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OBSERVATIONS FROM THREE SUICIDE CASES POST-YOGYAKARTA EARTHQUAKE, 2006

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ABSTRACT

Background: Saturday, May 27th 2006, 05:53AM, a 5.9 Richter's Scale tectonic earthquake shook the Province of Yogyakarta. Mass panic swept the city due to a spreading rumor of an oncoming tsunami wave which is to follow the earthquake. Traffic all over the city was jammed, buildings collapsed, and many were injured and killed by the rubble. Due to the shock of the situation, the trauma resulted in mental distress for many of those directly and indirectly affected.
Objective: To report the suicide cases following the earthquake in five districts of Yogyakarta Province.
Method: To do in-depth interviews with the families of the suicide victims to describe suicide cases shortly after the Yogyakarta earthquake.
Result: There were three consecutive suicide cases shortly after the earthquake (2-6 days). Two cases come from the most affected area, Bantul District and one case comes from the dry area, Gunungkidul District.
Conclusions:There were three consecutive suicide cases shortly after the earthquake (1st week), all cases were males. There was no evidence that the earthquake caused the suicide of these cases directly, but the impact of the earthquake may have increased stress and inability to cope that ultimately led to their tragic ends.

Keywords: mental health, trauma, Yogyakarta Earthquake, suicide

INTRODUCTION

On May 27, 2006 an earthquake 5.9 Richter scale hit Yogyakarta and the surrounding areas. The most suffered district was Bantul district, south of Yogyakarta City. Death toll exceeds 5000 people and injured around 20,000 people. 26,224 buildings were damaged. WHO predicted that in the aftermath of a disaster up to 80% of the population will suffer distress, from mild to severe.[1,2] Stressful life events (such as loss event and disaster) play a significant role in increasing the risk of suicide.

Suicide has also been connected to mental disorder.[3,4] These include bipolar affective disorder[5], depressive episode, recurrent depressive disorder and persistent mood disorders (e.g. cyclothymia and dysthymia), which form categories F31-F34 in ICD-10.[6] Suicide is therefore a significant risk in unrecognized and untreated depression. Suicide is also the largest single cause of premature death among schizophrenics.[7] Specific risk factors for suicide are[7]: young unemployed male, recurrent relapses, fear of deterioration, especially in those of high intellectual ability, positive symptoms of suspiciousness and delusions, depressive symptoms, early stages of the illness, early relapse and early recovery. Suicide risk decreases with increasing duration of the illness. Recent studies on young people who committed suicide have shown a high prevalence (20%-50%) of personality disorder. The personality disorders that are more frequently associated with suicide are borderline personality and antisocial personality disorders.[8]

According to WHO estimates approximately one million people are likely to commit suicide in the year 2000.[3] Suicide is among the top 10 causes of death in every country, and one of the three leading causes of death in the 15 to 35-year age group.[3] Studies from both developing and developed countries reveal an overall prevalence of mental disorders of 80%-100% in cases of completed suicide. It is estimated that the lifetime risk of suicide in people with mood disorders (chiefly depression) is 6%-15%; with alcoholism 7%-15%; and with schizophrenia 4%-10%.[3]

The psychological and social impact of suicide on the family and society is immeasurable. On average, single suicide intimately affects at least six other people. If a suicide occurs in a school or workplace it has an impact on hundreds of people.[3,4] The aim of this study is to report detailed observations from surviving family members of suicide cases following the earthquake in Yogyakarta Province.

MATERIAL AND METHOD

Suicide cases were found following the Yogyakarta's earthquake from reports in the District

Health Offices in Yogyakarta. In-depth interviews with the families of the suicide victims were done to describe suicide cases shortly after the Yogyakarta earthquake (1st week).

RESULT AND DISCUSSION

Case 1

Information was obtained from case's parents on June 5th 2006 where the interview was conducted at the case's house. A 24 year old single laborer committed suicide on 29 May 2006. He lived in Bantul District and didn't have history of mental disorder and or history of suicide attempts. He was found dead, where he had hung himself at his workplace. His neighborhood was not highly affected by the earthquake; the kitchen in the back of his house was destroyed, but the front part of the home was still livable. His family members were all safe. From the interview, the family members noted that the case withdrew socially and was very quiet after the earthquake. However, there were no other prominent behavioral alterations and the case never stated his intention to commit suicide. One day before his death, the case carried out his daily activities and routine; including joking with his friends and family. This did not lead anyone to suspect suicidal intentions. The interview also highlighted that there were no serious problems or conflicts happening to him or his family. Compared to his neighbors, his family did not suffer a great loss. The family mentioned that his father used to be a successful businessman before going bankrupt, however, this occurred prior to the earthquake. Information received from his supervisor at work highlighted that the case's motorcycle was lost, taken by his girlfriend. Yet, it remains unclear whether this became a great stressor for the case.

Case 2

Information was obtained from case's children and nephew on June 1st, 2006, where the interview was conducted at the location of the suicide. A 45-year-old male farmer committed suicide on 31 May 2006. The case was married and had two children. He lived in Gunungkidul District and didn't have history of mental disorder or a history of suicide attempts. He committed suicide by jumping to a well when his guardian was absent. The case's house was severely damaged after the earthquake, but his family members remained safe. The interview found that his village had a strong sense of kinship, where his neighbors were also his family, and so he had additional support when facing problems. Family said that the case kept silent and looked depressed after the earthquake, however, he never stated his intention to commit suicide. Due to his mood alteration, a guardian was designated to accompany him after the earthquake. One day before committing suicide, the case still joined his neighbors in building a disaster command post. At night time before committed suicide, the case seemed possessed to his family members, where he grunted like an old man and his speech digressed. He told his neighbors to be patient, not to fight over the aid, and not to gossip about each other. On the day he committed suicide, the case told his guardian that he wanted to take a bath alone, and when the guardian was not around, he jumped into a well.

