

Suicide in University students in Bogotá, Colombia, 2004-2014

Saúl Alonso Franco ¹
 Martha Lucia Gutiérrez ²
 Julián Sarmiento ³
 Decsy Cuspoca ⁴
 Javier Tatis ²
 Alejandro Castillejo ⁴
 Miguel Barrios ³
 Magnolia del Pilar Ballesteros-Cabrera ¹
 Sara Zamora ³
 Carlos Iván Rodríguez ¹

Abstract *We report the results of a retrospective, descriptive, qualitative study of suicide among university students in Bogotá, Colombia. The objective of this study was to document the magnitude, principal characteristics, and impact of this phenomenon in the selected population. A semi-structured survey was employed to collect information from 66 individuals linked to the universities. A total of 45 cases of suicide were documented in the study period (2004–2014). Of these, 69% occurred in males and 31% in females. The age range was 17–27 years, with 62% of the cases in the 19–22 year-old group. The most common mechanisms employed were suffocation and poisoning, followed by intentional falls, use of a firearm, and drug overdose. The selected location was the place of residence in 52% of cases and the university campus in 16% of cases. The distribution of students by area of knowledge showed a predominance of social and human science (44%) followed by engineering (22%). A history of difficulties in family and affective relationships was common among victims, as was a history of exposure to intolerance of differences in sexual orientation. The individuals surveyed expressed a wide range of interpretations of the significance of suicide, both positive (courage, self-affirmation, autonomy) and negative (defeat, despair, and an inability to adapt).*

Key words *Suicide, Universities, Qualitative research, Colombia*

¹ Universidad Santo Tomás. Carrera 9 n.º 51-11. Bogotá Colombia. saulfranco@hotmail.com

² Pontificia Universidad Javeriana. Bogotá Colombia.

³ Universidad Nacional de Colombia. Bogotá Colombia.

⁴ Universidad de los Andes. Bogotá Colombia.

Introduction

Suicide is a frequent, complex phenomenon, having a strong impact and raising serious issues with people and society. Precisely for this reason, an evasive attitude is frequently encountered with respect to it, and even for some it is still a taboo subject. Suicide is the act of taking life itself, and implies an autonomous decision that raises ethical, legal and religious issues, and carries confusing messages to its recipients.

Suicide acquires specific and often greater meanings and repercussions when those who choose to do so are young people. Precisely because they are just starting to live and because of the expectations that the societies have regarding young people, their early decision to interrupt life has a devastating impact and posits fundamental questions to their environments and society. University students are a particular sector of young people, characterized by their access to a higher level of training and greater academic, economic and labor opportunities. Addressing suicide in this social subgroup, a relatively less studied phenomenon, constitutes a major challenge and means a contribution both to the recognition of the problem and to the exploration of different scientific and disciplinary approaches as well as outlines possibilities for action on the university level. In recent years, the study of past accounts and the intersection between personal processes and wider historical processes has acquired relative relevance in the country. Although much of the academic discussion has revolved around the memories of political violence, the truth is that one aspect of the study of the past is covered by the narrative and the narration of personal experience or lived experiences. In this sense, the narrative is a “way of articulating the experience”, in which the subject is placed in narrative play with society and the events that constitute it^{1,2}, configuring his or her sense of identity.

A group of faculty members and researchers from five Colombian universities in the city of Bogotá decided to undertake a joint, collaborative and multidisciplinary project to study the problem of suicide committed by university students of these institutions in the years 2004-2014, through the use of the individual memories of people linked to institutions and close to suicidal events. The group set out to study in depth the subject of suicide, to describe its magnitude, main characteristics and impacts and to explore their meanings, implications and the possible lines of action in university institutions.

Multiple looks around the same event

Where suicide is seen as an objective fact, as if it were galaxies or elemental particles, the observer moves away farther from voluntary death as he collects more and more facts and figures³.

Addressing suicide theoretically is a difficult undertaking, because it is a complex phenomenon. To account for this complexity, it is enough to review the different definitions of suicide both between different disciplinary fields and within a particular field, as for example in the case of Philosophy, whose various perspectives have coined a repertoire of conceptualizations on suicide. Other fields of knowledge such as Psychology, Psychiatry, Biology, Epidemiology, Sociology or Anthropology, have also taken on the task of understanding this event.

There are multiple issues emerging from reading the existing literature and the various views regarding suicide. Some of them maintain validity despite the studies and approaches of different disciplines. Should suicide be understood as an individual problem or as a product of the socio-cultural structural conditions that make it possible? Does its consummation translate into an expression of autonomy, freedom, and a confrontational response, or is it rather an act of cowardice, impotence, or failure? We will try to respond to some of these questions, at least partially, giving a quick look at the approaches of different fields of knowledge at different times and, obviously, based on the findings of this study.

