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Review Article

SUICIDE AND PSYCHOLOGICAL FACTORS IN HISTORICAL PROCESS AND THEORETICAL PERSPECTIVE

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ABSTRACT

Suicide is a complex phenomenon that goes deep into human history and has gained different meanings and been evaluated in different societies, cultures, and periods. It has been observed that throughout the historical process, suicide has been shaped by many factors such as social norms, religious beliefs, psychological factors, and legal approaches. When considered from a perspective extending from ancient times to the present day, the perception and evaluation of suicide have undergone significant evolutions. While suicide was considered a sign of dishonor in ancient societies, during the Renaissance, it was romanticized as a reflection of the individual's freedom and emotional expression. In the modern period, factors such as psychiatric perspectives, public health strategies, and international cooperation have played a critical role in understanding and preventing suicide. This study aims to examine the evolution of humanity's efforts to cope with this challenging problem by addressing the history of suicide in various cultural and periodic contexts.

Keywords: Suicide, Reasons for suicide, Suicide theories, Psychological factors, Treatment

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INTRODUCTION

HISTORY OF SUICIDE

Antiquity: Diversity and changing meanings

The meaning of suicide in ancient times varied significantly depending on the values and beliefs of different cultures. In ancient Rome, gladiators committing suicide in the arena was considered an honorable exit. However, during the same period, thinkers such as Plato viewed suicide as a moral taboo and called on individuals to avoid these actions. In ancient Chinese culture, suicide was sometimes seen as a social outlet, but in other societies, it had a completely different meaning. During this period, suicide stood out as a reflection of cultural diversity (Sümer, 2014).

Ancient Rome

In ancient Roman society, suicide was often viewed as a sign of dishonor. However, in some cases, especially when gladiators died in the arena, suicide could be considered an honorable exit. Roman law contained laws intended to prevent a person who committed suicide from inheriting assets (Van Hoff, 1993).

Ancient Greece

In the ancient Greek world, thinkers such as Plato and Aristotle often viewed suicide as a moral taboo. In Plato's works, suicide is described as an action against the interests of the state. However, Socrates ending his life by drinking poison may have led to suicide being considered a moral attitude in some cases (Sümer, 2014).

Ancient China

In Chinese cultures such as Confucianism and Daoism, suicide could be seen as a moral outlet in some situations. In particular, suicide could be considered an honorable way out when it was believed that a person could not cope with the difficulties in his life or could not fulfill his social responsibilities (Sümer, 2014).

Ancient India

Suicide in India varied depending on Hindu religious doctrines and the caste system. While Brahmins generally did not welcome suicide, it was possible to find the idea that suicide could be a way for the spiritual evolution of the individual in some religious texts (Özkan, 2016).

Middle ages: Religious stigmas and social exclusion

In the Middle Ages, suicide was generally considered a religious, ethical, and legal taboo. Christianity is the determining religion of medieval societies, and according to Christian beliefs, the idea that God has the authority to intervene in the right to life of a created being strictly prohibited suicide (Şen, 2008).

Suicide had serious religious consequences in medieval societies and was seen as an obstacle to salvation for one's soul. For this reason, the body of the person who committed suicide was generally not buried in the holy land or honored with religious ceremonies. In addition, sanctions could be imposed on the family of the person accused of committing suicide, such as transferring some of their assets to the state (Pridmore and Walter, 2014).

This religious and social stigmatization of suicide in the Middle Ages caused individuals to hide their suicidal tendencies and avoid this action for fear of being ostracized from society. During this period, suicide was surrounded by a number of religious and social taboos, often involving concerns about the risk of one going to hell and losing one's reputation in society.

Renaissance and enlightenment: The rise of individual rights

The Renaissance period is a period that lasted from the 14th century to the 17th century, and during this time period, great changes took place in art, science, literature, and philosophy in Europe. This period was a time when a sense of rationalism and individual freedom flourished against the religious dogmas of the Middle Ages. Suicide was approached from a new perspective during the Renaissance. Philosophers, in particular, have begun to evaluate suicide as a rational action, emphasizing the

individual's free will and right to life. Thinkers such as John Locke emphasized the individual's right to control his own life and argued that suicide should be accepted as a result of these rights. Themes of suicide were also frequently seen in the artistic and literary works of the Renaissance. It is noteworthy that in Shakespeare's works, suicide is treated as a tragic end and this action is often presented as a reflection of internal conflicts (Pınarbaşı, 2018). However, this new perspective did not immediately change the general views of society. In the mid-Renaissance, suicide was generally still considered a religious taboo and was severely condemned by society. However, the social impact of rationalism and the understanding of individual freedom paved the way for suicide to be addressed from a different perspective in the future Güler and Şen, 2013).

19th and 20th centuries: Romanticism and social norms

The Romanticism movement, which started in the early 19th century, brought to the fore themes such as sensuality, individuality, and the search for freedom. During this period, suicide formed a romantic theme in many works of art and literature. Romantics generally idealized suicide as a result of an individual's internal conflicts, passions, or social pressures (Pınarbaşı, 2018). Especially in literature, Goethe's work "The Sorrows of Young Werther" is about the suicide of a young man due to the pain of love. It led to the association of romance with suicide. The Romantic period saw suicide as an act of freedom, an emotional expression, or a reflection of deep thoughts (Pınarbaşı, 2018). However, social norms and religious influences often still viewed suicide as a serious taboo throughout the 19th century. Societies have generally perceived suicide as a moral problem and a social threat. During this period, the body of the person who committed suicide was often not buried in holy ground and could face social ostracism[20]. In the 21st century, advances in psychology and psychiatry began to consider suicide more as a mental health problem. Changes in social norms have led to a broader view of suicide and increased efforts focused on prevention. During this period, a deeper understanding of the factors affecting suicide has changed the way societies deal with this problem (Karakaya, 2020).

