

SUICIDES ON THE THIRD BRIDGE OF BAMAKO: SOCIO PSYCHOLOGICAL ANALYSIS
SUICIDES SUR LE TROISIEME PONT DE BAMAKO : ANALYSE SOCIO PSYCHOLOGIQUE

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Abstract

According to a well-established popular and animist belief, the "jinns" (water spirits, who can be benevolent or malevolent) have always gathered in this precise place called "SoutaDounou", one of the sacred places which border the "Djoliba" river. . Even today, they nest under the arcades of this imposing one thousand six hundred (1,600) meter long concrete structure. According to the civil protection services and the testimonies of local residents in 2020, four (4) people committed suicide within a three-day interval, which makes the situation incomprehensible and complex to understand. Added to this are numerous vehicle accidents recorded in the same place which have resulted in loss of life. This incomprehensible situation has contributed to forging a number of prejudices and prohibitions, which have taken the form of veritable myths in Bamako, which need to be deconstructed. This article aims to make a socio-psychological analysis on the suicides at the third bridge which connects the right bank, and the left bank of Bamako. At the beginning, we sought to explain the causes that push people to voluntarily commit suicide. In a second step, we evoke the factors of predisposition to the passage to the act, the points of view of the religious on the question, and finally propose measures of prevention. Interviews were conducted with the actors concerned, facts of testimonies supported by photos for illustration purposes are presented in this article. Traditionalists and religious people interviewed in this research asserted that suicide is forbidden for any reason. At the end of this work, we can confirm that most suicides are ritual suicides or suicides out of social duty. In order to prevent such acts from ever happening again on the third bridge, suggestions and preventive measures are also proposed and discussed in an approach relating to sociology and psychology. **Keywords:** suicide, bridge of Bamako, socio-psychological.

Introduction

According to the civil protection services and the testimonies of local residents, in 2020 four (4) people committed suicide within a three-day interval, which makes the situation incomprehensible and complex to understand. Added to this are numerous vehicle accidents recorded in the same place which have resulted in loss of life. This incomprehensible situation has contributed to forging a number of prejudices and prohibitions, which have taken the form of veritable myths in Bamako, which need to be deconstructed. This article aims to make a socio-psychological analysis on the suicides at the third bridge which connects the right bank, and the left bank of Bamako. At the beginning, we sought to explain the causes that push people to voluntarily commit suicide. In a second step, we evoke the factors of predisposition to the passage to the act, the points of view of the religious on the question, and finally propose measures of prevention. Interviews were conducted with the actors concerned, facts of testimonies supported by photos for illustration purposes are presented in this article. The traditionalists and religious people interviewed in this research all affirmed that suicide is forbidden for any reason. At the end of this work, we can confirm that most suicides are ritual suicides or suicides out of social duty. In order to prevent such acts from happening again on the third deck, suggestions and preventive measures are also proposed and discussed in an approach relating to sociology and psychology. The compass to guide this work can be summarized around the following three hypotheses: The reasons are diverse and complex, but the psychological causes are the best known, and are classified among the first causes of suicide. The suicides on the third bridge in Bamako are strictly ritual suicides. The phenomenon of suicide is an imprescriptible act in all religious denominations. All religious condemn suicide, killing oneself is an imprescriptible crime according to their perception. Suicide prevention is multifactorial. But early detection, treatment and care of people suffering from mental disorders and disorders related to the use of psychoactive substances, chronic pain, and also training of agents not specialized in the field are a guarantee of reduction in the suicide rate in Mali.

I. The esoteric perception of the third bridge of Bamako

In Mali, it is called the "third bridge", or the "Chinese bridge", because it is the last of the three structures crossing the Niger river to have been created in the Malian capital, built and financed there 11 years ago by a Chinese company. Boucary Sagara frowns when he speaks of one of the three bridges of Bamako, tinged with mysteries, which he would not

borrow for anything in the world. "There are evil spirits over there, they take people and their motorbikes to suck them into the river". Benevolent or malicious) have always been grouped together at this precise place, "*SoutaDounou*", one of the sacred places that mark out the *Djolibar* river. Even today, they nest under the arcades of this imposing concrete structure 1 600 meters. If the place is sacred for some, for others, it is the den of the devil. Like many inhabitants of Bamako, cut in two by the river. The banks under the "Chinese bridge" are far from being deserted. Here, the black sandstone rocks, sharpened by strong currents, come to the surface in the dry season. They redden almost daily under the blood of the animals that are sacrificed there: goats, sheep, chickens and sometimes oxen. Plastic bags are strewn over the few shrubs. The annual flood the river, started at the beginning of June, will drown all this. Problems within the family, the couple, with a colleague, or simply want to claim a helping hand from destiny: all the reasons are good to come to "*SoutaDounou*".

