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SEBASTIÁN SAL

CRIMINAL BEHAVIOR AND PSYCHOLOGY: WHO WANTS TO BE DEAD?

A most shocking criminal case that recently took place in Argentina deals with a suicide committed by a rich, handsome and famous young TV reporter. He seemed to have everything, but suddenly everything went wrong: drugs, sexual promiscuity, work pressure and bad companies made up an explosive cocktail that finished his life. He was attended by a psychiatrist who had recommended him to have a full time confinement in hospital, but he did not respect the physician's words. Due to that, he committed suicide. Nothing is clear in the case. Some investigators are saying that it was not a suicide, that it was a homicide. Some are even speaking about a government conspiracy. Other theories are putting the blame on the psychiatrist, as if it were a "mal praxis" case. The suicide/ homicide of the famous TV reporter has released many suicides and attempts of suicide on young people aged 16 to 25. What is in the mind of a suicidal? How does it work? Which are the causes that lead someone to kill himself? How can work pressure, drugs and fame affect someone? Besides, why can a famous person suicide trigger the decision of many other people to follow his fate? Is our society so fragile? Is this a problem in Argentina, or does it take place everywhere? Furthermore, I will try to explain the procedure the Criminal Justice follows in order to investigate a suicide, a suicide attempt and a suicide instigation. Finally, I will give full consideration to the real case. And I will also analyze the problem described above and try to answer all the aforementioned questions in the panel presentation. As a conclusion, I will make a series of recommendations based on Argentinean and international experiences.

INTRODUCTION

A most shocking criminal case that recently took place in Argentina deals with a suicide committed by a rich, handsome and famous young TV reporter. He seemed to have everything, but suddenly everything went wrong: drugs, sexual promiscuity, work pressure and bad companies made up an explosive cocktail that finished his life. He was attended by a psychiatrist who had recommended him to have a full time confinement in hospital, but he did not respect the physician's words. Due to that, he committed suicide. Nothing is clear in the case. Some investigators are saying that it was not a suicide, that it was a homicide. Some are even speaking about a government conspiracy. Other theories are putting the blame on the psychiatrist, as if it were a "mal praxis" case. The suicide/ homicide of the famous TV reporter has released many suicides and attempts of suicide on young people aged 16 to 25. What is in the mind of a suicidal? How does it work? Which are the causes that lead someone to kill himself? How can work pressure, drugs and fame affect someone? Besides, why can a famous person suicide trigger the decision of many other people to follow his fate? Is our society so fragile? Is this a problem in Argentina, or does it take place everywhere? Furthermore, I will try to explain the procedure the Criminal Justice follows in order to investigate a suicide, a suicide attempt and a suicide instigation. Finally, I will give full consideration to the real case. And I will also analyze the problem described above and try to answer all the aforementioned questions in the panel presentation. As a conclu-

sion, I will make a series of recommendations based on Argentinean and international experiences.

THE FACTS

On March 2, 2004, Mike C - a very famous TV reporter - was found dead in the backyard of his house. He had jumped from the first floor of the building where he lived. He hit his head to the floor—next to a swimming pool, and because of that, he fell into a deep coma immediately. The body was discovered by the janitor, who called an ambulance instantaneously. Once at the hospital, Mike C was operated on in order to reduce some internal pressure that his brain had, product of the fall. Besides, he had his left knee and ankle broken. The wound he had received caused brain damage, and he passed away three days later.

"The TV conductor Mike C is in delicate state at the Hospital Fernandez, after falling from the first floor of his house... The Welfare Center Director ... informed that the entertainer is in a coma deep state, has a severe skull traumatism with a serious cerebral injury and an exposed fracture in his left leg. ... Mike C has a serious cerebral edema. According to the first data known, Mike had fallen to the building internal yard. The body lying on the yard was seen by the doorman of the building, who instantaneously called an ambulance. The ambulance arrived at the place just a few minutes later. According to police sources, Mike C was alone in his apartment at the time of the fall. For that reason Police Officers discarded the possibility that Mike C had been pushed by somebody".¹

Mike C was an organ donor, but his last will could not be accomplished, because his organs did not comply with the minimum requisites needed for donation. After almost three days of agony, the journalist died. The Police are trying to determine if there existed a telephone communication moments before Mike C fell from the balcony. His partner had assured that there had been no telephone call prior to Mike C's jumping from the balcony. 'No, I do not know why he did it', expressed his partner. Sources from the hospital indicated that Mike C's organs could no be donated, as his will had been, because of "medical matters nature".²

Some people put the blame on drugs. Mike C was addicted to cocaine. Others – especially the yellow press – said that Mike C was HIV positive. Mike C's real problem was not drug abuse. Mike C had psychiatric disorders. He was under psychiatric treatment. He had been sexually abused when he was a child. He was hyperactive and had problems in order to concentrate on his duties. His family was absent. He almost had no relation with his two brothers –one living in Mexico D.C., Mexico; the other in Buenos Aires, Argentina-. His mother died when he was eighteen. Furthermore, Mike C had a very difficult relationship with his father.

Many hypotheses started to appear in order to determine what happened the last minutes of Mike C's life. Police sources revealed that he could have received very bad news by phone or mail.³ Some time later, a Spam e-mail ran across the nation explaining that he had been killed by the national secret services, because he had menaced to publish some pictures related to a supposed affair that the First Lady and a Senator are having. That –the e-mail stated– could explain the incredible injuries that Mike C had suffered, if we consider that he had fallen down from a first floor (the distance from the balcony to the floor is six meters). This version maintains that he fell down unconscious, because he had been previously beaten by secret agents. The Prosecutor on duty started to investigate the case. The investigation is still in motion.

