

# Suicide by burning as an epidemic phenomenon: an analysis of 82 deaths and inquests in England and Wales in 1978-9

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**SYNOPSIS** An epidemic of suicide by burning in England and Wales occurred during the one-year period October 1978 to October 1979, following a widely publicized political suicide. For the 82 cases, death certificates were obtained and coroners' inquest reports sought. The victims were predominantly young single men or older married women; both groups had strong psychiatric histories; and there were no suicides which had political overtones, apart from the index case. Compared with suicides by this method in the past, a higher proportion of victims were born in the UK. It is proposed that a code of practice for the reporting of suicides by the media is required.

## INTRODUCTION

Suicide by fire has, until recently, been an unusual occurrence in Western countries, but since about 1963 it has apparently become much more common, especially as a vehicle for political protest (Crosby *et al.* 1977). The phenomenon is, however, relatively common as a method of suicide in people born in Africa and the Far East. In one study 77% of suicides among women of African and Asian extraction resident in Israel were by fire (Modan *et al.* 1970). Modan found that proportionately ten times as many women as men chose this method.

Crosby *et al.* (1977) analysed all accounts of suicide by burning which appeared as reports in *The Times* (London) and *The New York Times* from 1790 to 1971. A total of 133 cases were reported over the 181-year period. From 1790 to 1962, 38 cases of self-burning were reported; these occurred sporadically and none of those occurring before 1963 could be described as a political protest. Ninety-five cases or 71% of the reported cases appeared in the 9-year period from 1963 to 1972. Even allowing for increased reporting in recent years, the phenomenon appears to have become more common. A large

proportion of these cases appeared to have a political motivation.

The key event in stimulating the spread of these suicides in the West appears to have been the ritual suicide by fire of the Buddhist monk, Thick Quang Duc, in 1963 in protest against the policies of the Diem regime in South Vietnam. In succeeding years, in addition to the method becoming more common in individual cases, there have been clusters of self-burnings in the United States, France and Czechoslovakia (Crosby *et al.* 1977).

Not all of the reported cases have been of a political nature and, in Andreasen's series (Andreasen & Noyes, 1975) of 14 individuals who had attempted suicide by self-immolation, all had psychiatric illnesses, most being psychotic, and many had religious preoccupations. All the individuals involved were thought to have attempted suicide for personal and irrational, rather than morally idealistic, reasons.

The present study was carried out as the result of an epidemic of self-burning in England and Wales which began in October 1978 and which seems to have persisted for at least one year (Ashton & Donnan, 1979). During the period October 1978 to September 1979 there were 82 suicides by burning, compared with an average of 23 per annum between 1963 and 1978 (range

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Table 1. Trends in suicide by burning and open verdicts (burns) in England and Wales 1968-79

Year	Verdict	
	Open*	Suicide†
1968	5	15
1969	19	21
1970	15	21
1971	10	18
1972	12	31
1973	12	33
1974	31	23
1975	21	26
1976	24	23
1977	25	24
1978	26	34
1 Oct. 1978-30 Sept. 1979	49	82
Oct.-Dec. 1979	6	13

Source: OPCS (1963-73, 1974-8, and unpublished data for 1979-80).

\* 1968-78: ICD (8th revision) codes AE149 and AN148 cross-tabulated; 1979: ICD (9th revision) codes E988.1 (individual certificates examined).

† 1968-78: ICD (8th revision) codes AE147 and AN148 cross-tabulated; 1979: ICD (9th revision) codes E958.1 (individual certificates examined).

6-34) (OPCS, 1963-73, 1974-8, unpublished data for 1979-80). This increase is unlikely to be an artefact occurring as a result of a change in verdict since the numbers of open verdicts attributed to burns has also increased in the same proportion (Table 1).

### Background to the present epidemic (Ashton, 1980)

On 2 October 1978 Lynette Phillips, a 24-year-old Australian heiress, burned herself to death in front of the Palais de Nations in Geneva. She had been arrested in London the previous week and deported after stating that she would kill herself in Parliament Square (*Daily Telegraph*, 1978a). Lynette Phillips was a member of an Asian-based religious sect called PROUT (Progressive Utilization Theory) that seeks to change the world order by non-political means (Krtashivananda Avt, 1979). In its opposition to corruption PROUT had come into conflict with the Gandhi administration in India and the leader of the sect, P. R. Sarkar, had been imprisoned. Subsequently, Proutist members were involved in violent protest in Australia, which included bombing, and there were plans to attack the Indian High Commissioner in London (Narborough, 1978;

*Daily Telegraph*, 1978b). By the time of Lynette Phillips' death in October, 7 other sect members had burned themselves to death (*Guardian*, 1978).