I.1. Ritual practices

For more than twenty (20) years, AssaCamara, in her fifties, has been one of those who implement the ritual. "I had a dream, I saw the genie, he told me to come and make the sacrifices," she told AFP, sitting on a stone under the bridge and wearing a suit. Immaculate adorned with a talisman. That morning, a woman came to offer her, for her to implore genius, two chickens, three eggs, two cigarettes and milk. Many leave with the meat of the sacrificed animal (**see photo1**). From the small stone bridge, dating from colonial times, which survives under the modern bridge and is invaded by hundreds of swallows, he has simply poured into the waters a bag of medicine, a gift to the river and its geniuses. "It was to ward off bad luck that a marabout threw me at someone's request," he explains. Well dressed shirt, tight pants, he quickly leaves on his scooter: the offering was only a stage in the long working day of the trader. The followers of "*SoutaDounou*" also advance as "proof" of the existence geniuses the drownings and suicides - yet generally rare in Malian society - that occurred there, or even the traffic accidents in its immediate surroundings. "If the third bridge is one of those sacred places where geniuses would live, the drownings at this point of the river have certainly amplified the phenomenon", explains SaliaMalé, anthropologist and former executive of the National Museum of Mali.



Photo1. Illustrative image of informal ceremony under the 3rd bridge in Bamako. Source AFP-Nicola REMENE.<https://fr.africanews.com/mali-les-genies-sous-le-troisieme-pont-sur-le-fleuve-niger//> 07/28/2021

I.2. Hand of the genie or mermaid

Some claim to have seen a mermaid there, others speak of a submerged village, or of the immense hand of genius, which would catch motorcycle drivers on the river. "It's just a myth, the reality was brought to light when the Chinese built the bridge," says BelcoOuologem, director of the Confucius Institute in Bamako and Chinese-Bambara translator for the Chinese company CGGC (China Gezhouba Group Co) during the construction of the bridge. "The company made studies with a robot in the river, they discovered the presence of a large hole which leads to a water table. This hole swirls the water and sucks up what falls into it, it's a classic phenomenon", he underlines. He explains that large information panels were installed during the construction of the bridge to explain the geology of the place. AliouDiarra, spare parts trader who comes every fortnight to make a sacrifice. But, he warns, "it can't be explained, it's like that, you shouldn't stir things up too much otherwise the jinns will get angry".

I.3. Statistics of suicides of 2020 in Bamako on the third bridge

On the night of Sunday to Monday October 12, 2020. Two men killed themselves by throwing themselves into the Niger River from the top of the 3rd bridge. One around two (2) o'clock in the morning and the other around thirteen (13) o'clock.

"Usually when an individual dies by drowning, and we cannot find his body immediately, it is better to wait and come back to the scene a few days later, because the body submerges a few times", indicates an agent of the firefighters on site. The second case of

suicide occurred around 1 p.m., a man, Mr. Bouaré, aged 49, also threw himself into the river from the top of the same bridge while leaving his parts on his motorcycle. He would be a welder by trade and a native of Bamako. For the moment, we do not ignore the exact causes of these suicides, however, the elements of the divisional commissioner of the 13th arrondissement, Ibrahim Togola, promise to do everything possible to shed light on these tragedies. These tragic scenes are not the first on the 3rd bridge, we still remember last year that of a woman who also killed herself by throwing herself into the same river, across the same bridge. A local sinner tells us that “the place in question is culturally recognized by some as a place frequented by devils; reason why many make sacrifices of all kinds there. The place is also recognized as a place most chosen for the passage to the suicidal act, some interpret it as the fact of geniuses. According to him, the cases of suicides that happen in this place are not the devils' deeds, nor their attraction of being possessed. He argues that those who go to commit suicide know that it is an ideal place to better succeed in their decision to commit suicide, they know the extremely fast flow, the exceptional depth of water in this place. According to him, this explains the frequency of suicides in this place. (See Photo 2).