Etymologically, the term suicide comes from the Latin *sui caedere* to kill oneself - and is understood as the act of taking one's own life⁴. For Durkheim, “[...] Suicide is, any death which is caused, mediately or immediately, by an act, positive or negative, carried out by the victim himself⁶” beginning with its very definition Durkheim begins to doubt by stating that: “*the intention is too intimate a thing, to be appreciated from the outside*”⁵ as regards the suicidal act and the intimate nature of the various means and ends leading to it.

Perhaps a common feature between Durkheim and the phenomenological perspective enunciated by Améry³ in relation to the intention of the person committing suicide could be found here, since in the wide spectrum of the subjects who come to him, the author points out how in reality the common denominator for people who commit suicide (Améry calls them suiciding ones or suicidiary), is none other than *the fact that they objectively verifiably ended their life*. And that is where the naked reality pro-

vides an insight into the subjectivity of one who “self-annihilates” because in the words of Amery this is what brings the person closer to understanding suicide behavior (*suicidal behavior* for the author) based on his or her uniqueness or better yet, *the absolute uniqueness of the situation*³.

However, the earlier conceptual sketches only serve as an introduction to the broad theoretical production that other relevant fields of knowledge have produced with regard to suicide. Such is the case of the contributions derived from psychoanalysis, Freud reflected in his works *Affliction and Melancholy* (1915) and *Beyond the Pleasure Principle* (1920). In the latter,

[...] *I consider two types of instinctual drives, struggling with an obvious determinism; Some in favor of life that arise from the instinct of preservation, and others, in favor of death, that are born from the instinct of death. When the latter are more powerful than the former, suicide is inevitable*⁶.

On the other hand, in the area of health, the predominant view regarding suicide is projected from the biomedical discourse, particularly by the extensive disciplinary production of Psychiatry, Psychology and Epidemiology. In psychopathological terms, the understanding of suicide is based on the manifestation of behaviors that include ideas, gestures, and attempts, even including the very consummation of the deed⁷.

Some facts about suicide in young people

According to the World Health Organization, WHO⁸, approximately one million people commit suicide every year. The overall suicide death rate is 16 per 100,000 inhabitants, representing one death every 40 seconds. Suicide is one of the main three causes of death among people aged 15-44 and the second cause of death in the 10-24 age group. In the last 45 years, suicide rates have increased by 60% globally. These figures do not include suicide attempts, which are up to 20 times more frequent than cases of consummated suicide. The WHO estimates that by the year 2020, suicide will represent 2.4% of the global burden of disease.

Data provided by the Pan American Health Organization, PAHO⁹, for Latin America show that this region has had suicide rates lower than the world average and North America, which is 10.1 per 100,000 inhabitants. The adjusted suicide rate for Latin America and the Caribbean is 5.2 per 100,000 population. Cuba and Guyana rank first with a rate of 16.3 and 16.04 per 100,000 inhabitants, respectively, followed by Su-

riname (14.8), Trinidad and Tobago (12.4) and Uruguay (10.9). In Latin America, men still have the highest rates of suicide: 11.5 per 100,000, compared to 3.0 per 100,000 among women in 2005-2009.

In Colombia, suicide represents the fourth leading cause of violent death and among young people is the third leading cause of death from external causes, after homicide and accidents^{10,11}. Between 2004 and 2014 the rate did not exceed 4.4 per 100,000 inhabitants, exhibiting a stable behavior. The year of greatest increase was 2002, with a rate of 4.9 and the lowest rate was in 2013 with 3.8. The high rates of suicide in men in comparison to women in the different age groups are striking. For every woman who commits suicide, there are 3 to 4 men who do so, and in the 70s the ratio becomes 1 / 12. It is important to note the gradual increase in suicide rates among adolescents and young women^{10,11}.

The studies that address the subject of suicide among university students and young people in Colombia and Latin America, focus mainly on suicidal ideation and the instruments to measure it, and on suicidal risk factors¹²⁻¹⁵. Some focus their work on the relation suicide has to depression, anxiety¹⁶ and other psychiatric disorders¹⁷; Others show that academic performance is not a significant risk factor in young people^{6,18}. In Colombia, among the outstanding research carried out is that of the Universidad de los Andes in Bogotá⁶, which addressed the relationship between academic performance and death by suicide in its students in the period 1992-2002, as well as the exploratory research - an approximation to suicide carried out by students of the Javeriana University of Bogota in 1994¹⁹. This study surveyed 1,120 active students from 31 careers and compared the variables among students with and without the intent to commit suicide. Of the respondents, 23% had attempted suicide in the university stage. No significant difference was found by sex in relation to the attempted suicide. A significant difference found between students who attempted suicide and those who did not related to how they lived with their parents. The investigated youth emphasized that drug addiction and mental illness played a role in suicide attempts.

