



*Journal of Advances and
Scholarly Researches in
Allied Education*

*Vol. VIII, Issue No. XVI,
Oct-2014, ISSN 2230-7540*

A CRITICAL STUDY ON SUICIDE AND ITS CONSEQUENCES

AN
INTERNATIONALLY
INDEXED PEER
REVIEWED &
REFEREED JOURNAL

A Critical Study on Suicide and Its Consequences

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Abstract – *The phenomenon of suicide represents the existence of social malaise. We come across a situation represented by the operation of a variety of social forces due to which the individual finds that he cannot cope with the tensions and strains, which threaten to engulf him. Under social such circumstances the behavior of a potential suicide may be reflective of this “Cry of help” which, when ignored, may result in a “shout of protest” in the form of indulging in self-immolation.*

It may happen mainly due to some of the negative life experiences such as death of loved one, divorce, separation or breakup of a relationship, serious loss such as a loss of a job, house, or money, Chronic physical pain, intense emotional pain, loss of hope, (Being victimized such as domestic violence, rape, assault), A loved one being victimized such as child murder, child molestation, kidnapping, murder, rape, assault, Physical abuse, verbal abuse. Sexual abuse, serious legal problems, such as criminal prosecution or incarceration, inability to deal with a perceived “humiliating” situation, inability to deal with a perceived “failure, Alcohol abuse, drug abuse, feeling of not being accepted by family, friends, or society, horrible disappointment, feeling like one has not lived up to his or her high expectations or those of another and low self-esteem. The current paper highlights the facts about suicide and its consequences.

Keywords: Suicide, Socialization, Society

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INTRODUCTION

An act of suicide, says, Albert Camus, is prepared with in the silence of the heart, as is a great work of art. Suicide has been honored as well as condemned down through the ages. The philosophers approach to the topic of suicide hinges on the central query whether the human can decide to blow out the flame of his own life.

Suicidal death has been charged triple sinful because it is an act directed against God, state and man himself. Suicide has been a part of civilization since time immemorial. The subject has remained the focus of attention with almost all religions. Depending on the time and culture, public attitudes towards suicidal behavior varied from one of acceptance to condemnation. Hinduism states that he who takes his own life will enter the sunless areas covered by impenetrable darkness after death. Islam considered suicide a very serious crime and Christianity prohibits suicide and considers it as a sin against God and his primary one of suffering and stress, and it is one of man's duties to withstand his suffering. Thus, suicide irrespective of any religion condemns and prohibits suicide.

Controversy clouds the point whether the tendency for self-destruction is phenomenon of modern societies or whether it was an inherent quality of primitive mind. Certain anthropologists have claimed that suicide was unknown to certain tribes like Zoni of New Mexico, Andaman islanders and Australian aborigines, Nevertheless others have found a higher occurrence of suicide among Navaho of North America and Fizi islanders when compared with the suicide rates in the advanced countries.

Society however, is neither simple nor unitary it condemns suicide because it believes that the life is a condition of good fortune and because it does not want to put in the question the worth of values of which man find subscribes. Besides theologians and philosophers, sociologists, psychologists, criminologists and others ever interested in the study of suicide. The French sociologist, Emile Durkheim demonstrated that suicide was the result of disparity between the individual and the social structure. One commits suicide only when one suffers from frustration, isolation, humiliation and dependency. Suicide implies that the person has reached a stage where he is longer able to function adequately in the many interpersonal relationships of a normal human

being, and that lies that bind the member of the organized group are broken.

Investigations of suicide death reveal that in the great majority of cases, suicide did not occur suddenly, impulsively, impulsivity or inevitably, but was, on the contrary the final step or outcome of a progressive failure of adaptation. Several sociological, psychological, biological, medical factors and psychiatric illness have been identified as responsible for suicide in general populations.

When some people commit suicide means that society has failed to create conclusive circumstances to them to live happily. Moreover man has a tendency to imitate others. Therefore, those who commit suicide are setting a bad example to others, who are also tempered to commit suicide under unfavorable circumstances.

Those who are doing research in sociology says that in a majority of cases, persons intended to commit suicide give a clue either by words or acts, to the effort that they are going to end their lives.

Disappointments, frustrations, failures, shock, greed and the like, however intense or unbearable can lead to suicide, although we may satisfy our material needs, this life of prosperity leaves us with a feeling of intense boredom. Unemployment, debt may be important economic reason leading to suicides. Poverty is still another cause for suicide. For example we read from newspapers now and then that a mother unable to bear the pangs of poverty till her children and then kill herself.