REASONS TO COMMIT SUICIDE

Suicide (from Latin *sui caedere*, self-killing) is the act of ending one's own life. It has been considered a sin in many religions, and often a crime as well. On the other hand, some cultures have viewed it as an honorable way to exit from certain shameful or hopeless situations. Many famous people have committed suicide in history: from Socrates to Cleopatra, Seneca, Hannibal, the biblical Saul (2 Sam, 1, 4) and Judas (Mt 27, 5).

It is difficult to determine exactly what makes someone commit suicide. Usually, the stigma of suicide hangs together with the stigma of psychiatric problems. Most people who commit suicide suffer from some psychological/psychiatric disorders. Depression in bipolar disorder is a specially common cause. Severe physical disease or infirmity are also recognized causes.⁴

In his third major work *-Suicide-*, Durkheim tried to give an explanation about the reason for committing suicide. This work is of great importance because it is his first serious effort to establish empiricism in sociology, an empiricism that would provide a sociological explanation for a phenomenon traditionally regarded as exclusively psychological and individualistic.⁵

Durkheim explained that suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result.⁶

Others think that, to be considered suicide, death must be a central component and an intention of the act and not just an almost certain consequence; hence, suicide bombing is considered a kind of bombing rather than a kind of suicide. Martyrdom is self sacrifice in the service of others. Emergencies and reckless bravery in battle usually escape religious or legal proscription.⁷ Durkheim insisted that suicide could be studied in an independent way from its individual manifestations. He thought that suicide was not only a psychological problem, because in each society along history, suicide has been given a different value. He said that every society has a permanent "*rate of mortality through suicide, characteristic of the society under consideration*".⁸ As a consequence, each society is predisposed to contribute a specific quota of suicides; and it was just this predisposition which Durkheim proposed to study sociologically. In his 1897 book "*Suicide*", Emile Durkheim argued that collective social forces are more important determinants for suicide than extra-social or individual factors. Durkheim's theory does not take into account modern insights into risk factors for suicide, most importantly mental illness.⁹ Suicide nearly always occurs in people with psychiatric illness across various cultures.¹⁰ It is interesting to remark that in euthanasia cases physicians are asked to distinguish between two groups: one based on the presence of terminal illnesses, great suffering, short life expectation, and the other based on the presence of psychiatric disorders.¹¹ It is well known that death wishes even in seriously ill patients fluctuate and may relate more to fear of the circumstances of their future death than of death itself. Some studies have shown that patients' interest in assisted suicide and euthanasia is associated with depressive symptoms, hopelessness, and other psychological factors.¹² Anyway, Durkheim said that there are some extra-social causes sufficiently general to have a possible effect on the social suicide rate. One of those causes is the individual psychological constitution in which there might exist an inclination, normal or pathological, varying from country to country, which directly leads people to commit suicide. Other cause is the nature of the external physical environment (climate, temperature, etc.). Durkheim pointed out that the proportional share of each month in the total number of annual suicides is perfectly parallel with the

average length of the day at the same time of the year: suicide is more common during the day than at night, in the morning and afternoon than at midday, and on weekdays than on weekends (except for an increase of female suicides on Sundays). In every case, Durkheim observed, suicide increases in those months, days of the week and hours of the day when social life is most active, and decreases when collective activity declines. Thus, he suggested that suicide is the consequence of the intensity of social life.¹³ Imitation is another issue in suicide. Durkheim insisted that there was no other phenomenon so "contagious" as suicide. But it did not follow that this contagious quality necessarily had social consequences - affecting the social suicide rate - for its consequences might instead be merely individual and sporadic. When a famous person of a community commits suicide, there are also increasing numbers of suicides in that society. For example, that happened when Marilyn Monroe did so – suicides increased twelve percent (12%). The same happened with Kurt Cobain (a very known rock singer). Mike C's death is not a different case. The following days to his suicide, the "Asociación Argentina para la Prevención de Suicidios"(Argentine Association for Suicide Prevention) received a fifty percent (50%) more phone calls than as usual.¹⁴

Suicide rates are influenced by publicity about the suicide of famous people, and even the fictional suicide of a character in a popular drama can raise the suicide rate temporarily. Besides, suicide could be seen as a romantic issue – Shakespeare's *Romeo and Juliet* is the most famous one – or as a way in which honor could be saved.

During World War II, Japanese units would often fight to the last man rather than surrender. And towards the end of the war, the Japanese navy sent kamikaze pilots to attack allied ships. These tactics reflect the influence of the samurai warrior culture, where seppuku was often required after a loss of honor.

Jean Améry provides a moving insight into the suicide's mind. He argued forcefully and almost romantically that suicide represents the ultimate freedom of humanity, attempting to justify the act with phrases such as "*we only arrive at ourselves in a freely chosen death*", lamenting the "*ridiculously everyday life and its alienation*".¹⁵

Jaspers proclaimed that "suicide testifies the high dignity of the man and is a sign of his freedom".