The Universidad de los Andes study shows that the highest proportion of suicide cases occurred in the faculties of social sciences (41%), engineering (27%) and economics (14%). 82% lived with their parents and an equal percentage of cases had received psychiatric or psychological help at some time in their lives and all were con-

sidered as people with emotional problems. As for the suicide rate calculated for the period, it was 26.8 per 100,000 students. The highest frequency of cases occurred in students of 20, 21 and 25 years of age.

The specific literature on suicide committed by university students is quite scarce on an international level. Noteworthy studies include those of the University of Oxford²⁰, those of the decade of the 80 to 90 in the universities belonging to the "Big Ten"²¹, those of Harvard University based on the cases that were registered in 1998^{22,23}, and work regarding the suicide of college students in the United States of America between 1990 and 2004²⁴.

Methodology

The phenomenon of suicide was approached from a qualitative, descriptive, retrospective and exploratory perspective²⁵. Consummated suicide was studied in five universities in the city of Bogota, between June 2004 and June 2014. The memories of the university personnel were investigated: teachers, managers of the different institutional levels, those responsible for university welfare, officials of health programs and counseling programs or psychological or pastoral care; and colleagues who were close to the young (In this research project the reference "youth" corresponds to young men and women in Colombia from 14 to 28 years of age; "university youth" refers to men and women linked to the universities under study] active students (Active student means any undergraduate or graduate student who meets the following requirements: a) is registered or is on hiatus, c) has not lost student status for any reason established by the rules of the university) who killed themselves during the period. Memory is understood in this study as the way of remembering and archiving the past according to its contexts, disputes and conjunctures, which produce and recreate stories^{26,27}. Memories contain narratives and stories. Narratives are the ways of recounting past events; the stories are the body of what was told, the means by which it was possible to remember and to reconstruct the cases of suicide.

The methodology included a theoretical exercise for understanding suicide²⁸. Three main postures were recognized in the scientific field for the understanding of the phenomenon: the positivist biomedical approach; The social cultural approach, based on disciplines such as So-

ciology, Anthropology, and the Humanities; as well as critical approaches. Based on the above, the research categories that guided the design of the semi-structured interview applied to the 66 participants were constructed. The interview delved into the associated socio-demographic and academic characteristics; The main circumstances surrounding the cases; the reasons or motives that triggered the suicides; the forms of suicide used by people; the impact caused by suicides in university life, in their peers and in the daily course of academic unity; the responses and proposals generated by the act within the university communities and, finally, the notions and meanings regarding suicide. The interviews were recorded and transcribed. They were coded using the program Atlas.Ti version 6.0, for further processing and analysis.

The type of sampling was of a qualitative character voluntary subjects type, based on his or her memory of the cases of suicide. The actors were identified by an exploratory sweep. They were asked to participate voluntarily, which was formalized by signing a consensual agreement.

The research generated two types of data. On the one hand, factual information regarding specific cases of suicide, with general aspects of the people who committed it. Hence emerges several references of trends comparable with other contexts. On the other hand, other types of hermeneutic issues arise, as a result of the interpretations made by the interviewees themselves. Thus, the action of the researchers consisted in the categorization of these interpretations and in the exploratory clarification of some of them. These two information records are complementary.

Presentation and Results

Of the 45 suicide cases reported by the interviewees, 68,9% corresponds to the male population and the remaining 31.1% corresponds to the female population, which matches, but in variable proportions, with all the literature regarding consummated suicide^{6,8,9,11,25,26}.

Upon relating sex with the suicide method (Figure 1), it can be observed that men resorted to hanging, poisoning, fire weaponry, free falling, abuse of psychoactive substances and being run over by a motor vehicle; the female group used hanging, poisoning and free falling, which matches with both the national and regional data^{9,11}. The most used methods by both genders, suggest their connection with efficiency, avail-