Photo 2.Source: Hervé N'depo/Mali-Online.<https://mali-online-net/drame-two-suicides-in-less-of-24-hourss-on-the-3rd-bridge-of-Bamako>: 07/27/2021

II. Overview of suicide

Suicide is a specifically human event, constant in history and in all latitudes. Although it is incompletely known, it is found in the majority of civilizations with variable frequency and impact.

Death is indeed one of the fundamental themes of human anguish: many creations of the mind contain answers to this ultimate anguish. The individual who commits suicide and goes ahead of the yet inevitable deadline, worries, and renews the questioning. Suicide appears to be a phenomenon of sufficient magnitude to alert, among others, the health

authorities of countries around the world. It is a multifactorial phenomenon, so it affects all age groups. The prevention system cannot fail to take this into account. It is one of the symptoms of ill-being, mental suffering or moral distress. However, numerous studies demonstrate the importance of the most frequent psychiatric factors according to “l’infosuicide.org/guide/le-phenomene-suicidaire”:

<i>Psychiatric factors</i>	<i>Percentages</i>
the most common being depression	(50% of cases)
Alcoholism	(30%)
Schizophrenia (6%)	(6%)
Personality disorder	(35%)

Table 1. Summary of the most frequent psychiatric factors of suicide

Psychiatric factors contribute in more than one way to predisposing behaviors in suicide. For example, the role of anorexia nervosa, drug addiction, and certain personality disorders is particularly important in adolescents and young adults. In the psychological field we have predisposing factors, and factors triggering behavior, which means that the risk of suicide increases when a person has already attempted suicide. We can also note that nearly half of suicides have already attempted suicide. Hence the importance of appropriate care after an attempt.

II. Causes of suicide

Although the cause of suicide is unknown, there are some common risk factors: severe psychiatric illness, including mood disorders (eg, depression, bipolar disorder, schizophrenia); substance abuse (mainly alcoholism); a family history of suicide; long-term difficulties maintaining personal relationships with friends and family; loss of hope or will to live; significant losses in a person's life, such as the death of a loved one, the end of an important relationship, and the loss of a job or self-esteem; unbearable emotional or physical pain.

Thus the investigation carried out by Dr Suzanne Serin in 1925 and 1926 in Paris seems "more serious and more instructive" insofar as the recording conditions are uniform and the information resulting from investigations carried out systematically by the psychiatrist among the families of suicides are very precise (PP 381-383). He concludes that Alcoholism is supposed to explain 30% of suicides described as "executed without plausible motives, during fits of intoxication, in the absence of any raptus, of any oneiric episode, of any delusional idea, and in subjects in whom no sign of imbalance had appeared" (Serin, 1926, P. 359-360). Now, on this point, Halbwachs has no difficulty in

suggesting that, from the fact that the suicide was not able to formulate precise reasons and acted in a "fit of drunkenness", one cannot deduce a certainty about the absence of motives (Halbwachs, 1930, P. 391).

II.1. Warning signs and risk factors

In general, a person predisposed to suicide displays, consciously or unconsciously, certain signs indicating general malaise. A person at risk often shows one or more of the following signs: signs of clinical depression; decreased interaction with family and friends; sadness and despair; disinterest in previously enjoyed activities or surroundings; physical changes such as a lack of energy, various sleep disorders, weight variations or appetite disorders; loss of self-esteem, negative thoughts about self-worth; reference to death or suicide orally or in writing; previous suicide attempts; putting personal affairs in order such as the gift of one's possessions or a sudden interest in one's will or life insurance. Although many suicidal people may appear downcast, others hide their problems under overflowing energy. Restlessness, hyperactivity, and nervousness can also signal the existence of an underlying problem. Talking about suicide is on the contrary an alarm signal that a person is in danger. If a person is so overwhelmed by their problems that they consider suicide as a possible solution, they deserve to be taken seriously.

Pierre Moron (2005 p. 4-6), cites Émile Durkheim as one of the founders of sociology, published in 1897 the book 'Le Suicide' where he analyzes this phenomenon from a social angle and through a statistical approach. His approach is completely new, he brings out statistical regularities on a phenomenon considered then as coming only from the individual decision. He argues that social disintegration is the true root cause of suicide. In the same perspective, inspired by the work of Durkheim, the sociologist Maurice Halbwachs (2002), also interprets suicide rates in the general context of societies and civilizations, speaking of "collective suicidogenic currents" which act in several ways: disintegration of the group social (selfish suicide); social overintegration (altruistic suicide, especially in primitive societies); dislocation of the social group (political or economic crises) or insufficient social cohesion (anomic suicide); excess of social regulation (fatalistic suicide, particularly among slaves). In this research Durkheim places great emphasis on the typology of causes, however the mythical or esoteric side of suicide is not explored in this analysis.