Modern era: Psychiatry and the increase in social consciousness

In the modern period, suicide began to be examined more from psychiatric and social scientific perspectives. Suicide has often been viewed as a complex interaction of psychological, social, and biological factors. Psychiatric treatments, medications, and increased social awareness have enabled important steps to be taken in strategies to prevent suicide. During this period, suicide began to be treated more as a health problem (Arslan and Köse, 2019).

Psychiatric and psychological perspective

In the modern period, psychiatric and psychological perspectives have gained importance in understanding suicide. Many factors such as an individual's mental health, living conditions, traumatic experiences, and genetic factors can affect the risk of suicide. During this period, suicide was generally accepted as a mental health problem, triggering efforts to provide more effective help and treatment to individuals.

Social context of suicide

With the increase in social awareness, suicide has begun to be seen more as a social problem. From the general health perspective of society, public policies and awareness campaigns have been developed to prevent suicide. Increasing society's awareness of suicide has supported destigmatization efforts (Şeker, 2019).

Treatment and support services

In the modern era, various treatment and support services such as emergency intervention, psychotherapy, drug treatment, and support groups are offered to individuals at risk of suicide. These services aim to support individuals with suicidal thoughts and tendencies more effectively (Cansız and Şahin, 2022).

Media and sentiment

The role of the media on suicide has gained importance in the modern period. Efforts to provide accurate and sensitive information, to avoid romanticizing suicide, and to explain the various causes of suicide aim to raise public awareness through the media (Adıyaman *et al*., 2018).

Suicide today: Cross-cultural differences and solutions

Today, there are a number of strategies and support mechanisms at national and international levels to combat suicide. However, cross-cultural differences are still evident. Factors such as religion, moral values, and socioeconomic factors affect the prevalence and meaning of suicide. Therefore, it is important to consider cultural differences when creating solutions (Çıtak *et al*., 2001).

Intercultural differences

Religion and beliefs

In many cultures, religion and beliefs influence the perception of suicide. While in some societies, suicide is considered against religious norms, in others, it can be seen as a spiritual solution (Agilkaya, 2010).

Social norms

Social norms influence how suicide is viewed. In some societies, suicide is seen as a shameful event, while in others, a more empathetic approach may be taken.

Family and social pressure

The pressure of family and society on the individual may affect suicidal tendencies. Honor, family reputation, and efforts to adapt to social expectations are factors that affect suicidal ideation (Tatlıoğlu, 2012).

Conclusion and future perspectives

The history of suicide reveals a complexity that reflects the evolution of human society. Today, the increase in mental health services and awareness efforts has enabled important steps to be taken in the fight against suicide. However, the need for studies in this area continues. In the future, more research and efforts on cross-cultural sensitivity and more effective prevention strategies will be required. Considering suicide in a historical context can contribute to a better understanding of this complex problem and the development of effective solutions. In addition, understanding the fact that suicide is a broader human issue can make societies' perspectives on this issue more sensitive and supportive.

THEORETICAL APPROACHES EXPLAINING SUICIDE BEHAVIOR

Suicide has been one of society's most complex and emotional issues throughout history. Research on the causes and effects of this behavior enables us to understand the theoretical dimensions of suicide. Suicidal behavior occurs as a result of the interaction of psychological, sociological, and biological factors. In the psychological dimension, a person's inner world and emotional state can affect the risk of suicide. Factors such as depression, anxiety, and personality disorders can cause an individual to engage in suicidal thoughts and behavior. On the sociological dimension, the individual's social environment and relationships affect the risk of suicide. For example, factors such as family problems, social isolation, and unemployment may increase the risk of suicide. On a biological level, genetic predisposition, disorders in neurotransmitter balance, and some structural differences in the brain may be associated with the risk of suicide. In this section, focusing on the psychological theoretical dimensions of suicide how theories make sense of suicidal behavior will be examined.

First-generation theories

Psychodynamic theory

Freud associated suicide mostly with the process of mourning and depression. According to him, while the mourning process occurs with the loss of a real object, the depression process begins with the loss of the introjected love object (Freud, 1917). A person's emotions such as anger, resentment, and disappointment are directed toward himself,

not the real object (Eskin, 2003). Failure to express these emotions results in an internal conflict that can be viewed as a conflict between the id, ego, and superego. According to Freud, suicide can be redefined as "the sacrifice of the self by a sadistic superego" (Özkan and Direk, 2007).

Social learning theory

According to social learning theory, cultural attitudes and the accessibility of the tools that the individual will use for the purpose of suicide also play an important role in the formation of suicidal behavior (Eskin, 2003). For example, people with suicidal behavior in their families are more likely to commit suicide than those without suicidal behavior in their families. This may be because this behavior is learned and imitated.

In addition, a phenomenon known as the "Werther effect" indicates that suicidal behavior may be learned (Eskin, 2003). Following the publication of the book "The Sorrows of Werther" written by Goethe in 1774, suicide rates were observed to increase in Europe. Similar to the suicide scene in the book, many emotional young people walked around the streets wearing blue jackets and yellow trousers, and there was an increase in suicide cases.

Social environments such as education and media can also be effective in learning suicidal behavior. Suicide news or details of suicide methods in the media, as well as content that romanticizes suicide, may contribute to the learning of suicidal behavior. Research shows that suicide news and encouraging content on this subject can increase suicide rates (Stack, 2003). Therefore, it is important that the media presents suicide-related content carefully and adheres to ethical standards.