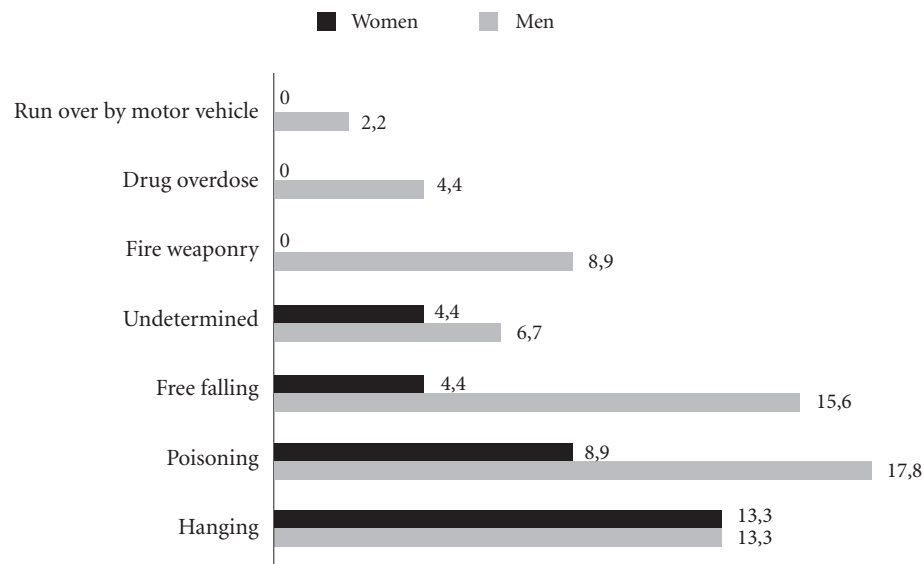


Figure 1. Sex versus Mecanism.

ability and planning at the time of committing suicide.

Both genders selected their homes as the main scenario for committing suicide (50% women and 51,6% men). Concerning other scenarios, 28,6% of the women chose places different from the University Campus and the home. On the other hand, 19,4% of the men selected the University Campus and other places. There may be a possible link between the method and the place selected by the suicidal people, taking into account the intimacy, planning, access to the tools and the taboo character of this act. In those cases that selected the University campus, the most common methods were: jumping from heights (11.1%) and poisoning (4.4%). These subjects were between 22 and 27 years old.

Concerning the age, a greater frequency of cases in men between 17 and 27 years old is found, with a peak between 19 and 21 years of age, contrary to the women who tend to do it at 17,19,21 and 22 (Figure 2).

The data collected referring to the grouping of suicide cases based on fields of knowledge is presented in Figure 3. Broken down into faculties, Psychology presented the highest rate.

Implications of suicide

The implications analyzed deal with suicide itself as well as the subjects targeted by the research project, young university students. The two components of the category- suicide/youth- may be differentiated, but not separated, in the analyzed discourses. In general, the opinions were based on the perceptions and personal experiences regarding this issue, expanded upon in some cases from texts, conversations and discussions, or by theoretical elements acquired in the formation and professional practice.

Regarding youth, the interviewees expressed a set of meanings which range from a recognition of the full vitality and almost unlimited potentials of young people, to their immaturity, weakness, loneliness and impotence. The perception of youth as a transitional stage at the biological, emotional, cultural, economic and social inclusion levels is common in both sets of meanings. Those transitions generate tensions between the young subjects and their familiar, affective, academic, ideological and political environments. Young people often feel powerless towards a world which does not understand them and makes it impossible for them to live significantly, a topic well developed by authors such as Moreira and Sloan²⁹.

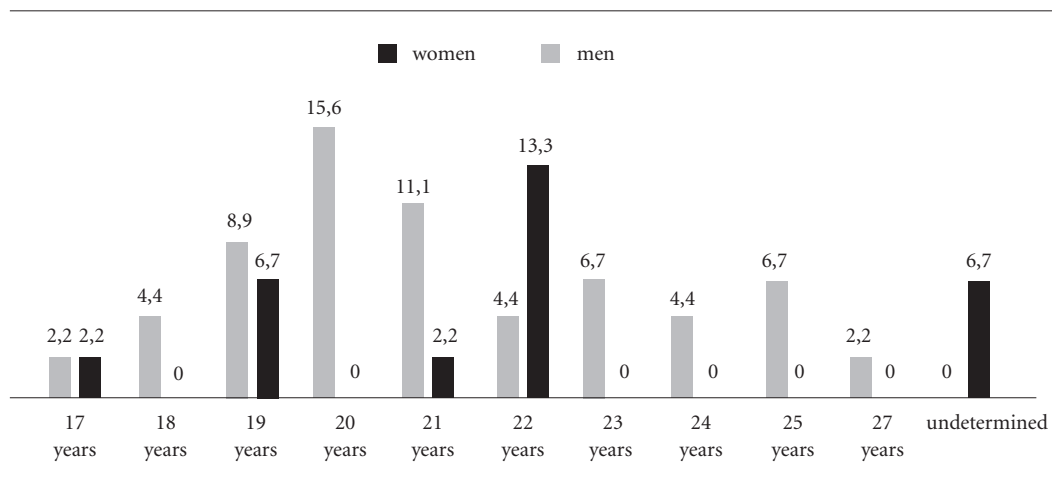


Figure 2. Age versus Sex.