In Hinduism, or the Hindu culture, murdering one's own body is considered equally sinful as murdering another. However, under various circumstances it is considered acceptable to end one's life by fasting. This practice, known as prayopavesha, requires so much time and willpower that there is no danger of acting on an impulse. It also allows time for the individual to settle all worldly affairs, to ponder life and to draw close to God.¹⁶ Some hunger strikers are considered as suicidal ones. But many of them do not finish their fasting. In fact they do not want to die; usually they have another purpose. Anyway, in some cases the consequences are tragic (as Bobby Sands' and others, in Ireland in 1981).¹⁷

Other factors which push people to commit suicide are the abrupt changes in social environment. This is accompanied by an equally abrupt change in the suicide rate. Durkheim distinguished among the Egoistic Suicide, Altruistic Suicide and Anomic Suicide. The first one is produced by the excessive individualization of the person. An *Egoistic suicide* results from too little social integration. Those individuals who are not sufficiently bound to social groups (and therefore well-defined values, traditions, norms, and goals) are left with little social support or guidance, and therefore tend to commit suicide on an increased basis.¹⁸ Following that thought, the suicidal tendency is

great in literate and academic circles, which permits a free inquiry, defying social and moral standards as common rules and religion. It is for that reason that suicides grow as society separates from God. If God does not exist - we could conclude with Dostoevski - everything is permitted.

These kinds of people refuse to integrate themselves to different areas of the community – for example religious groups, or family. Superior knowledge makes common beliefs decline, and it's very difficult to replace these old values for new ones.

What constitutes society is the existence of a certain number of beliefs and practices common to all the faithful, traditional and thus obligatory. The more numerous and stronger these collective states of mind are, the stronger the integration of the religious community, and also the greater its preventive value.¹⁹

Higher levels of social and national cohesion reduce suicide rates. Suicide levels are highest among the retired, unemployed, divorced, childless, and those living alone.²⁰ But if religion preserves men from suicide because it is a society, other "societies" (e.g., the family and political society) ought to have the same effect. Durkheim was able to show that, while marriage alone has a preventive effect against suicide, this is limited and benefits only men; the larger family unit, on the other hand, provides an immunity which husband and wife share. This immunity to suicide increases with the size of the family, a fact Durkheim attributed to the greater number and intensity of collective sentiments produced and repeatedly reinforced by the larger group.²¹ Altruistic suicide is the opposite to the Egoistic. *Altruistic suicide*, is a result of too much integration. Self sacrifice is the defining trait, where individuals are so integrated into social groups that they lose sight of their individuality and become willing to sacrifice themselves to the group's interests, even if that sacrifice is their own life. Altruistic suicide most common cases have occurred among members of the military.²² If excessive individuation leads to suicide, so does insufficient individuation: among primitive peoples, we find several categories of suicide - men on the threshold of old age, women upon the deaths of their husbands, followers and servants upon the deaths of their chiefs - in which the person kills himself because it is his duty to do so.

Such sacrifice, Durkheim argued, is imposed by society for social purposes; and for society to be able to do this, the individual personality must have little value, a state Durkheim called altruism, and whose corresponding mode of self-inflicted death was called obligatory altruistic suicide.

Durkheim saw man as *Homo duplex*, as body, desire, and appetite and also as socialized personality. But man is specifically human only in the latter capacity, and he becomes fully human only in and through society. Hence, true moral action lies in the sacrifice of certain individual desires for the service of groups and society. Like all suicides, the altruist kills himself because he is unhappy; but this unhappiness is distinctive both in its causes and in its effects. While the egoist is unhappy because he sees nothing "real" in the world besides the individual - for example, the altruist is sad because the individual seems so "unreal"-, the egoist sees no goal to which he might commit himself, and thus feels useless and without purpose, while the altruist commits himself to a goal beyond this world, and henceforth this world is an obstacle and a burden to him. The melancholy of the egoist is one of incurable weariness and sad depression, and is expressed in a complete relaxation of all activity. The unhappiness of the altruist, by contrast, springs from hope, faith, even enthusiasm, and affirms itself in acts of extraordinary energy²³. We are able to recognize Altruistic suicide among members of any fundamentalist terrorism. We have here two components. The first is a

religious one. If they die for their religion they will go to heaven or paradise. The second one, is unhappiness. Most of these people are terrorists because they are not happy with their lives.

Finally, the Anomic Suicide, which is related with the abrupt changes in society. Anomic suicide was of particular interest to Durkheim, for he divided it into four categories: acute and chronic economic anomie, and acute and chronic domestic anomie. Each involves an imbalance of means and needs, where means are unable to fulfill needs.²⁴

Industrial and financial crises, increase the suicide rate, a fact commonly attributed to the decline of economic well-being these crises produce. But the same increase in the suicide rate, Durkheim observed, is produced by crisis resulting in economic prosperity; *"Every disturbance of equilibrium", he insisted, "even though it achieved greater comfort and a heightening of general vitality, is an impulse to voluntary death."*²⁵ People prefer a simple and common life.

