief, will not necessarily disrupt the social link and cause isolation, even in identical twins. Kallman and Anastasio[3] found only 11 single suicides—8 dizygotic, 3 monozygotic—in 2,500 twin index cases. They knew of no cases where both members of a twin pair committed suicide together or consecutively. Confidence in the secure continuity of a social group is essential for protection against suicide. Threats, real or imagined, against this security, predispose to self-destruction. Stengel[4] points out that every suicidal act has an 'appeal effect', and, if fatal, it mobilizes guilt feelings and a temporary surge of posthumous love for the victim, in his fellows. The power of suggestion creating an intolerable uneasiness is illustrated by anniversary and family suicides, and suicide epidemics, such as student self-burnings in Czechoslovakia, when the structure of a society that had great significance for the victims seemed to be doomed. According to Meerloo,[5] the suicide rate in New York and Chicago was 5 times greater than the average for several months after the suicide of Marilyn Monroe in 1962.

Suicide pacts are achieved by two persons who decide on a method, place and time when they will die together by their own act. Bereavement, separation and material loss do not appear to be responsible for their decision, and apparently they do not suffer from depression or mental illness at the time. An explanation must be sought elsewhere.

Study of our cases suggests that due to unusual circumstances the partners have together created a social group of two, exclusive to themselves, in which they interact with each other. This group, or unit, acts as a substitute for the society that they had enjoyed before, or for the ordinary society around them. It is, as it were, an encapsulated unit of two within the larger society. If the existence of this unit seems to be threatened, its two members are tempted to simultaneous suicide and if a rupture becomes imminent they may anticipate it by killing themselves together. Of course, everyone lives in a smallish social unit of family and friends. Its boundaries are loose and change according to circumstances, for example when children grow up, jobs change or retirement comes. But individuals do not normally wish to live in tiny exclusive units, and families rarely confine themselves to their own members indefinitely.

The members of the suicide pact, who have created their small unit, seem unable to extend it to involve other persons and once the unit has 'set hard', the members cannot readily dissolve it or attach themselves to another group. If it is destroyed, they experience a continuous urge to kill themselves to avoid a social vacuum, and this persists after an unsuccessful first attempt. There is some unpublished evidence that couples who have survived will make repeated attempts until they succeed. Theoretically it may be possible for the survivor or survivors to integrate themselves eventually into society, provided they are protected from suicide for long enough. This may have happened in the past when suicide survivors were committed to prison. However, we do not know of any such cases.

In the cases described here an exclusive encapsulated unit was created and threatened with dissolution by unexpected circumstances. This seems to be the usual pattern. The personalities of the partners are not necessarily abnormal, though something in each brings them into this unusually close relationship. One is dominant and plans the act after they have discussed it carefully and agreed on the method. The dependent one may ask the other to kill him first in case his attempt should fail and he should survive alone. Cohen[1] obtained, from official sources, documents relating to the 58 fatal suicide pacts that occurred in England in the 4 years 1955 - 58. In the same

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period there were 20,788 suicides. The incidence of suicide pacts is, therefore, 1 : 360 suicidal acts. The pairs were: husband and wife—42; lovers—5; homosexuals—1; friends—2; mother and son—2; mother and daughter—1; father and son—1; brother and sister—2; sisters—2. The average age was 55·2 years; 71% were over 49 years.

In 17 pacts both partners were seriously ill, and the majority of all victims had some disability such as ageing. Coal and exhaust gas, and barbiturates were used. The acts were carefully planned; instructions about domestic matters, such as care of pets, and wills were left. Documents explained that the partners could not tolerate a break-up in their way of life together. The deaths surprised the relatives and there was in no instance a family history of a double attempt at suicide. Cohen did not interview any pact partners and he does not record that any had had a previous psychiatric illness.

Sainsbury[6] found 4 suicide pacts (8 deaths) or 1% of suicide events in his study of about 400 suicides in London. His material included many foreigners and urban settlers who were without roots and exposed to social isolation and loneliness—circumstances which would throw individuals together to form small units, vulnerable to disruption. This would explain the higher incidence of suicide pacts in London, which was 4 times the national figure ascertained by Cohen.