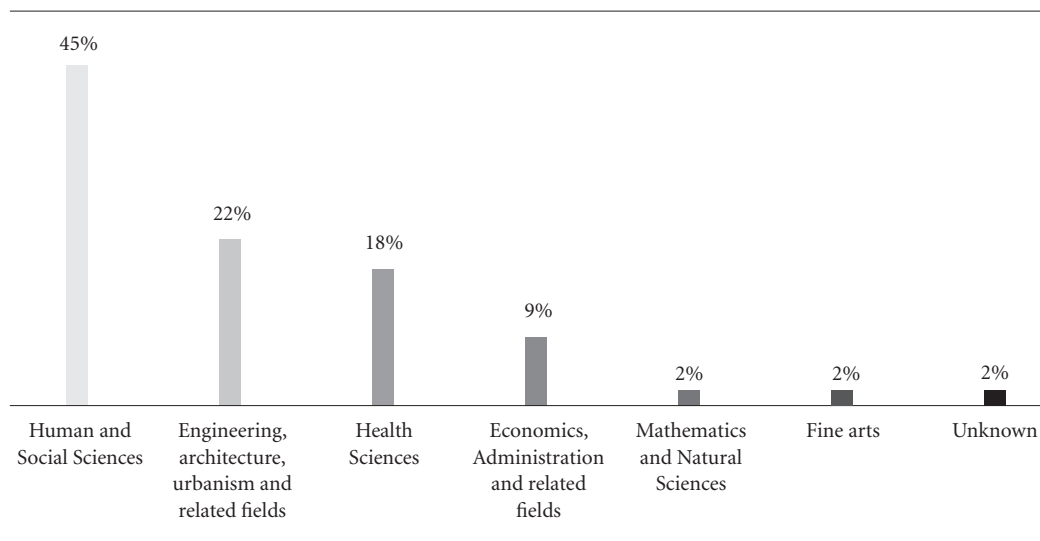


Figure 3. Percentage of cases by major.

Concepts of suicide were divided in two great blocks. A first block refers to suicide as a supreme act of freedom, autonomy and a person's absolute uniqueness, as a full exercise of human rights, and as valid option in case of facing indignities, disgraces or extreme pains. "Suicides are reactions of anger, autonomy, independence, freedom," said interviewee 05-003. ".. this patient sees it as a solution to a problem," stated in interview 05-006. This point of view has deep roots in the history of thought, from Seneca, David Hume, Nietzsche and Schopenhauer³⁰ to Amery³, and

even to modern catholic scholars, such as Hans Kung³¹.

For the other block of ideas, suicide takes on meaning in several ways: one of them, self-attack, an attack against family, job and studies. I consider that it is a self-attack, the greatest one and an attack on the closest people, (E05-002). Aristotle, cited by Bonete³⁰, saw it as an attack not only on the closest environment but "against the city", thus, against society. A second dimension in this sense which could be taken as negative, is seen as impotency, immaturity, failure, defeat, a closing of paths, an

uncertainty to face problems, no future. *The decision is the inability to continue living, lack of personal resources, absence of enough personal love, it is like not finding enough ties to live on*, (E05-007).

An ethical and religious condemnation of suicide was not found, as it is found in one sector of Christianity, particularly in Saint Agustine's thought, to whom the commandment "Do not kill", implies "Do not kill thyself", and in that of Thomas Aquinas, for whom as life belongs to God and not to us, taking it ourselves is a mortal sin³⁰. However, the interviewees expressed their opinions which go beyond the two blocks of meanings and rate suicide as a natural fact in the human condition, an unfathomable human mystery and a philosophical experience.

Background, motives and trigger mechanisms of suicides. This research Project tried to approach the reasons which motivated suicide in the cases mentioned by the interviewees. The most simple and general question for this issue would be: Why did each one of these university students decide to commit suicide? And a question in immediate terms: What event may have triggered the decision to commit suicide? In summary, the following motives and triggers can be postulated: a) family, b) medical records, among them mental diseases, c) personal relationships and d) others.

Family. These were the most highly identified. They are connected to family break-ups, changes in the dynamic, how their parents preferred their job, economic and professional activities to their children, change of address, particularly living far from their hometowns in order to study at the University. Problems regarding authority were identified, translated into excess and authoritarianism, as well as lack of both authority and controls and lack of a paternal or maternal image. *Her parents were divorced, she committed suicide with her father's necktie, she hung herself. She hardly ever came and it was one of those vacations .. at her father's... and she committed suicide... and her mother was absent, that is what people say*" (E02-002). Another highlighted issue in some cases was dealing with their family's non-acceptance, particularly regarding sexual preferences like homosexuality. By going down any of these roads or their crossroads, some of the youngsters who subsequently committed suicide were alone, misunderstood, uncommunicative and rejected. In general, current family structures are not without blame at the moment of studying the motives of the cases, and it would be a priority issue to question and delve deeply into in order to address the problem.