To Durkheim, men are creatures whose desires are unlimited. Unlike other animals, they are not satiated when their biological needs are fulfilled. *"The more one has, the more one wants, since satisfactions received only stimulate instead of filling needs."*

No living being, Durkheim began, can be happy unless his needs are sufficiently proportioned to his means; for if his needs surpass his capacity to satisfy them, the result can only be friction, pain, lack of productivity, and a general weakening of the impulse to live. Unlimited desires are, by definition, insatiable, and insatiability is a sure source of human misery: *"To pursue a goal which is by definition unattainable" Durkheim concluded, "is to condemn oneself to a state of perpetual unhappiness."*²⁶

Rapid urbanization, industrialization and the changing face of industries usually result in changing values, breakdown of the traditional family system, and disintegration of age-old power, gender and caste equations, growing individual aspiration, especially in material terms. Illness, financial problems, and hopelessness in personal relations, like husband-wife squabbles over infidelity to monetary irresponsibility, lack of attention from parents, hopelessness in work and education, and so on, are the strongest causes that may lead to suicide.²⁷

Suicide rates can vary significantly between different national, ethnic, or racial groups. Japan saw its nation-wide suicide total increase from 21,346 in 1990 to 32,143 in 2002. This larger than 50% jump is attributed to economic stagnation, and has led to a suicide per-capita rate (25.2 suicides per 100,000 people) – see *Anomic Suicide-*, twice that of the United States ones.

Within the United States, the suicide rate among African Americans has jumped by 114% since 1980, bringing it in-line for the first time with the rate among American whites. This surge has occurred at a time of growing economic affluence among American blacks.²⁸

In Argentina there were 1.769 suicides during the year 1982. In 2002 this number rose up to 3.178.

In the following list, we can see how the great changes that the society suffers in the ex – communist countries have affected their population.

Suicide Rates (per 100,000), per country, year, and gender.²⁹			
Most recent year available. As of May 2003.			
Country	Year	Males	Females
ALBANIA	0	2.4	1.2
ANTIGUA AND BARBUDA	95	0.0	0.0
ARGENTINA	96	9.9	3.0
ARMENIA	0	2.5	0.7
AUSTRALIA	99	21.2	5.1
AUSTRIA	1	27.3	9.8
AZERBAIJAN	0	1.2	0.4
BAHAMAS	95	2.2	0.0
BAHRAIN	88	4.9	0.5
BARBADOS	95	9.6	3.7
BELARUS	0	63.6	9.5
BELGIUM	96	29.4	10.7
BELIZE	95	12.1	0.9
BOSNIA AND HERZEGOVINA	91	20.3	3.3
BRAZIL	95	6.6	1.8
BULGARIA	0	25.2	9.1
CANADA	98	19.5	5.1
CHILE	94	10.2	1.4
CHINA (Selected rural & urban areas)	99	13.0	14.8
CHINA (Hong Kong SAR)	99	16.7	9.8
COLOMBIA	94	5.5	1.5
COSTA RICA	95	9.7	2.1
CROATIA	0	32.9	10.3
CUBA	96	24.5	12.0
CZECH REPUBLIC	0	26.0	6.7
DENMARK	98	20.9	8.1
DOMINICAN REPUBLIC	94	0.0	0.0
ECUADOR	95	6.4	3.2
EGYPT	87	0.1	0.0
EL SALVADOR	93	10.4	5.5
ESTONIA	0	45.8	11.9
FINLAND	0	34.6	10.9
FRANCE	99	26.1	9.4
GEORGIA	0	4.8	1.2
GERMANY	99	20.2	7.3
GREECE	99	5.7	1.6
GUATEMALA	84	0.9	0.1
GUYANA	94	14.6	6.5
HONDURAS	78	0.0	0.0
HUNGARY	1	47.1	13.0
ICELAND	97	19.1	5.2
INDIA	98	12.2	9.1
IRAN	91	0.3	0.1

IRELAND	99	18.4	4.3
ISRAEL	97	10.5	2.6
ITALY	99	11.1	3.4
JAMAICA	85	0.5	0.2
JAPAN	99	36.5	14.1
JORDAN	79	0.0	0.0
KAZAKHSTAN	99	46.4	8.6
KUWAIT	0	1.6	1.6
KYRGYZSTAN	99	19.3	4.0
LATVIA	0	56.6	11.9
LITHUANIA	0	75.6	16.1
LUXEMBOURG	1	23.9	10.7
MALTA	99	11.7	2.6
MAURITIUS	99	21.1	9.5
MEXICO	95	5.4	1.0
NETHERLANDS	99	13.0	6.3
NEW ZEALAND	98	23.7	6.9
NICARAGUA	94	4.7	2.2
NORWAY	99	19.5	6.8
PANAMA	87	5.6	1.9
PARAGUAY	94	3.4	1.2
PERU	89	0.6	0.4
PHILIPPINES	93	2.5	1.7
POLAND	0	25.9	4.9
PORTUGAL	0	8.5	2.0
PUERTO RICO	92	16.0	1.9
REPUBLIC OF KOREA	0	18.8	8.3
REPUBLIC OF MOLDOVA	0	26.7	4.1
ROMANIA	1	20.8	3.9
RUSSIAN FEDERATION	0	70.6	11.9
SAINT KITTS AND NEVIS	95	0.0	0.0
SAINT LUCIA	88	9.3	5.8
SAINT VINCENT AND THE GRENADINES	86	0.0	0.0
SAO TOME AND PRINCIPE	87	0.0	1.8
SEYCHELLES	87	9.1	0.0
SINGAPORE	0	12.5	6.4
SLOVAKIA	0	22.6	4.9
SLOVENIA	99	47.3	13.4
SPAIN	99	12.4	4.0
SRI LANKA	91	44.6	16.8
SURINAME	92	16.6	7.2
SWEDEN	99	19.7	8.0
SWITZERLAND	99	26.5	10.0
SYRIAN ARAB REPUBLIC	85	0.2	0.0
TAJIKISTAN	99	4.2	1.6
THAILAND	94	5.6	2.4

TFYR MACEDONIA	0	10.3	4.5
TRINIDAD AND TOBAGO	94	17.4	5.0
TURKMENISTAN	98	13.8	3.5
UKRAINE	0	52.1	10.0
UNITED KINGDOM	99	11.8	3.3
UNITED STATES	99	17.6	4.1
URUGUAY	90	16.6	4.2
UZBEKISTAN	98	10.5	3.1
VENEZUELA	94	8.3	1.9
YUGOSLAVIA	90	21.6	9.2
ZIMBABWE	90	10.6	5.2

Not only society anomalies in affect the population; also some "domestic" changes affect them very much. For example, the one which afflicts widows and widowers as well as those who have experienced separation and divorce.