CASES

Hitler and Eva Braun; Goebbels and Family[7]

The cases of Hitler and his wife and Goebbels and his family are classical suicide pacts. Hitler had lived with the unintelligent blonde, Eva Braun, for more than 20 years. The relationship was more domestic than sexual. Hitler had only one testicle and many believe he was impotent. Eva boasted from the outset that he would marry her, but he refused. In April 1945, when Berlin was under siege, Eva joined Hitler against his wishes. On 29 April they were married by civil law. On 30 April they committed suicide together, side by side on a sofa. Eva took poison; Hitler shot himself through the mouth. Hitler's written testament at this time, 'Although I didn't consider I could take the responsibility of contracting marriage during the years of struggle, I have now decided to take as my wife the woman who entered this town to share my fate—at her own desire she goes to death with me as my wife—I and my wife choose to die', makes the pact clear. Eva was probably the dominant partner. Hitler's act of marriage amazed his staff and was probably the only time he submitted willingly to any legal authority but his own. It was a final legal confirmation of their relationship and a justification for their right to kill themselves together.

Hitler, who was without empathy for others and contemptuous of society, is said to have relaxed and behaved somewhat normally with Eva Braun. She was more than a wife and was the only person in his life with whom he ever had a close relationship.

Club-footed Goebbels, Minister of Propaganda, despised and detested humanity. In public he was grossly abnormal but his family life was exclusive and closely knit. Goebbels was Hitler's marriage witness, as Hitler had been his before they came to power. On 1 May, Goebbels poisoned his children and shot his wife and himself, with her agreement. Goebbels was more identified with Hitler and the Nazi ideology than any of the others.

While it was to be expected that, like Himmler, Hitler and Goebbels would kill themselves to avoid being brought to trial, their wives and families could have escaped to obscurity and safety like those of all the other party bosses, and Eva Braun's sister, Gretel.

East's Case

Norwood East,[8] in a study of 1,000 consecutive suicide survivors in Britain before 1913, reports what must have been a suicide pact. A girl induced her fiancé to commit suicide with her. He was unemployed and she, who lived with and supported her mother, had lost her job. They were given notice to leave their room and only the workhouse was left for mother and daughter. This would have meant a temporary separation from the boy. The young couple walked all day looking for work. In the evening, having failed to find any, they tied themselves together and jumped in the river. They were rescued. East did not examine the girl, who was in a female prison, but found the boy mentally quite normal and not depressed.

Authors' Cases

Pact 1. Two spinsters, about 60 years old, who lived in a long-stay hospital, had maintained a close and exclusive relationship for many years. With some justification they feared that the hospital might be interfered with or even broken up and their relationship would come to an end. They bought a pint of lysol at the suggestion of the dominant one and drank it together. They survived for long enough to tell their story.

Pact 2. A married man, 35 years old, with children of 7 and 3 years, was offered promotion to a seaside town. He and his wife had kept aloof from others and little was known of them and their reserved, closely-knit family. He was unable to find suitable accommodation for his household before moving to the new post. He took his wife and children to the town for a holiday. After a couple of days the couple gassed their children and drowned themselves in the sea. It is inferred that they could not tolerate even temporary separation.

Pact 3. A female biologist, about 30 years old, was trans-sexual and lived with another girl. Their relationship was deep and significant. The ambiguity of the situation and other matters made them uneasy. The biologist was the dominant member and believed that she could regularize the affair by having plastic surgery, changing her sex, her name and her birth certificate and then have a legal marriage. When she discovered that she could not have the operation and that it was illegal and impossible to change her birth certificate, the couple gassed themselves together.

Pact 4. L and his wife, each aged 43 years, immigrated to South Africa 2 years before their death, with their 15½-year-old son. Their two business ventures failed; they had debts of R60,000 and were likely to be prosecuted for fraud and false cheques. Little was known about their earlier life except that there had been other similar affairs, but they had never appeared in court and they had fled the country. They attempted suicide together by taking sleeping pills and had tried to persuade their son,

then aged 17½ years, to join them. He refused and informed the police. They were taken to hospital and resuscitated, but they refused further medical help. A charitable organization tried to put their affairs in order, but they rejected all offers and 3 days later committed suicide by drugs. They wrote a letter to their son, of which the following is an extract: 'The action we are taking has nothing to do with you. I am very calm now and calculating—not the slightest bit depressed—just facing facts. They must prosecute me and send me to prison. I am better off, as is your mother, where we are at peace. Get away as fast as you can, and once again good luck, God bless you, from us both.'

An experienced social worker reported at the time that: 'Mr L was misshapen due to a pituitary disorder and was a cardiac and asthma sufferer. His wife was grossly underweight. An aspect which struck us forcibly about the parents and the boy was the complete absence of friends or family ties; there was an isolated air of icy indifference stemming from them to society and from society back to them. Attorneys and doctors who dealt with this couple and attendants in the block were unanimous in their feeling that they were objectionable, aggressive and litigious persons. Our organization did all in its power to assist the family; the couple were seen by doctors in hospital and once they were back in the flat. All hospital and private nursing home facilities were offered to them but these offers were refused repeatedly. This couple was suicidal at the time I was in contact with them. They spoke of suicide as being the only way out and discussed the method they would utilize. I discouraged this trend of thought to the best of my ability, but they were not certifiable. This family was not only isolated in an island of guilt, fear, depression and grief, but were a typically dissocial unit in which they manifested disregard for the usual social codes and therefore came into conflict with society as a result of having lived all their lives in their own abnormal environment.'