Medical history, particularly mental diseases. This antecedent has been well acknowledged in literature, both in the committing, planning and attempting of suicide, particularly when concerned with depression and other mental problems^{6,19,30}, the interviewees highlighted this factor as crucial in the studied cases. In some cases, duly diagnosed organic or mental diseases were reported, while other cases were based on opinions. 40% of the cases were not aware of this type of background, and in 25% of the cases the interviewees said that they have not had any of these diseases. 35,6% of the cases were aware of their disease, with mood changes (depression), 4,4%, particularly two women; two cases of mental disease and one of HIV/AIDS. The connection between HIV/AIDS and suicide was studied in the 90's³². In this current project, this background was a determining factor in the decision of committing suicide.

Different opinions regarding the use of medications in the evolution of suicide cases were found, as it is shown in the following testimony: *He was diagnosed with depression. He was taking medication for more than six months; I cannot tell you how long exactly. He took different anti-depressive drugs, now I do not remember which were the last ones he was taking, but when he committed suicide he was taking two or three types* (E04-009). Likewise, the consumption of psychoactive substances by people committing suicide was highlighted: *it was indeed a hard case for all of us, because he was a boy who had drug problems, but at that moment he was trying to give up drugs and he was under psychiatric treatment with a lot of medication* (E02-005). The greater risk implicated by the availability of psychiatric medication for people with mental diseases who are considering in committing suicide was mentioned. In one of the cases, the use of medication to treat a mental disease could have influenced the decision to commit suicide, in other cases the lack of adherence to the treatment may have facilitated both the disease's development and subsequently the suicide.

Interpersonal relationships. No interpersonal relationship pattern was identified in the participants who committed suicide, based on the information that the interviewees supplied. In some cases, the people who committed suicide were seen as shy, with low self-esteem, sad, isolated and lacking social skills, in other cases the subjects were seen as nice, sociable, with good inter-personal relationships and even, leaders. When a specific difference was involved, such as

a homosexual option, relationships became difficult, creating rejection, challenge and intolerant attitudes which may have triggered the suicidal decision.

Frequently the interviewees highlighted the importance of love relationships in the subjects who committed suicide. Given their intensity, the dependency they generate, the meaning they have in people's lives and their relative immaturity to deal with inner difficulties, relationship conflicts emerge as potential scenarios for suicide, and in some cases determining factors in the decision. *You see the other girl it is emotional. Because the other girl's partner was a lady's man, a womanizer, who seduced all the girls as well as this girl. She did not have high self-esteem and decided as did the other girls, to kill herself. Another girl... she felt ugly, the most I do not know what, with a problem of low self-esteem. At the end, she decided to commit suicide at her home while her father was in the living room.* (E02-010)

Other background and possible motives. Due to the fact that they were university students, we tried to trace in the information provided the possible influence of the conditions of university life in the process and the suicidal decision. Although conclusive statements can not be made, some notes can be made about them. First, university life generates a series of challenges in academic performance, adaptation to new environments, pace of work, exposure to public presentations and participation in related activities. If emotional balance is not available, or if there is any mental or affective alteration, the stated conditions may precipitate crisis situations and increase suicidal risk. Although some of the suicidees had a high academic recognition, the majority had an average yield and could be observed a decrease of its yield and increase of the absenteeism in the period before the suicide. From the suicidal events, some of the interviewees questioned depersonalized learning dynamics and methods that may contribute to emotional frustration and make timely detection of risk more difficult.

The economic conditions of the cases studied and their possible influence on the event could not be sufficiently observed through the interviewees' reports. It is said that they belonged to the middle, middle-upper and upper socioeconomic classes, with the exception of the case of a recently unemployed graduate, there was apparently no strong economic determination in the suicidal decision.

Conclusions and recommendations

Given the complexity of suicide, the diversity of its meanings and the emotional intensity of its impact, especially when it comes to the suicide of young people, it is confirmed the importance of a broad and interdisciplinary conceptual and methodological approach to research. No particular method or approach or discipline is sufficient to try to understand and interpret a phenomenon of this nature. Using the memory of people close to the event as a resource helps to recognize important dimensions, but it is also insufficient and must be complemented by other resources. Without intending to get definitive conclusions to other contexts, it is worth emphasizing some aspects found in this research project that can contribute to the understanding and confrontation of the problem, and to new research projects.