Suicide behavior is a personal act with a wide social influence and implication and at the same it is time a major public health problem which requires is still trying to produce a society matching up with its level of education and literacy. Day by day the rates of suicides are increasing. As per the latest reports available, nearly 28 persons commit suicide in Kerala every day with an ever increasing suicide rate - almost three times the national average. About 100 suicide attempts are made every-day of which 25 percent of them find realization. More males commit suicide than females the ratio is approximately 70:30. Eighty percentages of those who die by suicide belong to the productive age group of 15-59 years.

Despite their wider social networks, middle class widows tended to have more problems than lower-class widows, since their marriages had frequently been the more satisfactory. Social interactions tended to be especially low during the first year of widowhood. While widowhood did not appear to increase relationships with the immediate family, contacts with in-laws typically were curtailed. Lopata's research also identified some positive consequences of widowhood. Many widows experienced release from a particularly unhappy marriage, or from the anxieties of a long,

painful and lingering illness, and were able to express a new sense of independence.

Sheskin and Wallace (1976) opened new avenues for sociological research on the 'fit' between bereavement responses and the circumstances of precipitating death.

When the death has been a 'lingering' one, as in cases of terminal illnesses and of suicides preceded by debilitating depression, the widow's recovery appears to be facilitated by the fact that she could begin to redefine her role and to assume new responsibilities prior to the death. In contrast, unexpected accidents and most suicides are found to produce the most severe bereavement reactions: Shock, despair, bewilderment and often physical illness. In such cases, where widows must make sense of a world that has suddenly lost its meaning, recovery tends to be a long process and is frequently accompanied by overwhelming sorrow and loss of the sense of personal control. The reactions of widows whose husbands had taken their own lives further compounded by self-blame, thus complicating and lengthening the adaptive processes of recovery.

OBJECTIVES OF THE STUDY

1. To study the influence of socio-economic background on people who commits and attempts suicide.
2. To analyze the relationship between socialization process and suicide.
3. To examine factors responsible for suicide.

LITERATURE REVIEW

Literature regarding both causes and consequences of suicide is not numerous. The chapter begins with "Life is stage with one entrance but many exits" remarked Will Durant. Among these various exits suicide has a long history and philosophy.

Suicide was not heroic enough to be mentioned and was looked upon as a weak man's act. This chapter simply analyses the available literature on causes and consequences of suicide.

Age is the one of the important factor determining the suicide. Suicide prone highest in the age group 25-45. Studies shows Shah (1960) in Maharastra that suicide ranges from 13-30 years.

Rao 1972 reports highest number in the range of 25-44 years group and Khan and Mahesh (1972) studied 378 suicide in Meerat for the period between 1966 to 1970. They found that male suicides and more than half of the group were in the age range of 15 to 24 years.

Varma (1972) studied 400 cases of suicide in Lucknow and reported that about 58 percent those were in the age group of 15 to 24 years old. Sathyavathi (1973) studied 144 teen age suicides worked out to be one fifth of the total suicide during the period and again Sathyavathi (1975) studied 144 teen age suicides worked out to be one fifth of the total suicide during the period and again Sathyavathi (1973) examined younger age of 14-25 also as more risk group.

Weisman (1974) attributes 50 percent of all attempted suicide to those under the age of 30 and also points out that the model age in dropping.

Petzel (1978) points out that the ratio of the rates in married individuals to those in single person 15-19 years age group being approximately 1:5 for males and 1:7 for females.

Sainbur et al (1980) found significant correlation between the suicide rate and social variables, suicide related family cohesion. The proportion of the population aged less than 15 and birth to women ever 30, rate of divorce and illegitimacy birth to women below 20. Fewfile (1989) reveals that suicide in Jordan peak rate among age group 15-34. Two third of males who committed suicide were single and over half were employed. Another study designed to assess the suicide potential of youth 14- 18 years of age who are at high risk for suicidal behaviour.

Eggert, C.L. Thompson and A. Herting J.R (1994). Riggs J.E. Mc Graw Keefoner R. W (1996) considered an age specific suicide rate on united states between 1951 and 1998, and have shown in cohort cross sectional and age group formats, considerable variation among women and younger and older men, suicide rate among 40-44 years old men have remained stable suicide is strongly influenced by psychological stress and constant suicide rate. Sha (1973) 13-30 years had highest number of suicide.

Sharma, Gopalakrishna (1978) and Rao (1972) a study conducted in union territory of Goa, found that Highest number was in the 25-44 years group he opined data derived from the Government of India Statistics, from suicide prevention centers, suicide autopsies, geropsychiatric clinics, and survey studies indicate that suicide in the elderly is increasing. Depressive disease is the leading cause for suicide, followed by physical diseases and poverty. Family integration and social integration were found to be more important than "living in the family" or "living alone."