II.2. Durkheimian typology of suicide

According to (Durkheim, 2007, p. 5.) "We call suicide any case of death which results directly or indirectly from a positive or negative act, carried out by the victim himself, and

which he knew would produce this result. The attempt is the act thus defined, but stopped before death has resulted. After having devoted part of his reflection to constituting suicide as a social phenomenon by demonstrating the irrelevance of extrasocial factors ("psychopathic states"; "normal psychological states, race, heredity"; "cosmic factors", i.e. climate, temperature; "imitation"), Durkheim distinguishes four types of suicide:

II.2.1. Selfish suicide, established from the analysis of relationships between suicide rates and religious factors (practices, morals, representations) or variables related to family structure. Durkheim formulates this rule in this regard: "suicide varies inversely with the degree of integration of the social groups to which the individual belongs" (ibid., p. 223);

II.2.2. Altruistic suicide is that of elderly or sick people, widowed women or soldiers, people who commit their act apparently to relieve their loved ones, which highlights their dependence on the social codes of their community.

II.2.3. Anomic suicide attests to a deregulation of society in the sense of a reduction of the power of society over the individual, as revealed by economic crises and other disturbances that disrupt the collective order: "the state of derangement or anomie is thus further reinforced by the fact that the passions are less disciplined at the moment when they would need a stronger discipline" (ibid., p. 281);

II.2.4. Fatalistic suicide, which "results from an excess of regulation; that committed by subjects whose future is pitilessly walled up, whose passions are violently suppressed by an oppressive discipline. It is the suicide of spouses who are too young, of married women without children" (ibid., p. 311).

The Durkheimian typology stems from the observation of correlations between suicide rates in different countries at certain times and social and economic indicators relating to the level of wealth, social classes, cultures, religious practices, family structures, etc.

In addition to the Durkheimian typology of suicide, there are also other types depending on the beliefs and culture of the country, this leads us for example to ritual suicides or suicide by social duty which can explain the mystical side of suicides on the third bridge.

III. Ritual suicides or social duty

Suicide out of social duty is committed in the hope that it will be an act of benevolence. It may be committed to avoid dishonor or murder, or it may be imposed to protect a family or a reputation. For example (Bruce Watson, 2007) recalls the case of German General Erwin Rommel during the Second World War who committed suicide out of social duty. This type of suicide can be a matter of cultural practices, such as seppuku ritual suicide in Japan. In Bamako, most of the suicides that happen on the third bridge are much closer to

this type of suicide than all the others. Cala is explained through the frequency of deaths in the same place, and by analyzing the illustration images, we notice that the followers believe, and the clientele increases. In Mali, like all the other countries of Black Africa, ritual practices are rooted in habits and cultures, whereas today psychology can play a very important role in explaining and understanding these social facts. In the cognitive theories of social psychology, mental processes accord a prominent place in social interactions. They make it possible to analyze the effect of knowledge (thought) and its meanings (interpretation) on social activity. They aim to describe and explain the role of inner processes on a person's attitude.

It is the same type that we find in China. When society, through the prejudices it maintains, actually orders suicide. In this country, for example, women often kill themselves out of marital fidelity J.-J. Matignon (1897, pp 365-417). Suicide far from being stigmatized is honored. We celebrate the memory of widows who committed suicide, as well as those of admirals who killed themselves not to survive a naval defeat, etc. China is certainly a country where the integration of the family is strong, and yet suicide flourishes there... And is it an altruistic suicide? No, we are told he is selfish to the highest degree.

II.3. influences of economic crises on suicide

In the reviews of the classics of the social sciences Laurent Mucchielli and Marc Renneville (1998, P. 3-36) abounded in the same direction as Durkheim on the questions of economic crises which can also have a negative impact on the life of populations. This point is particularly interesting in the analysis of the influence of economic crises.

