
Letter to the Editor

THE ASSOCIATION BETWEEN TIMES OF WAR AND SUICIDE ATTEMPTS: HAKKARI EXPERIENCE

Dear Editor,

It has often been published that suicide rates decrease during times of war (Durkheim 1897, Henderson et al 2006, Karam et al, 2012, Santic et al 2010, Henderson et al 2006, Grubisic-Ilic et al 2002). According to Durkheim, the decrease during periods of war is due to an increased social cohesion during these times (Durkheim, 1897). The aforementioned studies have all reported a decrease in suicides during the war periods from pre-war rates and an increase above pre-war rates after the war. However, there are conflicting results in the psychiatric literature, which suggests that an increase in suicide rates during times of war and had a different course with demographical variables (Bosnar et al 2002, 2004, Fajkic et al, 2010). One of the most interesting of these studies was conducted in Israel, which has had 7 war periods during the last 65 years. The study sample included the whole population and was based on official data. Suicide rates were compared for each of the 7 war periods, as well as the times before and after these periods. This study reported significant decreases in suicide rates during war periods and significant increases in suicide rates after war periods (this was true for the majority of the 7 war periods) (Oron Ostre 2012).

As for our country, the only two wars were the Independence War of 1919-1922 and the Cyprus Peace Operation in 1974. To our knowledge, there is no published study regarding the change in suicide rates during these two war periods. In the East and Southeast regions of Turkey, there has been a process termed 'low density war' by some political science experts (Ozdag, 2005) since 1984. During this period, 23,242 Turkish security personnel were martyred and 10,963 were disabled due to clashes between Turkish security forces and PKK (Partiya Karkeren Kurdistan – Kurdistan Workers Party) terrorists. The number of casualties of the PKK terrorists' is not officially known, but it was estimated to be above 40,000 (Doğan Gazetecilik AŞ 2012). Characteristic features of this conflict, which has caused more casualties than the Turkish Independence War and the Cyprus Peace Operation combined are its long duration, low intensity, and intermittent nature. To our knowledge, there have been no studies that have assessed the relationship between intervals of this conflict and suicide rates in the region.

I was in Hakkari between July 15, 2010 and June 1, 2011 due to my obligatory military duty as a psychiatrist. Hakkari is the province in the region that is perceived to have the highest pressure from the PKK terrorist organization (Ozdag, 2013). I want to share my observations regarding suicide rates during war and ceasefire periods in this region. I recognize that these observations have many limitations as I was military personnel during that period, and I was serving only soldiers working in this region and their families.

The PKK terrorist organization declared a one-sided ceasefire on August 13, 2010, which was just one month after I

had begun serving in Hakkari (Kenthaber 2010). This period of ceasefire continued 6.5 months, until February 28, 2011, when the PKK declared that they terminated the ceasefire (Dünya Bülteni 2011). No significant clash was reported during this period. I received data regarding the suicide attempts in the previous year from the successor psychiatrist and from the head physician of our hospital (Hakkari Soldiers' Hospital). They stated that there had been a continuous period of conflict during the previous year, and that they had not encountered a completed suicide or a suicide attempt.

During the 6.5 month ceasefire period, I was aware of approximately 20 suicide attempts (soldiers and their relatives) with drug intoxication, wrist cutting and gunfire to adjacent body parts (head and chest). Two of these attempts (one civilian and one soldier) resulted in death (due to gunfire to adjacent body parts). After the PKK declared an end to the ceasefire, clashes began again, and although they were low in intensity, we were not aware of either a suicide or a suicide attempt for approximately 4 months.

This observation coincides with previously published results that reported decreased suicide rates during war periods and increased suicide rates after these periods (Karam et al 2012, Santic et al 2010, Henderson et al 2006, Grubisic-Ilic et al, 2002).

I observed that in social places where soldiers come together, they usually talked about the clashes and shared a common feeling of hate towards the enemy. Families in military dwellings were anxiously waiting during these clashes. After they received news of injured or fallen soldiers, they met at the homes of those soldiers to show their support. In some periods, 2-3 families received news of fallen relatives in a week, and after each incident, residents of that dwelling met to show support. During times of ceasefire, psychiatry admissions due to intra familial issues increased. These observations support Durkheim's view of increased social cohesion during war periods.

My observations had many limitations, including that I only took into account soldiers working in Hakkari and their relatives during a limited time period, I observed mostly suicide attempts, and I encountered legal difficulties in obtaining

successful suicide numbers specific to this region. To reach further, more substantial conclusions on this topic, further studies should be undertaken using the scientific method, covering more conflicted areas, and obtaining prospective data if needed.

Yours faithfully

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