Case Report

DYING TOGETHER: A STUDY OF SUICIDE PACTS  
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Abstract:  
Suicide pacts are relatively rare phenomenon, particularly in India. The present study deals with suicide pacts and summarizes the circumstances that surround these pacts with an overview of this phenomenon.

Keywords: Suicide, suicide-pact, dyadic death

Introduction:  
Most suicides are solitary and private, but few result from pact between people to die together (1). Suicide pact is defined as mutual agreements between two or more people to end their lives at the same time and nearly always in the same place (2). Suicide pacts are relatively rare phenomenon in India and accounts for 2.5 % of total number of suicide (3). The objective of the current study was to give an account of the demographic profile of these pacts, to determine the circumstances that surround these pacts and review the subject.

Methods:  
The study consists of six suicide pacts occurring in June 2004 to May 2007. Data were recorded in prescribed format to ensure consistency for the whole sample. Data were extracted from police inquest, autopsy report, chemical analysis report, suicide notes left by deceased, and interviews of relatives and friends.

Results:  
Twelve suicides between the periods of June 2004 to May 2007 occurred resulted in six pacts. The findings are recorded in table 1.
1. Sex & age: all pacts happen between male and female. The mean, minimum and maximum age are shown in table 2.
2. Relationship: considering the relationship between the partners, 2 pacts (33.33%) involve husband and wife and 4 pacts (66.66%) turn out to be between lovers.
3. Place of incidents: 2 pacts (33.33%) occur at home whereas 4 pacts (66.66%) took place at outdoors (1 pact each at public lake and garden and two at lodge).
4. Suicide note: amongst all, suicide notes were found in 4 pacts (66.66%) and out of them three notes were jointly signed by both partners and one note bears signature of male partner only.
5. Marital status: 4 were married male and 3 married women. Amongst married male, two married male arrange suicide pacts with their wives and one married male underwent pact with an unmarried female who happens to his lover. One married male and married female, who were married to separate individuals, planned suicide together.
6. Reason: in 4 pacts (66.66%), disappointed lovers, who want to marry with their partner but family members, opposed the marriage, commits suicide whereas in the 2 pacts (33.33%) the cause was financial hardship and poverty.
7. Cause of death: 8 persons of 4 pacts consumed insecticide, two individuals of one pact prefers to drown together whereas one couple hanged themselves.

**Discussion:**

The study carried out in England and Wales by Cohen during 1955 to 1958 comprises of 58 suicide pacts and he noted deaths by these pacts to be less than 0.6 % of all suicides (2). Subsequent epidemiological study on suicide pacts in same region revealed that the rate has declined over past 35 years (1). In India, study conducted at Bangalore from 1967 to 1973 found 2.5 % of death by suicide pacts (3). However, succeeding data are lacking.

These pacts almost always involve people well known to each other, mostly lovers or spouses as in the present series (2, 3, 4) or between friends and peer group. However, recently attention has been drawn to these pacts as they had been arranged between strangers who met over the Internet and planned the tragedy via special suicide website (5). This is in contrast to traditional suicide pacts.

In suicide pacts, the deaths of partners are supposed to be with premeditation and cooperation, without coercion of one partner by the other. However, studies of survivors of pact have shown that constraint is always there. But since reluctance favors survival the findings cannot be generalized to pacts that prove fatal (1, 5). It was also found that at the time of committing suicide, the person leave suicide notes signed by both partners. Thus presence of such jointly signed suicide notes justifies that the death was with cooperation and mutual understanding. In such pacts both members typically employ the same method, a non-violent one, which permitted painless, synchronized death together. Most common method employed is poisoning as in the present study and in India, common agent is insecticide (1, 6). However, it was found that if access to violent means is easier, such as firearms, suicide pacts entail more violent method (5, 6).