In 1897, Durkheim noted, after others, that suicide increases systematically during economic crises. But he refuses the “simplicity” of the explanation by the ruin caused for many. His argument is the fact that suicide also increases in periods of intense prosperity, of very rapid growth. After fairly summary statistical observations, he again puts forward a conception of human nature and of the "unlimited and insatiable needs of the individual" that society must regulate closely, any social disturbance ("happy or painful") inevitably causing a disruption that precipitates a certain number of individuals into a destructive “anomie” (Durkheim, 1897, P.272-282).

III. Perception of religious denominations on suicide

Suicide is an act traditionally condemned by religious doctrines. Indeed, if the fact of committing suicide is first of all an act against oneself, in certain religious conceptions the destiny of man belongs to God and suicide then constitutes a rupture in the relationship of man with sovereignty. of his God. In other cases, the act is more simply considered a

negative action. There are, however, nuances to this general rejection of suicide when the notion of sacrifice or honor comes into play.

III.1. what does Islam say about suicide?

In Mali, the dominant religion is the Muslim religion. Like the other Abrahamic religions, Islam sees suicide as a sin and an obstacle to spiritual evolution.

(Aisha Stacey 2016) in her article notes, “The Quran clearly affirms that human life is sacred. Human life cannot be taken without justification. Life is a gift from the Creator and it is our duty to protect it. It is strictly forbidden in Islam to commit suicide because of despair of God's mercy or because of any problems. The Prophet Muhammad (May the peace and blessings of God be upon him) said: “Whoever commits suicide will be punished on the day of resurrection with the object he used for his suicide. This is a major sin and the punishment associated with it is at the will of God. If he wishes, he will forgive him and if he wishes, he will punish him». And don't kill yourselves. Allah, verily, is Merciful to you. And whoever does this excessively and through iniquity, we will throw him into the Fire, which is easy for Allah. (Quran surah 4:verses 29-30). Islam prohibits suicide, because it is not permissible for the Muslim believer to harm his body (including self-harm) or to think that he can decide for himself of the end of his life, because death occurs on a date divinely predefined for each one. Marzouk of the Baco-djicoroni ACI mosque, when asked about the issue, says "Islam has formally prohibited suicide for any reason, because according to him, it is God who gives life and it is he who takes it away. Then he thinks that today people have lost faith and forget that God always guides us on the right path.

III.2.Point of view of the different Christian denominations

III.2.1. Protestantism

In an article published by Antoine Nouis (2019), Protestants are committed to the defense of life and cannot consider suicide a good thing. In the name of this principle, they have been in history sometimes severe in relation to the families of suicides. Nowadays, they have drawn the consequences of the theology of grace and they emphasize accompaniment, listening and the search for a word of meaning rather than judging in terms of licit and illicit. . If suicide falls under the category of sin, it represents first of all a tragedy that must be approached from the principle of compassion. In Protestantism, committing suicide is as serious in relation to God as any other sin. The peculiarity of suicide is that there is obviously no possibility of repentance and faith; the grace of God no

longer has any means of acting. Suicide is therefore a denial of grace, a denial of the possibility that God's love can repair a life.

III.2.2. Catholicism

In Catholicism, suicide is considered a grave sin except among the “mad” or the victims of “great grief.” It was then for the Church to mark a difference with the mentality inherited from Roman civilization which saw in suicide a death like any other for the desperate and an honorable way, a means of redemption for the criminal. For Catholics, recognizing his faults and agreeing to be accountable to human justice was the only way for a criminal. As for the despairing man, no longer having a clear vision of his act, his suicide was not a chosen opposition to God, a mortal sin.

“Each one is responsible for his life before God who has given it to him. It is He who remains its sovereign Master. We are bound to receive it with gratitude and to preserve it for its honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. We don't have it*.”

In addition, the "voluntary and cold-blooded" suicide contravenes the three theological virtues: Faith (in God), Hope and Charity (towards oneself). This idea is illustrated by the suicide of Judas after his betrayal of Jesus. Traditionally, suicides were not buried in consecrated ground, but outside the cemetery, without a religious ceremony. Guilty of mortal sin, leading to a break with God, their souls could not enter paradise. : Mortal sin is defined by three (3) characteristics: it requires matter (a serious fault), knowledge (knowing that it is a fault), and will (wanting to commit it).