Schneidman's theory of suicide

Schneidman classified the common points of suicide into the following 10 items:

- What leads a person to commit suicide is the unbearable pain he suffers. An individual experiencing positive emotions does not commit suicide.
- The frustration of spiritual needs (protection, trust, friendship, success, etc.) causes the tension in suicide. The act of suicide occurs as a result of the frustration of needs.
- Suicide does not occur without purpose or reason. The purpose of suicide is to seek a solution.
- Another purpose of suicide is "loss of consciousness," which is seen as a way to get rid of mental pain.
- The feeling of loss of control is added to the feelings of inadequacy, hopelessness, and loneliness, causing the person to fear losing control. A person who has no faith in recovery would rather die than lose control.
- Solution options have decreased. The person is stuck between life and death.
- Ambivalence emotions arise and the person calls for help while killing himself.
- A person notifies his/her intention to commit suicide to his/her relatives in different ways. In this way, he tries to be understood and helped.
- Suicide is a departure from which there is no return.
- It is a way of solving previous problems.

These points may not be dangerous alone, but when they come together, they indicate that they can lead to suicide (Odağ, 2008). These items can be an important guide to understanding and preventing individuals at risk of suicide. However, every suicide situation is different and individual factors must be considered.

Escape theory

Baechler (1980) evaluated suicide as a way to solve problems and adopted a rationalist perspective. Although this view is an important step to consider suicide as an escape, it has been deemed incomplete. Baumeister (1990) presented a new version of escape theory, viewing suicide as a final step in one's effort to escape from oneself and the world.

According to this theory, the processes that lead to suicidal behavior consist of six stages. These stages are:

- Feeling of own worthlessness: The person begins to feel worthless and experiences this feeling constantly.
- Weakening of social connections: The person moves away from the social support system and feels isolated.
- Thoughts of hanging oneself: The person begins to preoccupy himself with suicidal thoughts, such as hanging himself.
- Making plans: The person begins to make a suicide plan and makes preparations to realize this plan.
- Suicide attempt: The person attempts to commit the act of suicide.
- Death wish: The person becomes completely hopeless toward life and desires death.

These stages can provide important clues for understanding and intervening in the suicide process. However, it is important to remember that these processes do not always proceed in the same way, as each suicide situation is individual and complex.

Hopelessness theory

According to despair theory, negative events play a decisive role in why people become hopeless. As a result of these negative events, three different inferences (internal, stable, global causes; negative consequences, negative self-characteristics) lead to hopelessness and thus increase suicidal tendencies. Abramson *et al*. (2002) emphasized that the "cognitive vulnerability" component also has an important place in hopelessness theory. He stated that having a negative cognitive style contributes to increased hopelessness. This means that people associate negative events with themselves, consistently and generally expect negative outcomes, and evaluate themselves negatively.

It is stated that with these elements, a feeling of hopelessness emerges, which leads to suicide and other symptoms of hopelessness and depression. This theory provides an important framework for understanding and intervening in individuals' hopelessness levels. However, because each individual's experience is different, it is important to remember that these factors do not always interact in the same way and every suicide situation is complex.

Second-generation theories

Interpersonal psychological theory of suicide

According to the Interpersonal Psychological Theory of Suicide (CPIK), suicidal ideation occurs through the combination of thwarted feelings of belonging and perceived burdensomeness. However, for the act of suicide to occur, the person must have acquired suicidal ability, beyond just suicidal ideation. That is, although the desire for suicide is a prerequisite for a fatal suicide attempt, it is not sufficient; In addition, the individual must have the ability to commit suicide. Joiner's (2005) theory emphasizes this distinction between suicidal ideation and suicidal action, as suicidal ideation is a necessary but not sufficient element of a suicide attempt. Chu *et al*.'s 2017 study is one of the studies that support this theoretical framework.

KPİK's 4 main hypotheses are listed below.

a. Frustrated belonging and the feeling of being a burden to others are immediate and important causes of passive suicidal ideation.
b. The presence of a frustrated sense of belonging and of being a burden to others is a proximate and sufficient cause of active suicidal desire, especially when these states are unchanging and stable (for example, when associated with hopelessness).
c. When the desire for suicide and the reduction of the fear of death come together, it provides the conditions under which the desire for suicide will turn into suicidal intent.
d. The outcome of serious suicidal behavior (e.g., suicide attempts that

are fatal or have fatal consequences) is likely to occur in the context of thwarted belongingness, feelings of being a burden to others (and the hopelessness associated with both), decreased fear of suicide, and increased tolerance for physical pain (Van Orden *et al*., 2010: 581).

Three-stage suicide theory

Klonsky and May (2015) suggest that the development of suicidal ideation and the transition to suicide attempt should be considered as separate processes. According to their theory, suicidal ideation and attempt are explained by four factors: pain, despair, commitment, and suicidal capacity.

The first step is the formation of suicidal thoughts. Suicidal ideation can arise from any source, although it is often associated with psychological or emotional pain. This pain can arise from different reasons, such as physical suffering, social isolation, frustration, and a low sense of belonging.

The second step of lethal suicidal behavior is associated with commitment. The term commitment has a broad meaning; it refers not only to being connected to people but also to a job, project, role, hobby, or other investment in life.

The third and final step of the theory concerns the transition from thought to action, that is, whether a person who has a desire to end his life will realize it. This step refers to the transition process from suicidal ideation to suicidal act X.

Integrative motivational-volitional model

Rory O'Connor offers a comprehensive explanation of the transition from suicidal ideation to suicide attempt and the formation of suicidal ideation with the model he developed in 2011 and updated in 2018 (O'Connor and Kirtley, 2018). The Integrative Motivational-Volutionary Model explains the development of suicide in three stages: the pre-motivational stage, the motivational stage, and the volitional stage.