Anyway, nobody really knows, for example, why of suicides rates in Hungary are twenty times higher than in Mexico, and in Copenhagen three times higher than in New York, or why suicide rates in Spain have been duplicated in the last decade.³⁰

Generally there are more male suicides than female. Men also tend to use certain more violent methods than women do (such as using guns as opposed to taking pills). However, in the developed world both sexes are approaching parity. In relation to age, male suicide is an n-shaped curve with the peak at ages 50 to 60. For both sexes suicide is an event for older individuals.³¹



Altruistic suicide, as we have already seen, is characterized by the serene conviction that one is performing one's duty, or a passionate outburst of faith and enthusiasm; while anomic suicide, though equally passionate, expresses a mood of anger and disappointment at aspirations unfulfilled.

Joan Estruch and Salvador Cardus³³ wrote that "suicide is rarely the fruit of an impulsive conduct. It is deeply meditated and worked out up to its minimum details of execution". Statistics show that only from 10 to a 20 percent of suicidal are insane people.

The person who is close to committing suicide always gives signs of his/her future behavior. Nearly half of suicides are preceded by an attempt at suicide that does not end in death. Those with a history of such attempts are 100 times more likely to eventually end their own lives.

The suicidal act that does not end in death is usually called a "suicide attempt" or a "suicidal gesture". Some people prefer the use of the neologism "parasuicide", or describe such acts as "deliberate self-harm" - both of these terms avoid the question of the aim of the action.

There are many more parasuicides than suicides. The vast majorities are female, and aged under 35. They are rarely physically ill and while psychological factors are highly significant, they are rarely clinically ill and severe depression is uncommon. Social issues are key - parasuicides are most common among those living in overcrowded conditions, in conflict with their families, with disrupted childhood and history of drinking, criminal behavior and violence.³⁴

A parasuicide may also result from an inner conflict between the desire to end life and to continue living.³⁵

Besides, many suicides are related to drugs, from marijuana to heroin. These are hallucinogenic drugs that produce, a fading of the "self", and create an alienate state that leads to suicide, mainly by an overdose.

Drug addiction is at the same time a form and a cause of suicide, and the motivations to start using drugs are very diverse: mental and neurasthenic upheaval or rudimentary madness with delirious hallucinations, deep sense of culpability, maniac melancholy depression, alcoholism, misery, desperation caused by physical or moral pain and failure in love, a game, a professional activity, examinations and politics.

Finally, some physicians consider that suicide and the suicide tendency are not only related with the social environment. It may have a biological factor that could help to identify the ones with high risk-from the low-risk patient.

A number of abnormalities in the serotonergic systems in the brain were found on suicide victims. A succession of studies established that those who had low levels of the 5-HIAAserotonin metabolite in the spinal fluid made a greater number of very serious suicide attempts.

One study found that twenty percent of patients admitted to a hospital with a suicide attempt and having low level of CSF 5-HIAA would complete suicide within a year of discharge, compared to only two percent of those with normal levels of CSF 5-HIAA. Thus, the level of CSF 5-HIAA is forecasting a future suicidal behavior. The prolactin

response to fenfluramine and the CSF levels of 5-HIAA both appear to be subnormal in patients regardless of when the suicide attempt was made, whether it was three years ago or three months ago. This suggests that the serotonin response being measured is an enduring biological trait that might perhaps be a genetically transmitted state-dependent measure of suicide risk.³⁶

While a group of biologists consider that some people were born with suicidal tendencies and do not become suicidal, others understand that this generalization is untenable and, on the contrary, a suicide is usually committed in a state of "unbearable mental clearness".

SUICIDE IN ARGENTINE JUSTICE

Argentine Law does not punish suicide. There is no purpose in punishing someone who is dead because *mors omnia solvit*.³⁷ Besides, and in the same way, the one who attempts to commit suicide does not receive any penal prosecution. There is no purpose in giving more suffering to the one who tried to kill himself and failed.³⁸ This could produce more frustration to the person, who will have one more reason to give another try.

The Argentine Penal Code established in its article 83 that the one who incites or helps another to commit suicide - if the suicide was in fact committed or attempted - will face an imprisonment that goes from one to four years³⁹.

Incitement to suicide includes different kinds of acts, such as giving advice, orders, persuasions, promises, having exigencies, encouraging another to kill himself or any other behavior directed to successfully convince someone to commit suicide.⁴⁰ In fact, those "positive" acts should be decisive in the suicide's mind.⁴¹

These "positive" acts should be performed with the specific intention of obtaining the suicide of the other. If the behavior demonstrated by the one who incites does not have the intention of obtaining the result (the suicide of the other) no crime is committed, no matter if the person committed or attempted suicide.