Disappointed lovers, opposition of family members for marriage, poverty or financial worry are the prominent causes of suicide pacts in the present study (3). Relief of physical disorder and pain of self or spouse also appear to be one of the motives of persons entering in suicide pact. Apprehension about social security or isolation from society was a form of assimilation for shared psychopathology that resulted in suicide was also thought to be causative factor in number of pact (7). Moreover, association of mental disease in form of depression is a common in those who enter in suicide pact (4). History of past or present mental disorders either in one or both partners of marriage or a medical disorder interwoven with mental illness might be prior indications and timely interventions offered some hope for prevention of these tragedies (4).

A related phenomenon is a homicide-suicide episode in which a person commits murder of a related person and then ends his or her life. Dyadic death is a term used for such episode (8). The homicide-suicide episodes cannot be equated with suicide pacts because in homicide-suicide episode, the death of other person is forced. The high prevalence of jointly signed suicide notes, and employing the same method for terminating life nearly at same time and place suggest that deaths are planned and with collective efforts.

A term "family suicide" is related with family members committing suicide together or in a successive manner. These are ritualistic types of suicide and of dying together that bear resemblance with suicide pacts (9) Contagion has been offered as an explanation for suicidal behavior, especially when a suicide triggers a chain of suicides (7).
Folie a deux, relatively uncommon syndrome has been reported in association with suicide pacts. These pacts are embraced in the definition of folie a deux as a psychiatric entity characterized by the transfer of delusional ideas and/or abnormal behavior from one person to one or more others who have been intimately associated with the primarily affected patient (7).

**Conclusion:**

In conclusion, it can be added that disappointed lovers, opposition of family members for marriage, poverty or financial worry are some causes of suicide pacts identified in the present study. These pacts involve husband & wife or arranged between lovers. The phenomenon of suicide pact is complex one and further studies are needed to describe the epidemiological, social and medical factors responsible for these pacts so that timely interventions can be offered with hope for prevention of these tragedies.

**References:**


**Table 1: displaying data of suicide pact partners**

<table>
<thead>
<tr>
<th>Pact no.</th>
<th>Age in yrs M</th>
<th>Place of incident</th>
<th>Cause of death Male Female</th>
<th>Suicide note Male Female</th>
<th>Marital status</th>
<th>Relationship-ship</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>28 24</td>
<td>Outdoor</td>
<td>Drowning Drowning</td>
<td>Yes</td>
<td>Married</td>
<td>Husband &amp; Wife</td>
<td>Financial</td>
</tr>
<tr>
<td>II</td>
<td>24 19</td>
<td>Home</td>
<td>Poisoning Poisoning</td>
<td>Yes</td>
<td>Married</td>
<td>Husband &amp; Wife</td>
<td>Financial</td>
</tr>
<tr>
<td>III</td>
<td>25 20</td>
<td>Outdoor</td>
<td>Poisoning Poisoning</td>
<td>Yes</td>
<td>Unmarried</td>
<td>Unmarried</td>
<td>Opposition for marriage</td>
</tr>
<tr>
<td>IV</td>
<td>35 26</td>
<td>Outdoor</td>
<td>Poisoning Poisoning</td>
<td>No</td>
<td>Married</td>
<td>Unmarried</td>
<td>Lovers</td>
</tr>
<tr>
<td>V</td>
<td>24 18</td>
<td>Outdoor</td>
<td>Poisoning Poisoning</td>
<td>Yes</td>
<td>Unmarried</td>
<td>Unmarried</td>
<td>Lovers</td>
</tr>
<tr>
<td>VI</td>
<td>32 19</td>
<td>Home</td>
<td>Hanging Hanging</td>
<td>No</td>
<td>Married</td>
<td>Lovers</td>
<td>Opposition for marriage</td>
</tr>
</tbody>
</table>
Table 2: showing age related data

<table>
<thead>
<tr>
<th>Sex</th>
<th>Minimum age in years</th>
<th>Maximum age in years</th>
<th>Mean age in years</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>24</td>
<td>35</td>
<td>28</td>
<td>4.46</td>
</tr>
<tr>
<td>Female</td>
<td>18</td>
<td>26</td>
<td>21</td>
<td>3.22</td>
</tr>
<tr>
<td>Both</td>
<td>18</td>
<td>35</td>
<td>24.5</td>
<td>5.26</td>
</tr>
</tbody>
</table>