Pre-motivational stage includes background risk factors and triggers conditions. These fall into three categories: diathesis, environment, and life events. Diathesis represents factors that increase the risk of suicide, such as biological, genetic, or cognitive vulnerability. While environmental factors include elements such as socioeconomic inequalities and rapid social changes, life events refer to stressful situations that occur at any period of life (O'Connor and Kirtley, 2018; Li *et al*., 2020).

The motivation phase focuses on the psychological processes that lead to the formation of suicidal ideation and intention. These processes include feelings of frustration and humiliation, feelings of being trapped, and suicidal thoughts and intentions. The tools for the transition from frustration to feeling trapped are "self-focused factors" such as rumination. The tools that facilitate the transition from feeling of closure to suicidal ideation are "motivational factors"; such as thwarted belonging or being a burden to others. The factor that facilitates the transition from suicidal ideation to suicide attempt is "volitional factors:" impulsivity, pain tolerance, decreased fear of death, etc.

The final stage, the volition stage, involves carrying out suicidal behavior. In summary, the theory suggests that frustration and entrapment lead to suicidal ideation, and volitional factors may be more influential in the suicide attempt than acquired suicidal competence. Although this theory is still new, it is supported by experimental evidence (Dhingra *et al*., 2015; Klonsky *et al*., 2018).

Variable susceptibility theory

It is a cognitive approach developed to understand suicide risk and was proposed by Rudd (2006). This theory focuses specifically on the suicide risk process as well as suicidal behavior. Fundamental risk refers to chronic or stable characteristics, while acute risk emphasizes dynamic characteristics that tend to respond to external factors. Fundamental risk is thought of as enduring characteristics that resist change over time, whereas acute risk tends to respond to fluctuations in an individual's mood or changes in stressors.

While basic risk is defined as "predispositions," acute risk is seen as the activation of suicidal ideation. Suicidal behavior results from the interaction of these two risk processes. Variable propensity theory also provides a basis for explaining suicides that occur suddenly without preparation (Bryan *et al*., 2017; Bryan *et al*., 2020). This approach considers both underlying enduring characteristics and momentary variables, emphasizing the dynamic nature of suicide risk.

CLASSIFICATION OF SUICIDE BEHAVIOR

There are many theorists who classify suicidal behavior in different ways. Each of these theories is examined under a separate heading below, and various types of suicide that are not included in the theories explained but have been explained by experts in the literature are also mentioned.

Durkheim's classification of suicide (1897)

According to social integration and social regulation, Durkheim examines suicidal behavior in four parts: selfish suicides, activist suicides, anomie suicides, and fatalist suicides (Durkheim, 2013: 136-240). These are explained below:

Selfish (Egoistic) Suicide: It is explained as suicidal behavior that occurs as a result of the individual's inability to integrate his personality traits with the social environment (Gökçe, 1987, p.50). It is thought that the selfish type of suicide has a relationship with family, religion, and political society. According to Durkheim (2013), when individuals tightly integrate their personality traits with the religious community, family and political communities, suicidal thoughts, and rates decrease. The rate of suicidal behavior varies inversely with the extent to which the individual integrates with his religious community. The rate of suicidal behavior varies inversely with the degree of integration of the individual into the family structure. The rate of suicidal behavior varies inversely with the degree of political structure and social integration. Here, Durkheim emphasizes that ties and integration in society will prevent the individual from loneliness, but weak ties and integration will reveal selfishness (Bulduk, 2008, p.16-17). In individualistic societies, individuals can live a more lonely life and become selfish, thus increasing suicidal behavior.

Altruistic Suicide: It is explained as suicidal behavior that occurs due to the bond and integration within society causing strict rules and pressure. Here, unlike selfish suicides, traditions, customs, and insurmountable and inflexible strict rules lead the individual to the idea of suicide (Köse and Arslan, 2019). This type of suicide is encountered in many areas of society. It has been stated that these suicides occur mostly in primitive communities (Durkheim, 2013). According to Durkheim, this type of suicide occurs not because people see it as a right to kill themselves, but because they see it as a duty. According to Sugiyama Lebra, Danish warriors committed suicide because they saw it as a source of shame for them to die in bed due to illness or aging, and hara-kiri or other types of suicide continued as a tradition in Japan. Taking one's own life to escape the situation can be given as an example of immediate suicide (Cevizoğlu, 2018: 116-117).

Selfish suicide occurs from individualization, away from excessive rules and ties, while selfish suicide occurs from tradition, custom, solidification, and socialization. While selfish suicide involves humiliating oneself and hurting one's dignity, selfish suicide aims to gain courage, fame, and respect. In manual suicide, the individual has left his individuality aside because the demands of society have been crushed and he has become unprotectable. In selfish suicide, the individual cannot see his goal, away from society, and ends his life by seeing himself as useless. In selfish suicide, if he goes beyond his goal, he commits suicide because he is faced with many obstacles (Özen, 2021, p.20).

Anomie Suicide (Anomic Suicide): It is explained as suicide that occurs due to the individual's uncertainty about what criteria he will comply with in his behavior and due to his extremely irregular actions (Durkheim, 2013). Anomic suicides may increase in periods of social ups and downs. An extreme state of decline and hopelessness can be an example of this, while an excessive rise can also lead to anomic suicides. The main determining factor here is the sudden disruption of the order that people are accustomed to. Anomie suicide comes to the fore with the sudden change in the social position of the individual who has difficulty in orientation to a different and new situation (Bulduk, 2008, p.19).

Fatalist Suicide: This type of suicide occurs due to too much regulation, as opposed to lawlessness and emptiness. It is stated that especially slaves will commit this type of suicide in extreme rules and order (Özen, 2021, p.23).