Beyond the indications given by the narratives and the quantitative data of the suicides of university students, the inquiries about notions and meanings of the fact and on the possible conditions that enabled it, all of this also allow us to formulate some useful statements for debate, action and research. The first refers to the range of meanings that suicide has for people who have been around, ranging from assuming it as an act of freedom, exercise of rights and autonomy, a valid option at crossroads, diseases or pain that seem insurmountable. Even its rating like act of impotence, cowardice, failure and immaturity. As same as suicide, a number of different and intertwined notions and meanings were also expressed about youth. On the common basis of a stage of biological, affective and social transitions, rethinking and resettlement, the vitality, expectations and potentialities with almost no limits, or inadequacies, maladaptation and incomprehension are highlighted. Such connotations can serve as a basis for suicidal behavior and decisions.

As to the processes, conditions and situations that could lead to suicide among these university students, three main types can be highlighted: those related to the family, with a history of mental or organic illnesses and with the relationships. The family history was considered to be the most important and possible relation to the suicidal decision, especially the processes of disintegration of the family core, excess or lack of authority, lack of communication between the family members, and the lack of understanding of their youthful condition and accepting dif-

ferences, especially in terms of sexual choice. An adequate approach to the problem of suicide in young people would therefore require an in-depth analysis and actions in the fields of structure, dynamics, values and communication at the family level. With regard to the history of diseases, mental illness, especially depression and bipolar disorder, and pathologies that produce social stigma, such as HIV / AIDS, seem to be particularly important. Early detection and proper management of this type of antecedents should also be part of a robust and long-term strategy against suicide among young people. Although, there is no specific pattern of interpersonal relationships among those who committed suicide,

this research project reinforces the importance of the relationships of couples in young people, as a protective element in case of their proper functioning or as potential risk and possible detonation of the suicidal act. The conditions of university life do not seem to trigger the suicidal decisions themselves and only appear to act as aggravating factors in the case of deficiencies or difficulties in the other antecedents already mentioned. A conclusion can not be stated about that if there is a kind of “suicidal route” or a suicidal personality or a unique suicidal cause. It is simultaneously a complex, individual and social fact, that challenges reason, affects feelings and challenges society.

Collaborations

SA Franco, ML Gutiérrez, J Sarmiento, D Cuspoca, J Tatis, A Castillejo, M Barrios, MP Ballesteros-Cabrera, S Zamora and CI Rodríguez who contributed equally at all the stages of this research Project and writing the paper.