Pact 5. The survivors: P aged 17 and R aged 15½ years (males). Both are alive and P is under treatment. P and R, White boys, attempted suicide together. P stole a large quantity of Garoin, Tegretol and Ospolot, prescribed for R's epileptic brother, from the kitchen cupboard while R engaged his mother's attention. They sat for a while at a local railway station, shared the pills, then went to their own homes, became unconscious and were admitted to separate hospitals. P was critically ill and detained in the medical ward at Groote Schuur Hospital for 3 weeks. R evidently had taken less, for he was discharged from hospital after 3 days. P's first remarks on regaining consciousness were: 'Why aren't we in the same hospital?' His clinical record to date is as follows:

30/9/68: He was admitted to Groote Schuur Hospital in a coma.
21/10/68: Transferred to a psychiatric ward.
24/10/68: He left hospital against medical advice.
25/10/68: He was readmitted after an attempted suicide with Drinamyl.
28/10/68: He was discharged at the request of his mother.
30/10/68: He was admitted to the casualty ward after having swallowed ether and chloroform (source unknown). He was transferred to Valkenberg Psychiatric Hospital.
7/11/68: He was discharged from Valkenberg Hospital symptom free.
22/11/68: He was admitted to the casualty ward of Groote Schuur Hospital after serious attempts at suicide with barbiturates and Mandrax (source unknown).
23/11/68: He was admitted to the psychiatric ward.
16/12/68: He had cut his wrists and taken Librium (source unknown).
18/12/68: Left hospital against medical advice.
30/12/68: He was admitted to the casualty ward with barbiturate poisoning. He was transferred to Valkenberg Psychiatric Hospital as a certified patient.
3/1/69: He was discharged from Valkenberg with no psychiatric symptoms. He seemed to settle for a while and went to work.
12/1/69: He was treated at the casualty outpatient department at another hospital for barbiturate poisoning.
25/1/69: He had swallowed a bottle of cleaning fluid and was resuscitated at Woodstock and Groote Schuur Hospitals. He returned to work and is at present undergoing daily psychotherapy sessions.

The patient is the youngest son of parents of the artisan class. His father died of cancer 3 years ago, at the age of 72 years. His mother is alive, aged 61 years. He has 5 sisters aged 41, 38, 29, 27 and 22 years. The youngest is single and is a trained nurse; all the other sisters are married and have children. He has 2 brothers, aged 38 and 36 years, who are both married and have children. His mother was 44 years old at the time of his birth. The family is stable and all the siblings have achieved satisfactory living standards, and the marriages are apparently happy. P left school at the age of about 16 years, having achieved Standard VI. The patient trained as a fireman for 2 months and is at the moment a railway worker.

His early life was uneventful up to the age of 14½ years. He was affectionate with his family and his sisters' children and made many friends at school. He plays the guitar well and used to associate with teenage groups. His father was a sound man, admired by P. Before he died he asked P to look after his mother like a good son. His mother is a narrow-minded, religious, possessive, domineering woman. She had opposed the marriages of all the children and they eventually left home to escape; two went to England.

After the youngest daughter went to England 2½ years ago, the mother seemed to regard P as a daughter. She made him do housework, cooking and cleaning, and she objected to his having friends. She would not have them in the house. She made him sleep in her bed as if he were a young daughter. There is no suggestion of an incestuous feeling on either side and P had grown to accept it. Since 1967, when he went out to work, his mother has been more repressive and critical and has demanded most of his earnings. P has been in a state of misery and conflict and has doubted when and how he would attain manhood. He had no girlfriends but had a short, guilty association with a casual girl last year. He could not carry out his father's wishes nor resolve the situation at home. He gave up his earlier friends and teenage groups.