Schneidman's classification of suicide (1985)
Shneidman deals with the concept of suicide motivationally and examines suicidal behavior in three parts: egoistic suicides, dyadic suicides, and ageneratic suicides (Eskin, 2014: 9). These are explained below:

Selfish suicides: These suicidal behaviors are psychological suicides and are explained by the psychology of the individual. While it may be caused by dysfunctional thoughts such as stereotypical thinking and not having a broad perspective, it may also occur from psychological processes such as the individual's lowering of self-confidence in depression and focusing only on his own unhappiness and hopelessness (Quoted in: Eskin, 2014: 10).

Double suicides: In this type of suicide, the individual's needs and desires that are not satisfied by the people he interacts with are important. The disappointments, anger, frustrations, and unsatisfied desires experienced by the individual in the focus of the relationship cause the individual to end his life (Quoted in: Eskin, 2014: 10).

Isolation suicides: In this type of suicide, the individual is isolated from his family, society, generation, and perhaps all humanity (Quoted in: Eskin, 2014: 10).

Beachler's suicide classification (1992)
Jean Baechler explains suicidal behavior in four parts: Escape suicides, Aggression suicides, Dedication suicides, and Play suicides (Eskin, 2014, p.8). These are explained below:

Escape suicides: This suicidal behavior occurs due to the individual's desire to escape from situations for which he cannot develop a solution, such as painful life events, stress, trauma, problems, mourning, old age, and failure. There are three subtypes of escape suicides: (1) escape suicides committed in the face of a problem that cannot be endured, (2) mourning suicides committed after the death of an important person in one's life, and (3) penal suicides committed after mistakes made by the individual (Eskin, 2014: 8-9).

Aggression suicides: It is explained as a type of suicide that occurs within the framework of an individual's feelings toward others. There are four subtypes of aggressive suicides: (1) revenge suicides committed to get something in return from other people, (2) homicide suicides in which the person kills both someone else and himself, (3) blackmail suicides committed to suspect and intimidate others, and (4) demand suicides by signaling to the environment suicides (Eskin, 2014, p.9).

Devotional suicides: In this type of suicide, the individual may end his life to gain respect and make a sacrifice. In this respect, it resembles Durkheim's type of manual suicides. This suicidal behavior is divided into two subheadings: (1) sacrifice suicides committed to dedicate oneself to someone or something to increase one's own value and (2) suicides committed to glorifying oneself (for example, attaining the status of martyrdom) (Eskin, 2014: 9).

Game suicides: In game suicides, the individual finds himself in many situations in his life where he can perform risky behaviors. These risky behaviors can result in death. It is divided into two parts: (1) endurance trials carried out by the individual to show his own endurance and (2) game suicides carried out by the individual by risking life and risk-taking behaviors (Maris, 1992: 65-87).

Beck Committee classification of suicide
One of the classifications of suicide was announced by a committee at the US National Institute of Mental Health and the Center for Suicide Prevention in the 1970s. The classification of suicide by the committee headed by Aaron Beck was brought to the fore by suicidal scientists and is still used today. According to the types of suicide committed by Beck, suicide is divided into three basic structures. These three basic suicidal behaviors are completed suicide, suicide attempt, and suicidal thoughts (Maris, 1992 cited in: Eskin, 2003: 10).

Completed suicide: It is explained as suicide in which many reasons come together and each reason triggers each other, resulting in death (Alptekin, 2008, p:11). In this type of suicide, it can be thought that individuals want to end their lives due to the problems, problems, and psychological conflicts they are experiencing.

Suicide attempt: It is explained as suicides that could not be completed due to situations such as the lack of tools used by the individual for suicidal behavior, an action carried out by the environment outside the individual, or being prevented by anyone else (Volant, 2005, p.147). In this type of suicide, rather than completed suicides, communication problems experienced by the individual with other individuals, interpersonal factors, and social conflicts may cause thoughts of death.

Suicidal ideation: It is explained as the individual's automatic thoughts, basic beliefs, and intermediate beliefs about suicidal behavior that he has previously constructed. Here, the stereotypical and distorted schizophrenic thinking style can be particularly effective. The individual sees death as the only way out of the situation he is in (Odağ, 2002, p.34-35).

Approaching suicide classifications more broadly, Lester discussed suicidal behavior in terms of "consequence" and divided it into sections accordingly. According to this classification, suicidal behavior can be divided into "completed suicide," "attempted suicide," "threat of suicide," "thought of suicide," and "no preoccupation with suicide." Explains it in five parts (Lester, 1972, p.5-6). Since three of these classification types are explained in Beck's category, "Suicide threat and unplanned suicide" are explained below:

Suicide threat: It is defined as the threats, statements, and suicide attempts made by the individual because he wants to attract the attention of the people around him and to get the people around him to do what he wants, even though he does not have the idea or desire to die. The individual can make this behavior permanent by repeating it over time. The fact that other people, who are stakeholders of society and around the individual, do not care about this situation becomes an important risk factor that may cause suicidal behavior (Alptekin, 2008, p.23).

Unplanned suicide: It is explained as a type of suicide that occurs after an unexpected crisis situation or a painful life event, even though the individual has not had any depressive process in his life and has not given a symptom message to those around him that reminds him of suicidal behavior. It is stated that the most effective type of suicidal behavior is the one that ends in death (Erkul, 1993, p.18).

Maris's suicide classification (1992)
Maris grouped suicidal behavior into five main groups, and this classification is an approach that combines previous classification systems. Bringing together the systems of previously proposed types of suicide, Maris examines suicide in five parts: (1) completed suicides, (2) suicide attempts that do not result in death, (3) suicidal thoughts,

(4) confused or undecidable suicidal behaviors, and (5) indirect self-determination behaviors (Eskin, 2014: 11).

