

Abstract

Background: During the last century suicide has been medicalised. This restrictive view has been challenged, and the wisdom of experts from beyond medicine is being valued. Fictional literature is a source of information regarding the human experience. **Objective:** To extend our understanding of suicide and suicidal thinking by examining the early-17th Century Spanish novel, “Don Quixote”.

Method: Various translations were examined for accounts of suicide, suicidal thinking, and associated behaviour.

Results: There were no accounts of completed suicide. There was one statement indicating the belief that suicide could be triggered by mental disorder. There were five statements indicating that suicidal thinking could arise in situations of distress. Such distress arose from the actual/potential loss of a loved person, suffering by another person, and relentless sleep deprivation. There is one account of a person pretending to attempt suicide and achieving a self-inflicted wound, not with the intention to self-murder, but to impact the disposition of another person.

Conclusion: The observation that in early-17th Century Spain suicide was acknowledged as means of dealing with distress is consistent with findings from other periods, and the present day. This strengthens the position that suicide can occur in the absence of mental disorder.

Keywords: suicide, suicide attempted, mental disorder, medicalisation

Introduction

Suicide is a poorly understood public health problem. It has been reported in all racial and ethnic groups, in all geographic regions, throughout recorded history. The aim of this study was to improve our understanding of suicide, through the examination of the early-17th Century Spanish novel “Don Quixote” by Miguel Cervantes, for information (1).

For the last century, suicide has been “medicalised”. That is, the theory had been widely argued and accepted, that suicide is always the result of mental disorders (2). One undesirable consequence of this theory is that it discourages contributions from other fields, such as sociology and history (which have much to offer).

In the second half of the 20th Century, support for the theory that suicide is always the result of mental disorders came from ‘psychological autopsies’: a method which involved the retrospective examination of the lives or decedents. Recently, however, ‘psychological autopsies’ have been discredited, and described as lacking scientific legitimacy (3).

While acknowledging that suicide is more common among those with mental disorder than those without disorder, a large body of evidence

indicates that suicide frequently occurs in the absence of mental disorder (4–7). Nevertheless, the claim that mental disorder is the cause of 90–95% of suicide continues to be replayed (8, 9). Currently, researchers are hoping to discover answers to suicide by using ever larger data sets; (10) a Brazilian study examined the screening instrument results of 71000 individuals, and a Korean study examined > 150 million social media blog posts.

Suicide (completed and failed) and non-suicidal self-injury are touched by personal beliefs and experiences, and cognitive and behavioural response patterns. Suicide has been conceptualised as a response/solution to predicaments (unpleasant situations with limited escape options) (11). Painful untreated or unresponsive mental disorders are one predicament, but social, economic and cultural predicaments are more common and just as deadly (6).

Fictional literature is a valuable (but under-utilised) source of information about life in the times at which the narratives are set (12). “Fictional literature reflects society” (13), it illustrates sociological theories (14) and social

values (15).

In an earlier study our group examined three novels by the mid-19th Century, Russian writer, Dostoyevsky (16). These indicated that in mid-19th Century Russia, suicide was not uncommon and that the triggers were mainly social and economic factors. People in this place and time also experienced suicidal thoughts, which again, were most frequently triggered by social and economic factors.

Aim

The aim is to extend our understanding of suicide and suicidal thinking by examining the fictional writing by Miguel de Cervantes, which became known as 'Don Quixote'. (This was originally published as two smaller pieces, in 1605 and 1615).

Cervantes

Miguel de Cervantes lived an extraordinary life. He was probably born near Madrid in 1547. He joined the Spanish military in 1571 (24 years) and fought against the Turks at the Battle of Lepanto, where he was wounded and lost the use of his left hand. He later returned to military service. He was captured by pirates and taken to Algiers in 1575 (28 years). He remained in captivity for 5 years, and was only released when a ransom was paid, which bankrupted his father and himself. He fathered an illegitimate child in 1583.