“One should not despair of the eternal salvation of people who have committed suicide. God can provide for them, in ways that he alone knows, the opportunity for a salutary repentance. The Church prays for those who have taken their own lives. » J. John Mann and all (2005)

IV. Suicide prevention measures

IV.1. Prevention and postvention

Prevention in this case consists in implementing all the necessary means to avoid suicides. The second is of more recent appearance: postvention is the prevention of recurrence after an unsuccessful attempt. It is a set of actions for the care of people or those around them, who have seen, assisted or suffered. Limit the phenomenon of imitation, "contagion" among vulnerable people, and work on the context.

*https://fr.wikipedia.org/wiki/Point_de_vue_religieux_sur_le_suicide consulté le 20/06/2021

The management and prevention of risks and especially those relating to human suffering, constitute a challenge because they require collaboration and synchronization of services, actors, actions, in particular thanks to the fluidity and speed of information circuits, and transmission. The World Health Organization (WHO) (1948) recalls that suicides are preventable. Several measures can be taken at the population level and at the individual level to prevent suicide and suicide attempts, namely, among other measures, reducing access to the means of committing suicide (pesticides, firearms, certain drugs, for example). There is also a need for early detection, treatment and support for people with mental and substance use disorders, chronic pain or acute emotional distress. Second, there is a need to follow up with people who have attempted suicide and provide them with community support and psychological assistance.

IV.2. Psychological approaches

Psychological approaches play an important role in suicide prevention because they focus on communication and relationships. All these two components are based on an essentially psychological approach. Scientific knowledge suggests various ways to effectively tackle the problem, including empowering parents and families, developing high-quality preschools and schools, creating safe and inclusive environments, and facilitating access to education. Psychological help when needed (including identification and early intervention). Through these approaches, psychologists aim to promote positive social relationships that will help prevent psychological distress, including that which leads to suicide.

Psychologists are often at the forefront in the development and implementation of public health interventions such as preparing national suicide prevention plans and educating the media about their role in suicide prevention. They are also involved in identifying people in need through screening and assessment; by carrying out research; by providing psychological interventions that help those in distress or at higher risk as well as supporting those developing their own psychological skills. As demonstrated in an article (Monique et al. 2012, P.95–105), we must refine the methods of investigation used and learn to combine mixed, longitudinal and temporal approaches in order to better understand the complexity of psychological mechanisms leading to different suicidal trajectories. Psychology, at the crossroads of several scientific disciplines, must integrate and make the link with other disciplines including neuroscience. Better understand the consequences of implementing preventive interventions likely to intervene more quickly in this causal chain, the ultimate outcome of which is suicide.

IV.3. Training of non-specialized health workers and those directly involved

It is very imperative to train non-specialized health workers, particularly Malian firefighters, in the assessment and management of suicidal behavior or victims. When asked whether suicides are mutilated or declare signs indicating rituals. Fanta Kaba, an agent of the fire brigade, informs us that very generally, they discover bodies with injuries and others who do not. According to her, it is difficult to confirm whether these injuries are due to physical assaults before the act or, if it occurred after the act of suicide unless he has eyewitnesses before the act.

Conclusion

Suicide is first and foremost the failure of the collective vigilance that each owes to the other. All the studies attest to this: the majority of suicide attempts take place in a context where warning signs have been deciphered a posteriori.

Attempting suicide, apart perhaps from cases where suicide is a real symptom of a serious mental illness (probably concerning a very large majority of deaths by suicide) is the result of an inner conflict with no way out, of a bewilderment in the face of life, which most often nevertheless manages to express itself partially.

We tend too much to consider today, and this seems to be obvious, that the individualism of our society leads to the belief that everyone is capable or should be able to chart their own path. This path can be punctuated with many pitfalls that will have to be overcome through recipes that can be found in society.

Indeed, all religious denominations have reached a common crucible which confirms that it is an act that does not conform to the precepts of Islam and those of Christians. The third bridge of Bamako where many suicides take place is both enigmatic and full of popular imagination. All the people interviewed during our investigation do not deny the psychological causes of suicide, however do not totally reject the mystical dimension of the bridge. Suicide is multifactorial. There is not one risk, one cause, one reason but several closely associated, part of a personal history, family context and social environment. It is an accumulation of factors.

However, let us remember this: a large majority of those who have thoughts of suicide stop there. But they therefore testify to an individual psychological difficulty. Searching for this difficulty is an essential phase of suicide prevention.

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