Case 3

Information was obtained from the case's father, mother and brother on June 5th, 2006. Interview was conducted at the location of the suicide. The case was a 25 year old single construction worker. He lived in Bantul District and had history of suicide attempts. He hung himself on June 2nd, 2006. The area where the case lived was one of the more seriously damaged regions after the earthquake, where 90% houses collapsed and many deaths and serious injuries occurred. The case's house collapsed. The case was the second of four children, where he lived with his father and his youngest brother. His mother and oldest brother were unskilled workers in Jakarta. His sister also lived in Jakarta, where she was job-hunting. His father was a construction worker, frequently working out of town, resulting in the case spending a lot of his time at home with his youngest brother. His family economic condition was poor. The house where his family lived was rebuilt with the neighbors' help. The case attended school until he finished junior high school. Other than the economic reasons, his family stated that the case lacked interest in study and his performance at school was poor. Besides working as a construction worker, the case's activities included raising hobby chickens and pigeons. He was rarely seen with his friends. Due to his quiet and introverted nature, the case was reported to rarely have conversed with family and friends. He was reportedly closest to his youngest brother, with whom

he spent most of his time. But according to his youngest brother, he rarely talked or chatted with him and that he preferred to be silent.

Two months before the disaster, his brother caught him trying to commit suicide by drinking rodenticide. His brother immediately took and threw the rodenticide away. The case remained silent at that time. Worried that his brother would be punished and the situation escalated, his brother never told his father or other family members. His brother believed that his brother did not still have the intention of committing suicide. From the interview, the family did not understand that the case had symptoms of mental disorder. They didn't know that he had to be taken to a medical doctor.

The case's house collapsed after the earthquake, but none of his family members suffered from injury or died. Despite this, the case became a little bit disoriented, had insomnia, and felt that something chased and tried to hurt him (paranoid delusions). At the refuge site, the case always slept next to his father and brother because he was afraid to be alone. He couldn't sleep well, where he was regularly startled, sat up and felt terrified that a creature with sword was trying to kill him.

Six days after the earthquake, in the morning of June 2nd, 2006, the victim still worked with his father and other villagers to clean up the village. His youngest brother planned to go to Jakarta and suggested for the case to go with him, but the case chose to stay at home. At break time, the case he was quiet, rejected food and cigarettes offered to him by other villagers. In the afternoon, near sunset prayer time, his father found him hanging on the ruins of neighbor's house. His parents couldn't understand why he committed suicide and did not expect it. His father said' "Though severely injured, other people struggled for their life. Ironically, my son who was not injured at all committed suicide."

For all of the suicide cases in this study, the cases never stated their intention. There is a statement "Most of people who commit suicide talk about it and yet most people who talk about suicide do not commit it".[9] All of the cases showed that there were some behavior or mood alterations prior to suicide, whether they were noticed by they families or not.

Case 1 and 3 come from the most damaged areas, Bantul District, and these cases were both young (below the age of 30 years) and both were single. The history of both cases highlights that they had mental health problems even before the earthquate. According to WHO, suicide is among the top 10 causes of death in every country, and one of the three leading causes of death in the 15 to 35 year age group.[3] A number of clinically useful individual and sociodemographic factors are associated with suicide.[10] They include: psychiatric disorders (generally depression, alcoholism and personality disorders), physical illness (terminal, painful or debilitating illness, AIDS), previous suicide attempts, family history of suicide, alcoholism and/or other psychiatric disorders, divorced, widowed or single status, living alone (socially isolated), unemployed or retired, and bereavement in childhood.

These symptoms should alert the physician to the presence of depression and lead to an assessment of the suicide risk. Specific clinical features associated with increased risk of suicide in depression are[11]: persistent insomnia, self-neglect, severe illness (particularly psychotic depression), impaired memory, agitation, panic attacks, age below 25 years in men[5], early phase of the illness, abuse of alcohol, depressed phase of a bipolar disorder, mixed (manic-depressive) state and psychotic mania.

Case 2 comes from Gunungkidul District, where he was older and married. The case's history did not indicate that he had mental health problems prior to the earthquate and it is unclear whether his suicide was a direct result of the earthquake. Darmaningtyas[12] stated that from year 1999-2000, there were 64 cases of suicide in Gunungkidul District, majority (50 cases) were males and above 30 years old (58 cases). The study suggested that the major cause of suicide was poverty and economic stressors[12] these may have been factors in Case 2's suicide.

In addition, recent life stressors associated with increased risk of suicide include[10]: marital separation, bereavement, family disturbances, and change in occupational or financial status, rejection by a significant person, and shame and threat of being found guilty. There are various scales to assess suicide risk in surveys, but they are less useful than a good clinical interview in identifying the individual who is at immediate risk of committing suicide.[3]

CONCLUSION

There were three consecutive suicide cases shortly after the earthquake (1st week), all cases were males. There was no evidence that the earthquake caused the suicide of these cases directly, but the impact of the earthquake may have increased stress and inability to cope that ultimately led to their tragic ends.

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