The help or assistance required by the article 83 do not include a direct act (for example pull the trigger for the suicidal one, or kick the chair in order to let the other hanged). This kind of behavior is considered murder, no matter what the intention of the victim was, whether to kill himself or not.

Therefore, the help or assistance mentioned in art. 83 refers to acts or omissions that facilitate the suicide, as for example providing a weapon to a person, knowing that he/she subsequently will use it to commit suicide.

Some laymen consider that in the Argentine law hunger strikes and the denial to receive a blood transfusion for religious motives⁴² are not suicide, because the main purpose of those actions is not death itself.

When a suicide takes place the police, with the Prosecutor on duty, start to investigate if someone has incited, helped or assisted the deceased in obtaining his purpose.

During the investigation, some statements are taken in order to reconstruct the final moments of the victim. Information about the deceased last phone calls, e-mails, ordinary mail, financial situation, psychiatric medication, friends, last companies and everything that could give a full picture of the victim's mind is collected.

This is what is happening in Mike C's case.

THE CASE

The case is still open. The investigation is directed by the Prosecutor. Nobody really knows why the investigation is still open. Some people think that the Prosecutor is afraid of the mass media, which like to find someone guilty in order to sell more newspapers and more adds on TV programs. If the Prosecutor does not find anyone to put the blame on, the mass media would put the blame on the Prosecutor, saying that he has done a really bad work.

As I explained before, Mike C's life was a real mess. He was addicted to cocaine. He had a promiscuous sexual life. His partner is HIV positive. He suffered of an incredible work pressure (an international TV producer was in charge of his show). He was surrounded by bad companies, who consumed drugs with him. Besides he was under psychiatric treatment, not only because of his addiction but also because he suffered from a low self-esteem. He had many problems with his family. His mother died when he was eighteen years old, his father is an alcoholic, one of his brothers stole from him, and the other – a twin one – lives in Mexico.

He lived with his new partner since 2002. His former partner used to beat him and stole money from him as well as personal properties. Mike was like a child. He was generous, and he did not mind about money. But he suffered a lot.

During the last months of his life he started to leave his drug addiction. The psychiatrist decided to use a therapeutic assistant. Mike chose a woman for that mission. Little by little, Mike started to be a real friend with his therapeutic assistant. His partner got jealous and spoke with the psychiatrist in order to remove the therapeutic assistant. The psychiatrist accepted. On January 2004, Mike and his partner went on vacation to a resort in Brazil. Mike was decided to break up with his partner. Mike started to consume drugs again. His partner started to harass Mike telling him that he will finish as another famous actress, who had committed suicide jumping from an eight floor.

Because of his low self-esteem, Mike was advised to continue working. In fact, his work was the only thing that was right in his life. Anyway, Mike started to consume more cocaine. He suffered a crisis and his psychiatrist decided to recommend him a full time interment in a psychiatric Hospital. He entered to the psychiatric hospital on a Saturday, and he left it the following day. The one who had given the legal permission –against the medical opinion – was Mike's partner. The psychiatrist was put away from the patient. Then, Mike entered in a very famous Institution, and left it again – this time with medical permission – two days later. Mike appeared on TV saying that he was great and that he had been at the Hospital for a check-up and in order to receive a vaccine for traveling to Colombia, a place where he had to make an interview for his show.

Two days later, Mike was happy because he had closed a very good agreement with his TV producer. He would earn much more than the year before. In the afternoon, he received a phone call from his partner, who told him that the TV show had to be canceled, because that very same day he had to enter a new psychiatric Institution, on a full time interment, for at least six months. The new psychiatrist had given that order. Mike felt desperate. He consumed more drugs, possibly an overdose. In this state, he fell down from the balcony.

This is a likely theory of Mike's last moments.

The Prosecutor started to investigate if his TV producer had pressed Mike in order to make him work instead of permitting him to receive medical assistance. The former

psychiatrist was and is being investigated, too, in order to know if he had committed mal-praxis, and if he had any responsibility on the case.

Phone lines and e-mail accounts were intervened by the Prosecutor. The Judge in charge ordered several search warrants, but so far, nothing has happened. No one has been indicted in the file, so far.

But, what happens with his partner? Is he under investigation? I am not aware of that, but if the version mentioned before is real – as I think it is– the real question is: Is Mike's partner responsible for Mike's suicide? Could it have been a manslaughter case? It is interesting to remember a case, called **Stefenson v. State**.⁴³ Stefenson was convicted for homicide. The Court stated that *"When a suicide follows a wound inflicted by the defendant his act is homicidal if deceased was rendered irresponsible by the wound and as a natural result of it"*

We can conclude from that case that to convict someone of homicide, it is necessary to prove, not only if the deceased was irresponsible when he/she made the decision to commit suicide, but also if the defendant's unlawful acts caused his irresponsibility.

I do not know exactly which the last dialogue between Mike and his partner was moments before Mike's suicide. Could his partner incite him to commit suicide? Did he menace Mike with the full interment? There is no doubt that Mike felt menaced by something. Possibly his whole world was breaking into pieces when he discovered that he had to leave the only thing that went well in his life: his work.

CONCLUSION

Fame, money, health, love, success. What else can we expect? I think that we can expect much more. We can expect a happy life. Happy people do not commit suicide. All of us know that life is not an easy road, with a lot of changes, but it is a road that deserves to be walk by.