Copy suicides
Suicides that occur as a result of suicide news appearing in mass media, showing suicide as a means of gaining fame through social media, and individuals identifying and internalizing suicides in their immediate surroundings are called copy suicides. Here, it can be seen that the social learning model has a particularly big impact. Examples of this type of suicide are the novel: The Sorrows of Young Werther in Germany and the death of Beşir Fuad in Turkey (Bulduk, 2008, p.20).

In addition to these classifications of theorists, different types of suicide are also explained in the literature on suicidal behavior (Teğin, 2014). These types of suicide are listed below:

Pretend suicide: It is explained as the suicide attempts made by the individual to convince his/her environment that he/she can kill himself/herself when the threats of any desired situation are ineffective. Particularly, individuals who want to keep the attention on themselves attempt suicide by calling the people around them and informing them, or by taking precautions in a way that everyone can see and help. It is stated that this type of suicide is generally seen in the case of well-known artists who are well-known by society (Teğin, 2014, p.22).

Real suicide: Rather than frequent suicide attempts, these are suicides that end in death in one go, by choosing the surest path to death, by compensating for any deficiencies that may arise, without the need to take precautions (Teğin, 2014, p.22).

Clandestine suicide: It is explained as suicides that occur when an individual ends his life as a result of being destructive and imprudent toward himself by accumulating many different drugs, buying and keeping a new weapon, or preparing suicide notes and messages. The individual may frequently make statements about suicide in his/her surroundings. Risking the lives of others and oneself, especially by driving at high speed, and having the desire to die as a result of high doses of substances may be considered as these types of suicide (Sayıl, 1994, p.211).

So-called suicide: It is explained as suicides that the individual commits without his/her will to relieve his conscience, get rid of pain, and adapt to a moral value, rather than killing himself. In this type of suicide, suicidal behavior occurs in relation to the individual's concepts of accident, dementia, and sacrifice. So-called suicides can be seen as so-called suicides when an individual kills himself to avoid being transferred to another race in case of war or when dying for that religion is considered honorable because it is considered martyrdom (Özen, 1997, p.15).
Planned suicide: It is defined as suicides that were planned in advance and whose form, method, and time were previously planned. Since the main purpose of this type of suicide is to kill oneself, suicide rates are quite high (Erkul, 1993, p.15).

Maniac suicide: It is explained as suicides that result in the individual ending his life due to delusions, hallucinations, utopian dreams, and unrealistic schizophrenic automatic thoughts. Individuals who engage in this type of suicidal behavior are known as crazy suicides because they have many hallucinations and delusions in their lives. It is stated as a type of suicide that is more common in cases of schizophrenia and psychosis (Erkul, 1993, p.18).

Melancholy suicide: It is explained as the suicide of an individual who is experiencing severe psychological depression or a long depression, unable to cope with the depressed mood symptoms. In this type of suicide, the individual keeps himself away from his environment and feels too attached to this world. These are suicidal behaviors carried out by individuals who have intense negative emotions about themselves, others, and the world (Menninger, 1977, p.203).

Obsession (Fixed Idea) suicide: It is explained as a type of suicide that occurs as a result of the individual's inability to get rid of the idea of killing himself without any reason and his inability to prevent this situation. This suicidal behavior is also explained as grief suicide because the individual constantly wants to throw this idea out of his mind but cannot prevent it (Menninger, 1977, p.205).

Irrational Reactive (Automatic) suicide: Although it is similar to obsessional suicides, it is explained as automatic suicide because it is quicker, more sudden and occurs mentally spontaneously without the formation of ideas. This situation is associated with unrealistic thoughts (Menninger, 1977, p.204).

In addition to these types of suicidal behavior in the literature, the triple suicide classification made by Menninger attracts attention (Teğin, 2014, p.28-29). This classification of suicide is explained below:

Chronic suicide: It is explained as the type of suicide that occurs when individuals who work in occupational groups where risky behaviors may take place or who engage in behaviors that may endanger their lives end their lives. In this suicidal behavior, it is not clear when and with what intention the individual will end his life. Especially drug and alcohol addicts and speed enthusiasts are more likely to engage in this suicidal behavior (Menninger, 1977, p.201).

Focused suicide: It is explained as a type of suicide that occurs as a result of cutting, dismembering, or damaging an individual's body by focusing on a specific place. Especially as a result of the environment in which the individual performs this behavior, it may cause the end of his own life as well as the lives of many other individuals (Menninger, 1977, p.202).

Organic Suicide: Having organ diseases such as hypothyroidism, anemia, and organic brain syndrome increases the psychological conflicts and depressive feelings experienced by the individual. These increasing conflicts make the individual's suicide attempts more frequent and faster and make suicidal behavior organic (Menninger, 1977, p.201).

PSYCHOLOGICAL FACTORS CAUSING SUICIDE

The factors that because suicide are very diverse. Among these, the individual is rejected or abandoned by an important person and cannot cope with the emotions caused by this situation, lack of communication related to family problems and the loss of self-worth caused by this deficiency, being alone in the face of life problems, having to deal with insecurities and anxieties alone, parents or being exposed to unsympathetic and hostile attitudes by their parents, a history of suicide in the family, alcohol or substance use, loss of a loved one and the desire to be reunited with them, perceived negative expectations about the present or the future, a long-term struggle with a fatal disease, sexual identity confusion, close relationships that have recently ended, revenge for physical or emotional abandonment, plans to atone for an irreparable mistake, easy access to weapons, especially in youth suicides, movies, books or music that romanticize suicide, involvement in gang and violence, and unknown reasons (Turecki *et al*., 2019; Mars *et al*., 2019).