Late in 1967 he developed a friendship with R—18 months his junior—whom he had known casually since childhood. R was a champion at amateur boxing and P joined the same sports club. P would visit R's house and was friendly with his mother and sisters. P's mother would not sanction the friendship and prevented R from visiting the house. She persisted in trying to break up the friendship on the pretext that R and his family were a bad influence on P. R's father drank heavily and, when drunk, was liable to beat the family up and turn them out. P witnessed their being threatened with a gun and turned out into the street on one occasion. P and R discussed their mutual problems. P wanted to be a man and to assume the responsibility of a father. R was searching for

a father and was a rather submissive boy; he liked to do housework and cooking. They developed their own personal social unit as a substitute for their family life. There were no homosexual inclinations. P trained at boxing with the aim of beating R's record. P's mother persistently tried to break up the friendship and gave him no peace when he was at home. They realized it could not continue smoothly. For about a week they discussed the situation and worked out the plan for suicide. While P was in hospital for 3 weeks, R was taken into his family and protected, and apparently his father's behaviour improved. R's family discouraged him from any further contact with P. R seems to be maturing satisfactorily. He has seen P occasionally in the street but has not spoken to him.

At first P said that he was eager to see R, but later accepted that the relationship was finished. He has been unable to integrate himself in any contemporary group and has been unable to bring himself to leave home because of his ambivalent feelings towards his mother. For 2 months after the first suicide attempt he told us he was tormented by a constant urge to kill himself. He did not want to die and he tried to resist it. Psychotherapy, group therapy, drugs and ECT had no noticeable effect. He would say that he would kill himself if his mother did not change and that he would not live with her any more. In fact, he has been unable to break with her and live alone or to leave Cape Town as his siblings have done.

Up to date he is a pathetic figure of a lost individual, strongly reminiscent of displaced persons. His sister, aged 22 years, returned from England a month ago to be with him and she has corroborated his history. So far we have had no success with his mother. His sister thinks that as the mother believes that P will kill himself, she is now trying to possess her. She had left home in order to escape. We hope it will be possible, with her help, to keep P alive until his military service this year, when he will have to leave home and join a group of his contemporaries, but we have no precedent for making a prognosis and are not optimistic. P now has a room and sleeps by himself.

We have visited R in his home. His family do not wish the matter to be mentioned and have forbidden him to associate again with P. He appears to have accepted this and to be identifying himself with his family and contemporaries. It appears that he has not spoken of suicide again.

DISCUSSION

All the cases we have described developed a close relationship that did not rely on sex, love, mutual interest or any other expected circumstance. This exclusive unit of two, which we have called the 'encapsulated unit', was the only factor common to all. The suicide pact developed out of this relationship—not primarily out of the stresses which were common accompaniments of life—and mental illness was not a cause. Probably the difficulty was temporary in some cases and would have passed if the parties could have waited. But it seems that once the decision has been taken, the suicidal act must be carried out. Contrary to popular belief, suicide pacts are uncommon in adolescence when emotions are keenly felt and love may be unrequited, but preponderate after middle age when adaptability is poor.

Very little is known about the antecedent lives of suicide-pact victims, for survivors are rare. Our cases had had clinical examinations earlier, but they were not relevant to the eventual suicides, which were not foreseen, and our survivors are among the very few who have been available for study. Encapsulated units such as we have postulated would not normally attract attention, unless in suicide, and are probably not uncommon in society. Perhaps if they are not subjected to strain they may break up spontaneously and the partners may make fresh attachments, but such a relationship appears to be vulnerable in later life.

Normally the presence of another protects the subject from yielding to the suicidal urge, but in suicide pacts each partner acts on the other, intensifying the urge, so that it is the unit that kills itself, not the partners acting individually; they act as one.

Suicide pacts are to be distinguished from consecutive suicides in depression or grief, like the Romeo-and-Juliet type; from multiple deaths in which a depressed parent kills his family before suicide, believing they are doomed through him—or as a result of paranoid delusions; from simultaneous suicides in simultaneous depression; and from death accidentally resulting from an insincere attempt by an unstable or hysterical person, and attempts when under the influence of drugs or alcohol.

The essentials for a pact suicide are that it should be performed with evidence of mutual premeditation, in the same place and at the same time. Suicide pacts are so lethal that whenever two persons are suspected of planning death together or of having attempted it, they should be kept under strict supervision until careful investigations into the background and circumstances have been made.

It seems likely that in tribal and other cultures in which a close bond cannot easily develop between two individuals, there can be no suicide pact; however, tribal or mass suicide might replace it. This is an aspect we hope to study if case material and records are available.

The authors would welcome communications about other pacts and, in particular, information about survivors.

SUMMARY

The problem of suicide pacts has been discussed and a series of cases is presented. It has been postulated that an unusual, exclusive relationship between the partners is always present and that a suicide pact is not made unless such a relationship appears to be threatened. Suicide pacts are nearly always fatal. The evolution and dynamics of a suicide pact between one pair of survivors have been described.

We wish to thank Mrs Zabow for permission to quote extracts from her reports on case 4.

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