References

1. Castillejo A. *Los Archivos del Dolor. Ensayos sobre la Violencia, el Terror y la Memoria en la Suráfrica contemporánea*. 2ª ed. Bogotá: Universidad de los Andes; 2013.
2. Ochs E, Capps L. Narrating the Self. *Annurev. Anthro*. 1996; 25(1):19-43
3. Amery J. *Levantar la mano sobre uno mismo, discurso sobre la muerte voluntaria*. Valencia: Pre-textos; 2005.
4. Cano JA. *Fenomenología del suicidio* [trabajo de grado]. Medellín: Universidad Pontificia Bolivariana; 2010.
5. Durkheim E. *El suicidio*. 6ª ed. Madrid: Ediciones Akal S.A.; 2008.
6. Torres L. ¿Existe una relación entre rendimiento académico y muerte por suicidio? Estudio retrospectivo en la Universidad de los Andes, 1992-2002. Publicación Universidad de los Andes No. 004. Bogotá. 2003, abril. [acceso en 2014 oct 30]. Disponible en: <http://www.worldcat.org/title/existe-una-relacion-entre-rendimiento-academico-y-muerte-por-suicidio-estudio-retrospectivo-en-la-universidad-de-los-andes-1992-2002/oclc/433133399>
7. Rosselló J, Berríos Hernández MN. Ideación suicida, depresión, actitudes disfuncionales, eventos de vida estresantes y autoestima en una muestra de adolescentes puertorriqueños. *Interamericana de Psicología IJP* 2004; 38(2):295-302.
8. Organización Mundial de la salud (OMS). Prevención del Suicidio (SUPRE). 2012. [acceso en 2015 jul 14]. Disponible en: http://www.who.int/mental_health/prevention/suicide/suicideprevent/es/
9. Organización Panamericana de la Salud (OPS). *Mortalidad por suicidio en las américas. Informe Regional*. Washington: OPS; 2014.
10. Moya DM. Comportamiento de lesiones de causa externa, Colombia, 2013. Instituto Nacional de Medicina Legal y Ciencias Forenses. 2013. [acceso en 2014 oct 30]. Disponible en: <http://www.medicinalegal.gov.co/documents/10180/188820/FORENSIS+2013+1-+lesiones+de+causa.pdf/8fde3e7c-f9e8-488a-8592-0916b81caef>
11. Instituto Nacional de Medicina Legal y Ciencias Forenses (IMLyCF). *Forensis, datos para la vida*. Bogotá: IMLyCF; 2014.
12. Sánchez R, Guzmán Y, Cáceres H. Estudios de la imitación como factor de riesgo para ideación suicida en estudiantes universitarios adolescentes. *Rev. Colomb. Psiquiatr*. 2005; XXXIV(1):12-30.
13. González S, Díaz A, Ortiz A, González C, González JdeJ. Características psicométricas de la Escala de Ideación suicida de Beck (ISB) en estudiantes universitarios de la ciudad de México. *Salud Mental* 2000; 23(2):24-30.
14. Calvo JM, Sanchez R, Tejada P. Prevalencia y factores asociados a ideación suicida em estudiantes universitarios. *Rev Salud Pública* 2003; 5(2):123-143.
15. Villalobos FH. Situación de la conducta suicida en estudiantes de colegios y universidades de San Juan de Pasto, Colombia. *Salud Mental* 2009; 32(2):165-171.
16. Amézquita ME, González RE, Zuluaga D. Prevalencia de la depresión, ansiedad y comportamiento suicida en la población estudiantil de pregrado de la Universidad de Caldas, año 2000. *Rev. Colomb. Psiquiatr*. 2003; XXXII (4):341-356.
17. Micin S, Bagladi V. Salud Mental en estudiantes universitarios: Incidencia de psicopatología y antecedentes de conducta suicida en población que acude a un servicio de salud estudiantil. *Terapia Psicológica* 2011; 29(1):53-64.
18. Tuesca R, Navarro E. Factores de riesgo asociados al suicidio e intento de suicidio. *Rev científica Salud Uninorte* 2003; 17:19-28.
19. Cárdenas I, Chingla JC, Franco MC, Martínez M, Ramos V, Rolón I, Sánchez JM. *¿Suicidio, una alternativa de muerte, suicidio una alternativa de vida? Estudio aproximativo al suicidio en universitarios javerianos*. Bogotá: Pontificia Universidad Javeriana; 1994.
20. Hawton K, Simkin S, Fagg J, Hawkins M. Suicide in Oxford University students. *BJ Psych* 1995; 166(1):44-50.
21. Silverman MM, Meyer PM, Sloane F, Raffel M, Pratt DM. The Big Ten student suicide study: a 10-year study of suicide on Midwestern University Campus. *Suicide Life Threat Behav* 1997; 27(3):285-303
22. Del Pino J. Harvard lucha contra los suicidios. El País: España. 24 octubre de 1998. [acceso en 2015 sep 8]. Disponible en: http://elpais.com/diario/1998/10/24/ultima/909180001_850215.html
23. Jacobs DG, editor. *The Harvard Medical School guide to suicide assessment and intervention*. San Francisco: Jossey-Bass Publishers; 1999.
24. Schwartz AJ. College student suicide in the United States: 1990-1991 through 2003-2004. *J Am Coll Health* 2006; 54(6):341-352.
25. Hernández R, Fernández C, Baptista P. *Metodología de la Investigación*. 5ª ed. México: McGrawHill; 2010.
26. Jelin E. ¿De qué hablamos cuando hablamos de memoria? In: Jelin E. *Los trabajos de la Memoria*. Madrid: Editorial Siglo Veintiuno; 2002. p.17-38.
27. Castillejo A. La globalización en el testimonio: historia, silencio endémico y los usos de la palabra. *Antípoda* 2007; 4:76-99.
28. Minayo MCS. *La artesanía de la investigación cualitativa*. Buenos Aires: Lugar Editorial; 2009.
29. Moreira V, Sloan T. *Personalidade, ideologia e psicopatologia crítica*. São Paulo: Editora Escuta; 2002.
30. Bonete E. *¿Libres para morir? En torno a la Tánato-Ética*. Bilbao: Desclée de Brouwer; 2004.
31. Salazar P. 'Nadie está obligado a soportar lo insostenible': Hans Küng. El Tiempo. 2013, octubre 8. Sección Temas del día. [acceso en 2015 sep 8]. Disponible en: <http://www.eltiempo.com/archivo/documento/CMS-13107847>
32. Dannenberg AL, McNeil JG, Brundage JF, Brookmeyer R. Suicide and HIV infection. Mortality follow-up of 4147 HIV-seropositive military service applicants. *JAMA* 1996; 276(21):1743-1746.

Article submitted 06/08/2015

Approved 05/12/2015

Final version submitted 07/12/2015