According to findings from various studies, factors that lead individuals to suicidal behavior include family problems such as domestic violence, alcoholism, family pressure and incompatibility between spouses, family arguments, divorce from their spouse, and failure to establish a healthy bond with the mother. It has been determined that these factors affect the psychological processes of individuals and cause suicidal tendencies (Liu *et al*., 2018; Mathew *et al*., 2021).

Mental disorders and depression are frequently diagnosed in most patients who attempt suicide, and it has also been determined that factors such as economic problems, unemployment, and financial incompatibility increase the risk of suicide. Relationship problems, problems with the opposite sex, aimlessness about the future, and

economic difficulties are among the other factors that lead individuals to attempt suicide (Urme *et al*, 2022).

When we examine the act of suicide more broadly, it is seen that individual factors alone are not sufficient to explain such behaviors, and there is a complex structure of relationships that include other factors (Eskin, 2003). Durkheim (2002) states that suicidal behavior does not only result from the subjective reasons of the individual but that social factors are too important to be ignored. Social life and family ties play a critical role in this process. Social factors need to be examined to more accurately determine the factors that cause suicidal behavior.

It is emphasized that factors affecting individuals' social life, especially a weakening of the sense of belonging and weakening of family ties, may increase suicidal thoughts. It is considered that the feeling of belonging is nourished by loyalty to a religious group, a family, and national values and that this commitment is inversely proportional to the number of suicides. In this context, it is emphasized that the strength or weakness of the social structure may affect suicide rates. Durkheim (2011) stated that there is an increase in suicide rates in cases where social and family ties are weakened (egoistic) and in social and economic crises (anomic). Such major events occurring in society also affect individuals. The individual's state of being affected by these situations, his/her mental and sensory acquisitions regarding the events, and the wear and tear he/she may experience during the process of reintegrating with the society to which he/she belongs may lead to suicide.

An individual may exhibit suicidal behavior not only due to breaks in social ties, weaknesses, and a weak sense of belonging but also in cases where social ties are negatively strong (Altruistic). An individual with this type of social bond may tend to commit suicide because he cannot meet the responsibilities imposed on him by society or cannot fulfill expectations (Dogan, 2008).

Weakening family ties may increase suicidal ideation, especially by reducing the sense of belonging. The emphasis on marriage, gender roles, and the oppressive social structure draws attention to the fact that women tend to commit suicide due to the difficulties they experience. In this context, women who cannot end their marriages see suicide as a way of salvation (Harmanci, 2015). In addition to the power of the social structure, the relationship between an indifferent or weak social structure and suicide is important. It is pointed out that social supports can prevent suicidal thoughts by reducing individuals' feelings of loneliness and the importance of socially supporting individuals who are hopeless and have lost control (Tatlılıoğlu, 2012).

Physiological disorders or diseases are among the important factors that cause suicide. It has been observed that the individual has difficulty receiving treatment and long-term accompanying disorders such as cancer types, limb loss, organ failure, AIDS, musculoskeletal system disorders, and organ failure cause suicidal behavior (Yeğenoğlu, 2015). Elderly individuals with chronic diseases are more prone to psychological and social problems such as depression, financial difficulties, alcohol, and drug abuse due to having various physical diseases. The combination of these situations constitutes a risky reason for suicidal behavior (Duru and Özdemir, 2009). Caused by physical diseases that individuals have needing care, being bedridden, and not being able to live independently are among the factors that cause suicide (Terakye and Güner, 1997). Suicide is five to six times higher in epilepsy patients than other diseases (Yuksel, 2001).

In light of the situations listed above, it is possible to group the reasons for suicide under more comprehensive factors. These factors are listed as psychological and psychiatric disorders, socio-demographic structures, physiological disorders, economic crises, belief gap, suicide, loneliness of the individual, age, self-perception, social pressure, genetic predisposition, and gender (Taşdelen, 2006).

Among these factors, psychological factors will be discussed in more detail under the title.

Psychological reasons

Under this heading, psychological factors and psychiatric disorders are discussed. First, psychological factors will be discussed, and then, psychiatric disorders will be included.

People's methods of coping with difficulties in their social life or the defense systems they develop against these difficulties can affect and disrupt the psychological components of the individual. In addition, failure to achieve high expectations and goals, or the intense effort a person makes to achieve these goals, can also cause mood deterioration. Risk group personality traits include insecurity, low psychological resilience to frustration, inability to defy authority, those who live lives based on the "contentment" principle, and those with fragmented family backgrounds. It has been observed that individuals with constant external threat perceptions experience great tension and subsequent suicidal behavior or thoughts. In addition, recent stressful events, such as loss of a spouse, leaving a job, falling in prison, or serious medical conditions (such as AIDS), cause psychological disorders that increase the risk of suicide (Tatlılıoğlu, 2012).

Being under excessive stress, not being able to cope with this stress, and the desire to escape from the factors that cause this stress trigger suicide. In fact, the person who has the intention of committing suicide due to this stress situation gives some clues to those around him. These cues appear in ways that differ from the individual's normal behavior. This abnormal behavior of the individual is considered a call for help by scientists who continue their research in this field. If an individual has previously had suicidal behavior, if the person had a cheerful image when he/she had a job, but then experiences a sudden silence and introversion after losing his/her job, if a careless attitude has started to be adopted and this has not been observed in the person before, the individual perceives himself/herself as useless and loses hope in life. If the person expresses it through verbal or non-verbal behavior and pushes himself into loneliness, he is at risk of suicide. If the individual jokingly makes some suicidal insinuations, this is also a clue for suicide (Kozatepe, 2015). These clues are not essentially the reason for suicide, but it is important that they take place at a time between the psychological processes that cause suicide and the suicide attempt.