In 1584 (37 years) he married a much younger woman and obtained a position as a government official. He published the first part of Don Quixote in 1605 (57 years). He was gaoled twice for receiving stolen goods. He was also gaoled for fighting and spent some years in hiding. He published the second part of Don Quixote in 1615, and died in 1616 (67 years).

Don Quixote

What we call Don Quixote was originally published in two parts: "The Ingenious *Hidalgo* (Gentleman or minor noble) Don Quixote de la Mancha" (1605), and "Second Part of the Ingenious Knight Don Quixote de la Mancha" (1615).

It deals with the exploits of Alonso Quixano (a member of the lesser Spanish nobility). This character reads a large number of chivalric novels, and this is credited with causing him a serious mental disorder (he is described with the words, 'mad', 'crazy', 'insane', 'lunacy'). This disorder has grandiose features - Quixano assumes the name of Don Quixote, recruits a local farmer (Sancho Panza) as his squire and sets out to live

as a 'knight errant', saving people (particularly beautiful women) from danger. Other symptoms suggest delirium, such as the famous scene when he misidentifies windmills as giants and attempts to engage them in battle. There are many side stories which do not feature the two main characters – and it is mainly characters in these side stories who provide data for this study. This book regularly appears on lists of the greatest novels of all time.

Method

Various translations were examined. The translation by Tom Lathrop was used as the primary source (1). The translation by Ormsby was used, as necessary, to check word use and meaning (17). All mentions of suicide and suicidal thoughts were noted and listed under appropriate headings (see results).

Results

- a. No account of completed suicide appears in this novel.
- b. Five statements indicate suicide was a means of dealing with distress (three associated with loss/potential loss of a loved person, one a means of protecting a loved person, and one to avoid physical hardship).
- c. One statement indicates that suicide may be the result of mental disorder.
- d. One statement suggests of an individual contemplated suicide as a means of achieving fame.
- e. One statement indicates of suicidal behaviour performed for purely manipulative purposes.

Suicide and distress (in the absence of mental disorder)

1. Don Quixote, as a knight errant, needed a female to adore. He selects a local farm girl, whom he re-names as the lady Dulcinea del Toboso. He fails to make contact with her, in spite of performing numerous "acts in her honour". Sancho says to him, that in these circumstances, "you have every right to despair and hang yourself on her account" [p. 159].
- 2 & 3. Luscinda was in love with, and expected to marry, her childhood sweetheart, Cardenio. However, Don Fernando, an older, wealthy man, falls in love with Luscinda, and gets her father's permission to make her his

wife. Before the wedding day, Luscinda discusses the situation with Cardenio. She states that she has a dagger and should the wedding (to Don Fernando) proceed, she will, “stop that wicked intention by causing an end to my life” [p. 177]. Cardenio responds, “I have a sword either to defend you with or to kill myself” [p. 177].

4. Zoraida was a young woman who wanted to change her religion; this would involve escaping from her homeland. To guarantee their safety, her conspirators took her father hostage. However, Zoraida objected to this action, stating that, “she would rather throw herself into the sea than see her father, who she loved very much, being carried off as prisoner on her account” [p. 288].
5. Don Quixote was very talkative person. At one point Sancho commented that he could “out-talk thirty lawyers” (p. 328). At another point, Sancho had been recently trampled by a herd of pigs and was sore and tired, and wanted to get to sleep. But Don Quixote persisted in asking him, questions. Sancho finally replied, “let me sleep, and not ask me anything else unless you want to me to throw myself out the window” [p. 716].

Suicide and mental disorder

Don Quixote and Sancho were on a river in a small boat. They were drifting toward a water mill, and thus, in danger of being crushed by machinery. The millers rushed out and pushed their boat out of harm’s way with poles. They shouted, “Are you depressed and want to kill yourselves and be crushed to pieces by these waterwheels?” [p. 514]. To explore whether these words referred to a mental disorder or simply unhappiness, the Ormsby translation was examined. [17] This gave the words, “Are you mad?” [Part Two, Chapter 29]. This was taken to indicate that in early-17th Century Spain, it was believed mental disorder could trigger suicide.