In a statement prepared by Lynette Phillips (1978) and issued by Proutist Universal the reasons for the action were explained. They represent a wide-ranging idealistic manifesto, underlying which was the belief that the adoption of Proutist ideas would lead to a new social order, free of exploitation, misery and injustice.

Three days after Lynette Phillips' death, Pamela Evans Cooper, a director of Fortnum and Mason, committed suicide on the banks of the Thames at Windsor in an apparent imitation. Miss Cooper had been suffering from diabetes and had become depressed at the prognosis of her condition (*Guardian*, 1978). Within 2 weeks a 34-year-old Lancashire woman and a 19-year-old London Asian man had also died in this way, and by the end of the month there had been 10 immolation suicides in England and Wales (OPCS, unpublished data for 1979-80). In addition, English newspapers carried reports of 6 overseas cases of self-burning: 1 in India, 2 in Australia, and 3 in New Zealand.

It became apparent at an early stage that an epidemic was occurring and arrangements were made to obtain notification and inquest data for cases of suicide by burning occurring in England and Wales to clarify the nature of the unfolding events (Ashton & Donnan, 1979).

### METHODS

Since the present epidemic became apparent, the reporting coroners have been contacted for relevant details of all persons in England and Wales whose death certificates mentioned suicide or suspicious death by burning. The coroners involved were extremely helpful, and inquest data were made available for 69 of the 82 cases (84%) where suicide verdicts were brought in during the 12-month period 2 October 1978 to 1 October 1979. The information which could be extracted from the inquest data varied from a summary of the salient points which had come out at the inquest to full background documentation, including psychiatric and other medical reports. In addition, death certificate data are available on all 82 cases. Information for each death was abstracted from all available documents on to

Table 2. Age and sex of victims

Age (years)	Male	Female
Under 24	9	1
25-44	25	18
45-59	9	11
60+	3	6
Total	46	36

pre-coded forms. The presence and significance of factors such as bereavement were assessed from the source documents by the psychiatrically trained author (J. R. A.).

## RESULTS

### Demographic characteristics

Of the 82 cases, 46 were male (56 %) and 36 female (44 %). There was a wide range of ages, from 14 to 89, with the majority being aged 25-44 years (Table 2). There was a tendency for the younger victims to be male and the older ones to be female. Only 28 victims were married (39 %), while 23 were single (32 %), 13 separated or divorced (18 %) and 8 widowed (11 %); the marital status of 10 victims was unknown.

Sixty-six of the victims had been born in the United Kingdom and 2 in other European countries. Of the remaining 13 of known origin, 8 were Asian-born, 1 Jamaican, 1 Tanzanian, 1 Ugandan, 1 Ghanaian, and 1 Nigerian. There was a greater proportion of single persons among the UK born than among the non-UK born, and also a greater proportion of single persons among men than among women.

### Antecedent factors

#### (i) Psychiatric history

Information regarding previous psychiatric history was available for 71 victims. Of these, 64 (90 %) were described in some way as having had psychiatric problems: 33 (46 %) had been at some time in-patients in psychiatric units; 6 had been psychiatric out-patients; and 8 had received treatment for psychiatric problems only from their general practitioner.

A principal disorder was available for 60 (94 %) of those with a history of psychiatric problems, the most common complaint having been depression alone or in combination with some other disorder which had affected 48

victims. Seven had been diagnosed as schizophrenic, 2 were suffering from alcoholism, 1 from hypomania, 1 from a personality disorder, and 1 from dysmorphophobia. At the time of their deaths 39 of the 82 victims (48 %) were known to be receiving psychiatric treatment: 14 from a general practitioner, 22 from a psychiatric out-patient department, and 3 as psychiatric in-patients.

#### (ii) Suicide threats

Fourteen victims (17 %) were known to have made suicide threats in the past and 34 (41 %) to have made actual attempts. The most common known previous method had been by overdose (25 cases), but a variety of other methods including fire (3) had been involved. Eighteen (22 %) were known to have made suicide threats on this occasion.

#### (iii) Physical illness

Fourteen victims (17 %) were known to have had serious physical illness which might have been of importance in the suicide; 4 victims were currently receiving treatment for their condition.

#### (iv) Recent adverse life events

Recent bereavement was considered to be an important factor in 11 of the suicides (13 %)—6 were women aged in their 50s or 60s. Divorce was recorded in 7 cases (9 %), and unemployment in 5 cases (6 %). Other antecedent factors which might have been of importance included bankruptcy and sexual misdemeanours (one case of each). Two victims (a man and wife) killed themselves as a pact after a family disagreement, and one victim as one side of an incomplete pact when his girlfriend's parents would not allow them to marry. A female victim claimed to have had a psychic visitation in which she was told that one of her sons should burn her.