It is silly to think that if everybody has a house, a backyard with a swimming pool, a wife/husband/partner, two kids, a dog, a large TV, a car and a good job, no suicide will take place. Human beings always want more. It is true that a middle class bourgeois does not want to fight a war, or be a human bomb. Usually these kinds of people prefer to go home, drink some beer and watch TV. But a bourgeois sometimes can feel the boredom and futility of his life. Sometimes, this is more dangerous than a life full of changes.

People are different, think differently and pray differently. But everybody is looking for the same: happiness.

I think that for avoiding suicide we do not have to take our problems so seriously. As Durkheim said, society changes ,and we change, too. The trick is to learn to ask for help and to spend our worst times as better as we can. The sun always comes up after the rain.

ABOUT THE AUTHOR

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ENDNOTES

- 1 El conductor televisivo Mike C se encuentra internado en estado delicado en el Hospital Fernández de la Capital Federal, tras caer esta tarde desde un primer piso de su casa... La directora del centro asistencial, Liliana Botto, informó que el animador está en estado de coma profundo, tiene un traumatismo severo de cráneo, con una lesión cerebral grave y una fractura expuesta en su pierna izquierda. La médica indicó que Mike C era operado por neurocirujanos de un edema cerebral grave -intervención que se prolongaría durante varias horas- y su pronóstico era "reservado", ya que "es un paciente con riesgo de vida". Según los primeros datos que se conocieron, Mike C cayó a un patio interno del edificio, aparentemente de cabeza, por lo que sufrió las gravísimas heridas. El cuerpo tendido en el patio fue observado por el portero del edificio, quien de inmediato dio aviso al SAME, que llegó al lugar a los pocos minutos. Según fuentes policiales citadas por la agencia Télam, al momento de caer Mike C se encontraba solo en su departamento, por lo que descartaron de plano la posibilidad de que haya sido empujado por alguien. ...De inmediato fue trasladado al "shock room" de ese centro asistencial donde lo entubaron, lo asistieron con un respirador artificial y lo llevaron de inmediato a la sala de rayos para someterlo a una tomografía computada. ..Allí le detectaron la fractura de sus miembros inferiores y una hematoma subdural, la cual le afecta la masa encefálica, tras lo cual fue llevado hasta la sala de cirugía donde comenzó a ser operado por el neurocirujano de guardia del Hospital Fernández. Esta noche, mientras se realizaban una serie de pericias ordenadas por la Justicia en el edificio del periodista, el subcomisario Rodolfo Cabezas, segundo jefe de la comisaría 25, dijo que "por el momento" la Policía trabaja sobre la hipótesis de un "intento de suicidio".
<http://old.clarin.com/diario/2004/03/02/um/m-717783.htm>
- 2 Luego de casi tres días de agonía, ayer a la madrugada murió el periodista Mike C... se procura determinar si existió una comunicación telefónica de Mike C momentos antes de caer al vacío y, en caso positivo, con quién fue y en qué términos. El jueves, su pareja, ... había asegurado que no hubo ninguna llamada telefónica inmediatamente antes de que Mike C se arrojara al vacío. "No sé por qué hizo lo que hizo", expresó. La tragedia ocurrió a las 18.58... Fuentes del hospital indicaron que no se pudo realizar la ablación de los órganos de Mike C, como era su voluntad, porque "cuestiones de índole médica" impedían que fueran donados.
<http://old.clarin.com/diario/2004/03/06/s-719753.htm>
- 3 En tanto, la fiscal ... continuará con las tareas a fin de determinar, cuál fue la razón que llevó a Mike C a -presuntamente- suicidarse. En ese sentido, fuentes policiales manifestaron que se sospecha que el periodista decidió arrojarse al vacío tras recibir una mala noticia por vía telefónica o por correo. http://www.lacapital.com.ar/2004/03/06/general/noticia_80872.shtml
- 4 http://www.informationheadquarters.com/September_11_2001/Suicide.shtml
- 5 <http://durkheim.itgo.com/suicide.html>
- 6 Suicide 1987, Emile Durkheim
- 7 See note 4
- 8 1897b, 48
- 9 Dirk M. Dhossche, M.D. Department of Psychiatry and Human Behavior, University of Mississippi Medical Center. <http://www.priory.com/psych/durkheim.htm>
- 10 Cheng, A T A (1995). Mental illness and suicide: A case-control study in east Taiwan. Archives of General Psychiatry 52.
- 11 Emanuel, E, Fairclough, D, and Emanuel, L (2000). Attitudes and desires related to euthanasia and physician-assisted suicide among terminally ill patients and their caregivers. JAMA 15, 2460-2468.
- 12 In a 1996 study in the Netherlands, it was estimated that psychiatrists received about 320 requests for assisted suicide per year. Only about 2-5 people (mostly with terminal co-morbid medical illness) were assisted in suicide by their psychiatrists. Among those patients who requested physician-assisted suicide, 51% were diagnosed with mood disorders, 14% with psychosis, 12% with other mental disorders, and 23% with personality disorders. None was found without psychiatric disorders or personality disorders. Although requests for assisted suicide were expectedly com-

mon in psychiatric patients, very few were assisted in suicide by psychiatrists. It was also found that psychiatric consultation was rarely sought by non-psychiatric physicians about a patient's request for suicide. The authors ponder that in some of these cases depression or other psychiatric problems may have been missed. Groenewoud, J, Van Der Maas, P, Van Der Wal, G, Hengeveld, M W, Tholen, A, Schudel, W, and Van Der Heide, A (1997). Physician-assisted death in psychiatric practice in the Netherlands. *New England Journal of Medicine* 336, 1795-1801.