There is a close relationship between suicidal thoughts and behaviors and psychiatric disorders. The incidence of suicide in psychiatric diseases is 5–40 times higher than in other groups. Although it is stated that emotional outbursts during the manic period may trigger suicide in affective disorders with bilateral disease, it is emphasized that suicide cases generally increase during depressive periods. In addition, it is stated that the suicide rates of those with severe chronic depression lasting more than 2 years, called dysthymic disorder, and those with adjustment disorders are quite high (Yuksel, 2001).

Depression is one of the most common psychological disorders today, defined by the Latin verb "deprimere" (to suppress). This disorder is generally effective between the ages of 25–45 and is manifested by the individual losing interest in life, excitement, and joy of life, being in a constant state of melancholy, withdrawing into himself, breaking ties with life, and avoiding social relations. The most important problem that leads to suicide is depression, and research has shown that symptoms of depression are detected in 30–64% of individuals who attempt suicide. Depression symptoms were found in 90% of patients who died by suicide (Kozatepe, 2015). In a study conducted by Hagnel and Rorsman, it was stated that the suicide rate in the population without any psychiatric disorder was 8.3/100,000, while the same rate was found to be 83/100,000 in depressive disorders (Sayıl and Berksun, 1998). This situation is extremely normal, even if it is not actually supported by data. Symptoms of depression overlap almost exactly with the main causes of suicide. For individuals who attempt suicide, deciding to give up on living is a natural outcome of committing the act of death. Dissatisfaction with life and even closing themselves off from life are behaviors that can be observed in patients showing symptoms of depression.

One of the psychiatric disorders that are a cause of suicide is schizophrenia. Schizophrenia is a clinical syndrome with variable but profound effects that include behavioral disorders and encompass cognitive, emotional, perceptual, and other aspects. Disorder, disorganization, and fragmentation dominate the general life of the schizophrenic individual. He has difficulty expressing his emotions, cannot control his behavior, cannot communicate his thoughts, and has problems in his relationships. Schizophrenia may develop due to trauma experienced at an early age and may also be due to genetic factors. Schizophrenia may present with symptoms that can be confused with depressive disorders. In the early stages, symptoms such as introversion and loneliness are difficult to notice because they occur suddenly. The disease usually begins at a young age, but it is a lifelong disease that carries the risk of suicide. The rates of suicide attempts and completed suicides in patients with schizophrenia are significantly higher than in the general population. Traumatic events and failures experienced in the early stages of the disease can cause schizophrenia, which can increase the risk of suicide. Schizophrenia is associated with the individual's loss of ability to control his or her life and deterioration of mood. This disease may occur due to genetic factors and may not only affect the individual's quality of life but also bring about the risk of suicide, which is a fatal outcome (Algın, 2009).

The risk of suicide in schizophrenia comes after depression and alcoholism. Suicide in schizophrenics may occur unexpectedly and suddenly during acute periods. In this case, it is often observed that suicidal behavior occurs in strange and difficult-to-understand methods and forms. Particularly, in paranoid schizophrenia, delusional assumptions, such as commanding voices such as "kill yourself," can create panic in the individual and lead to suicidal tendencies. The risk of suicide is highest in the 1st year of the disease, especially after discharge from the hospital (Öztürk, 2004).

Anxiety disorder is a disorder that is not focused on a specific object, place, organ, or thought and is characterized by widespread mental and physiological symptoms. Anxiety manifests itself with symptoms such as sudden feeling that something bad will happen, distress, excitement, rapid breathing, palpitations, difficulty in breathing, sweating, and tremors (Türkçapar, 2004). Panic attack, specific phobia, social phobia, obsessive-compulsive disorder, post-operative anxiety disorder. There are various types such as traumatic stress disorder, acute stress disorder, and generalized anxiety disorder. Although anxiety disorders are not a reason for suicide alone, they can increase the risk of suicide together with other psychiatric disorders. Especially in patients with panic disorder, the risk of depression is high and alcohol abuse is more common due to anticipatory anxiety, which may strengthen suicidal tendencies (Dilbaz, 1995).

Personality disorders are conditions that are frequently seen in individuals who have long-term adjustment disorders other than mental disorders. The difference between personality structure and personality disorder can be difficult to detect. It is difficult to diagnose a personality disorder because this condition requires a significant deterioration in the individual's daily life, relationships, business life, and emotional and thought structure. Personality disorders are classified into three main groups: cluster A (paranoid, schizoid, schizotypal), cluster B (antisocial, borderline, narcissistic), and cluster C (avoidant, dependent, obsessive-compulsive, passive-aggressive). These disorders often cause relationship and social adjustment problems. Treatment is difficult and often impossible because individuals generally do not apply for treatment (Sayıl, 1996). It is frequently seen together with problems such as personality disorders, depression, alcohol, and substance abuse. Borderline personality disorder is a disorder in which self-harming behavior is frequently observed. Compulsions and feelings of guilt experienced in obsessive-compulsive personality disorder can increase the risk of suicide. In narcissistic personality disorder, depression may occur when insufficient attention is received. In shy people, feelings of worthlessness and loneliness can lead to social isolation and depression (Gunderson, 1994). For this reason, individuals with personality disorders may be in a risky group in terms of suicide risk.

In conclusion, psychiatric disorders may increase the risk of suicide, but it does not mean that all psychiatric patients will commit suicide. Suicidal behavior usually occurs as a result of the interaction of many factors. Psychiatric disorder, when combined with other risk factors, may increase the risk of suicide. These factors may include a number of factors such as social isolation, life stress, substance abuse, family history, gender, age, and unemployment. Evaluation and treatment of psychiatric illnesses are important, but other factors in the individual's life must also be taken into account. Taking a multidisciplinary approach to reducing suicide risk and focusing on improving the individual's overall quality of life can play an important role in the treatment process.

CONFLICT OF INTREST

None

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