Suicide and fame

Don Quixote tells a story from the first half of the 16th Century. Holy Roman Emperor Carlos V once stood on the top of a high building to experience the view. He was later told by one of his entourage, “I was tempted a thousand times to hold on to you and hurl myself through the skylight to achieve eternal fame throughout the world” [p. 402]. Don Quixote continues, “the desire to be famous is a powerful incentive”.

The notion that that desire for fame may trigger suicide, is beguiling but, as concluded under ‘Discussion’, largely unsubstantiated.

Suicidal behaviour for manipulative purposes

Anselmo is married to Camilla; his best friend is Lothario. Anselmo is troubled by the question of whether Camilla “is as perfect as I think” [p. 220], and he demands Lothario test her loyalty, by attempting her seduction.

The plot becomes convoluted, but eventually, Camilla wants to impact the disposition of her husband. She arranges for Anselmo to observe her actions and hear her words, while believing his presence to be unknown. She then states that she wants to compensate “for the offended honour of my respected husband”, [p. 242] and inflicts a superficial wound with a dagger. “Then she let herself fall to the floor, as if she had fainted”. Later she calls herself “a coward” for lacking the courage, at the last moment, “to take her own life” [p. 243]. This is pretence, there is no intention to die, this is a device to influence the observer.

Discussion

Fictional literature provides valuable information about life in the times at which the narratives are set. The novel, Don Quixote, set in early-17th Century Spain, was examined for useful information regarding suicide, suicidal thinking and related matters. In 740 pages there is no account of a completed suicide. However, located details support the emerging position that suicidal thoughts may occur in the absence of mental disorder, and may be triggered by distress arising from social factors (6,7,11).

There is one statement which indicates that the belief that mental disorder could trigger suicide (which is currently widely accepted), existed at least four centuries ago [p. 514].

Sancho [p. 159], Luscinda [p. 177] and Cardenio [p. 177] all state that inability to spend time with a loved person may trigger suicide. Zoraida [p. 288] indicates a willingness to give up her own life rather than cause her father suffering, and Sancho [p. 716] suggests suicide was preferable to relentless sleep deprivation.

Similarities emerge when the triggers of suicide/suicidal thought of early-17th Century Spain (1), mid-19th Century Russia (16) and the present western world (6,7,11) are compared.

Such studies do not allow quantitative comparisons. In the 2200 pages of three Dostoyevsky novels (16) there are 10 accounts of completed suicide, but in the 750 pages of Don

Quixote, (1) there are none. Any comparisons are prohibited by differences in artistic technique: Dostoyevsky's style is predominantly dark, while Cervantes' style is predominantly comic.

Cervantes gives a unique account of a man considering killing himself and another, as a means of achieving immortal fame [p. 402]. There is no academic literature supporting the desire for fame as a trigger for suicide. A "high place phenomenon" has been described (18). That is, when in a high place, a proportion of people (including those free of suicidal ideation) may experience a sudden urge to jump. Possibly, the "high place phenomenon" and Cervantes intention to entertain (rather than true suicidal impulse, or the temptations of fame) were the basis of this curious anecdote.

Don Quixote gives an interesting account of an individual pretending to attempt suicide. This individual performs self-injury as pure artifice [p. 242.] Camilla does not attempt, but fail in her attempt, to suicide. Instead, she pretends to attempt. This distinction is often important in clinical practice – here, we learn such behaviour has a long history.

In the west (and in other parts of the world, to a lesser extent) suicide has been 'medicalised', that is, it has become widely argued and accepted that suicide is always the result of, or secondary to, a mental disorder (2, 8). This paper assists in combating this view.

However, now, 'ordinary life' is also being medicalised (19), and 'normal sorrow' is being 'transformed' into depressive disorder (20). Thus, to combat the medicalisation of suicide, we must first show that suicide may occur in the absence of mental disorder, and second, we must fight the fashion of classifying (miss-diagnosing) distress as a mental disorder.

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Drafting of the article: CP
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