- 13 Robert Alun Jones. Emile Durkheim: An introduction to four major works.
<http://www.relst.uiuc.edu/durkheim/Summaries/suicide.html>
- 14 TXT Magazine, Number 52, March 12, 2004, page 70
- 15 See "On Suicide: a Discourse on Voluntary Death" (1976). Obviously, Jean Améry committed suicide (1978).
- 16 See note 4
- 17 Bobby Sands, Francis Hughes, Raymond McCreesh, Patsy O'Hara, Joe McDonnell, Martin Hurson, Kevin Lynch, Thomas McElwee, Kieran Doherty and Mickey Devide, died in a hunger strike in 1981
- 18 <http://durkheim.itgo.com/suicide.html>
- 19 1897; page 170
- 20 See note 4
- 21 See note 6
- 22 <http://durkheim.itgo.com/suicide.html>
- 23 See note 6
- 24 <http://durkheim.itgo.com/suicide.html>
- 25 1897b: page 246
- 26 1897b, page 247-8
- 27 A disturbing characteristic is the increasing rate of suicides in young adults- 15- 24 age group. The reasons are failure to cope up with studies in school and parental pressure at home, marriage and resultant pressures, lack of employment, etc. Shrikala, 25, consumed rat poison because she had had two failed love affairs at quick succession. She was working in a private concern. Savitha, 16, jumped into a well after some thugs molested her. Fifteen-year-old Saujanya hanged herself when she found the strained relation between her parents unbearable. Nathan, 25, killed himself when he found out about his wife's infidelity.
http://www.newstabs.com/archive/2001_Augbatch/Issue1-grA/SuiCause.htm
- 28 See note 4
- 29 http://www.who.int/mental_health/prevention/suicide/suiciderates/en/
- 30 Maria Esther Gilio/Daniel Gatti "Salirse del Juego" (Leaving the game) *El Suicidio*, Ediciones el Mirador, Punto de Vista Magazine, number 3, page 21, October 18, 1996. Citado por Alfredo Alzugarat,
- 31 See note 4
- 32 http://www.fathersforlife.org/health/who_suicide_rates.htm
- 33 "Los suicidios", Herder, Barcelona, 1982, page. 140.
- 34 A controversial new study links teen sexual intercourse with depression and suicide attempts. About 25% of sexually active girls say they are depressed all, most, or a lot of the time; 8% of girls who are not sexually active feel the same... The Bush administration backs abstinence programs... The Heritage researchers do not find a causal link between "unhappy kids" and sexual activity, says Robert Rector, a senior researcher with Heritage. "This is really impossible to prove." But he says that study findings send a clear message about unhappy teens that differs from one portrayed in the popular culture, that "all forms of non-marital sexual activity are wonderful and glorious, particularly the younger (teen) the better," he says... The Heritage study finds: About 14% of girls who have had intercourse have attempted suicide; 5% of sexually inactive girls have. About 6% of sexually active boys have tried suicide; less than 1% of sexually inactive boys have. Tamara Kreinin of the Sexuality Information and Education Council of the United States (SIECUS) says "we need to take depression among the young very seriously." But it is a "disservice" to blame sexual activity and ignore "divorce, domestic violence, sexual abuse, substance abuse, lack of parental and community support and questions about sexual orientation," she says. SIECUS

supports school programs with information on birth control and abstinence. Study links depression, suicide rates to teen sex
http://www.usatoday.com/news/health/2003-06-03-teen-usat_x.htm

- 35 See note 4
- 36 The Neurobiology of Suicidal Behavior. Dr. J. John Mann
<http://www.afsp.org/research/articles/mann.html>
- 37 "Dead finishes everything"
- 38 Nevertheless, a Civil Judge would have the custody of the suicidal one, deciding his/her full interment in a psychiatric hospital if needed.
- 39 "Será reprimido con prisión de uno a cuatro años, el que instigare a otro al suicidio o le ayudare a cometerlo, si el suicidio se hubiera tentado o consumado"
- 40 Nuñez, Ricardo, Derecho Penal Parte Especial, 2nd edition, page 50, Ed. Lerner, 1999.
- 41 Breglia Arias, Omar, Código Penal y Leyes complementarias, page 280, Ed. Astrea 1993
- 42 Some religious people as Jehovah's Witnesses usually refuse to receive blood transfusions.
- 43 Supreme Court of Indiana 205 Ind. 141, 179 N.E. 633 (1932). In the case, defendant with the aid of several of his associates, abducted the deceased, a woman he had known socially for several months and in the ensuing days subjected her to various form of sexual perversion. Deceased seized an opportunity secretly to buy and take six tablets of bichloride of mercury in an effort to commit suicide. She became voluntary ill. She refused to go to the hospital. Defendant thereupon proceeded to drive her to her home and she screamed for a doctor. Defendant did not stop until he reached his home. She grew worse and died, although the infected wound had healed at the time of her death. The cause of her death was a combination of shock, loss of food and rest, action of the poison, and infection, and lack of early treatment, probable none of each, taken singly, would have been sufficient to result in death.
- 44 An excellent example of it is the still unpublished book "A long night's light and shadow" by Igor Simonovich. The story – a comedy- deals about a man who evaluates his own miserable middle class life during a long and sleepless night.