#### (v) Other factors

Although 3 victims were known to have been possibly involved with mystical and oriental ideas through their way of life in communes or otherwise, none of the victims appear to have committed suicide as a political gesture.

Nineteen victims seemed to have set fire to themselves in response to some immediate social situation, mostly a dispute or disruption within the family. This factor was more important for

younger men than the other cases, and affected 18 % of the UK born suicides for which information was available (66 cases) and 47 % of the non-UK born for which information was available (15 cases).

### The circumstances of the suicide

The highest number of suicides occurred on Wednesdays (21 %) and the lowest on Mondays (8 %) and Tuesdays (9 %). The most common time of day appears to have been the morning – 25 % between 9 a.m. and 12 noon. There was no other obvious pattern of time. Twenty-nine showed definite evidence of planning (35 %) and 22 (27 %) are known to have left a letter. Ninety-one per cent of those where a location was known were on their own when they set fire to themselves. The most common location was out of doors (42 cases). Twenty-two victims were inside some sort of building and a further 5 were inside a car; information is not available for 15 victims. The two fuels most commonly used for self-ignition were paraffin and petrol (respectively 48 % and 33 % of the 64 cases where the fuel was known). However, some people used no inflammatory agent and others used a variety of household products. Fourteen victims were known to have made special efforts to obtain fuel which, in retrospect, seems to have been intended for their suicide.

### The course of death

Self-immolation, even when petrol or paraffin was used, did not necessarily lead to instant death. Of the 55 cases where the time between the suicide attempt and death was known exactly, only 31 % died immediately; 29 % survived for more than 24 hours, and a few survived for several weeks before succumbing to the physiological consequences of massive burns. The two most common causes of death according to the death certificates were shock (29 cases) and burns (23 cases). Others were attributed to asphyxia (7 cases), bronchopneumonia (4 cases), renal failure (4 cases) and pulmonary oedema (3 cases).

## DISCUSSION

From this study it appears that in the epidemic in England and Wales in 1978–9 the victims of suicide by burning were predominantly young

single men or older depressed women. Twenty-five per cent of those with known birth place were born outside the UK: this compares with 5 % of all deaths in England and Wales in that period (OPCS, 1979). However, a survey of death certificates in 1973 (OPCS, unpublished data) showed that 36 % of victims of suicide by burning were born outside the UK. The recent epidemic has thus affected the UK born more than the non-UK born; it is not possible to assess whether this applies only to the method rather than to the fact of suicide.

There were no suicides committed as political gestures and the picture was predominantly one of people known to be mentally disturbed. Previous suicide attempts had often been made and the coroners frequently commented that, in their opinion, the individual would sooner or later have succeeded in taking his or her own life by some method. However, one-third of the victims for whom relevant information was available appeared to be responding to an immediate problem social situation – for example, family break up. This was more apparent in people born outside the UK. At least one-sixth of victims had gone out of their way to obtain the fuel used for the dramatic and painful suicide act.

What we have called an epidemic is, we think, an example of the phenomenon of imitation commented upon by William Farr as long ago as 1841 (Registrar General, 1841) and recently reviewed by Barraclough and his colleagues (1977). We sought evidence for space and time clustering of these suicides because of the possibility of contagion (Knox, 1963). However, no clustering was apparent in any precise or short-term way such as has been previously suggested although, on commonsense grounds, there can be little doubt that the spread of this specific epidemic must have been mediated by news coverage; deaths occurring in this manner tend to be widely reported (Barraclough *et al.* 1977; Shepherd & Barraclough, 1978).

The number of suicides by burning decreased in late 1979, and the epidemic appears to have lasted for about one year. The number of open verdicts with burning as the cause of death increased in about the same proportion and decreased again, showing parallel movements with the epidemic of suicide and being against any suggestion of reporting artefact.

One of the features of the decline in suicide

rates in the 1960s was a considerable increase in the proportion of suicides which involve violent methods (OPCS, 1963-73, 1974-8; Office of Health Economics, 1981). Between 1966 and 1976 this proportion increased from 20% to almost 40%. Within this group of violent suicides the proportion due to fire increased from under 1% to approaching 6% during the epidemic described.

In a free society there is a conflict between the need for a free press and the use by the press of reports of horrifying deaths as spectacles for entertainment purposes (Shepherd & Barraclough, 1978). There is evidence that, in the short term, suicides are related to reporting (Barraclough *et al.* 1977) and that, in the long term, methods of suicide are related to public knowledge; it is clear that some form of code of practice for the reporting of suicides is required.

It is particularly unfortunate that the impression should be given that self-immolation results in instant death when, in fact, a large proportion of the victims survive for days or weeks with great pain and distress. Fortunately, the epidemic of suicide by this method appears to have waned, although it may now have become endemic in at least this one western country.

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