HYPOTHESIS OF THE STUDY

1. Female members are prone to suicide than the male members.

2. Socialization process has direct and indirect influence on suicide.
3. Religion plays a vital role in suicide.
4. Economic factors are main cause of suicide.

RESEARCH METHODOLOGY:

Tools for Data Collection

The study employs both qualitative and quantitative methods for data collection.

Quantitative methods

Primary data were collected using an interview schedule. In the interview schedule most of the questions were closed and some questions were open ended to provide more freedom of answering to the respondent.

Secondary data were also collected from State and National Crime Records Bureau' several publications, journals, articles, books, paper cuttings, and newspaper and research papers. Data were also collected from experts who had already worked in the field and from the crime report bureau.

Qualitative methods

Case Studies were made to support some inferences arrived through quantitative analysis. Frequent visits were made to collect more information and to make an in depth analysis of the cases. The major factors responsible for suicide and long and short term impact on family after one commits suicide were clearly brought out

through respective cases.

Key Informant Interviews with religious leaders, revealed the importance of religion and how religion act as an instrument for personal well-being. Relation between religion and suicide is also studied.

Scaling techniques To study the social support including the depression, scaling technique was used and measured the degree of support suicide attempters are having.

- a. A seven point scale was used religious attachment of the attempters studied
- b. By another scale having seven points to understand relation with family members Scales were prepared using the experts in the fields of religion and sociology.

RESEARCH DESIGN

The study used descriptive and diagnostic design as it describes major factors responsible for suicide and problems faced by committers family and diagnosed the relation between the various variables and socio-economic and psychological factors responsible for suicide

POPULATION AND SAMPLING

The people who have attempted suicide but failed and the family of those who committed suicide form the population of the study. The entire list of population could not be obtained from one single source.

The families of people who have committed suicide were selected from State Crime Records Bureau using stratified random sampling method. Fifty percentage of the committed families from each zone were selected on the basis of availability of the members. After a preliminary study of the respondents, certain cases were dealt in detail using case study and in depth interviews. For the last objective Durkheim's study of suicide model is used by using Weber's tool of ideal type. The cases which are studied are grouped in to various types of suicide as given by Durkheim. Construction of the suicide model is used for constructing the typology of suicide

VARIABLES

As the study is on suicide, it required three types of variables namely independent, dependent and intervening variable were used here. Dependent variable is suicide whereas the intervening variable are the economic crisis, strained relationships between the family members, isolation, death of a spouse, failures in love, lack of social support and depression.

Independent variable namely age, sex, religion, place of residence, income, education and type of family are inter-wined with intervening variables to study the dependent variable namely suicide. To study the long term and short term impact of suicide and attitude of family before and after one committing suicide the same independent mentioned above are used. They are age, sex, religion, place of residence, income, education and type of family.

CONSEQUENCES OF SUICIDE

Death for the individual means not only loss of the self but also the loss of others significant to that self. The problems faced by the members of the deceased are indeed tragic.

In the British Journal of Psychiatry on September, 1976, an article was published by D. M. Shepherd and B. M. Barraclough titled, "The Aftermath of Parental Suicide on Children". This study was primarily concentrated on how suicide affects the children's psychology. It might be thought that bereavement by

suicide would be particularly disturbing with its implications of death, sometimes horrible, being preferred to life with the family and that there might result a sense of rejection and feelings of guilt, depression and shame, or of anger, or blame towards the surviving parent.

The authors have looked especially at the stability of the family, how the surviving parent handled the immediate consequences of the suicide and the long term effects on health and on behavior. The psychological effect of parental suicide on the children can be explained as below. The study revealed that the suddenness of death, the consequent upheaval of strong emotion, the police enquiry and the changed behaviour of adults in the family might be expected to frighten children. Anxiety, a lesser form of fear and often longer lasting, was commonly observed. The most unexpected result is the relative absence of effect. Lack of sensitivity on the part of parents in perceiving or recalling their children's responses while in their own misery may be a partial explanation, or inability on the part of the children to communicate feelings which they may not comprehend, or a relative absence of feeling, conditioned by prolonged exposure to unsettling family events. And it is likely that in some the release from sometimes-insupportable family life brought more relief than grief.

While concluding they have said that any phenomena observed may have resulted from living with a disturbed parent before the suicide, the effect of bereavement during a formative period, the nature of the death, the social and economic difficulties of living in a one parent family, or inheritance from a sick parent. The children's home life before bereavement had been abnormal because of mental illness, and family disruption and pre-suicide stresses were significantly related to present functioning. An incidence of psychological morbidity greater than that of a comparison group was observed. Some children appear to cope with the experience of parental suicide without consequences; for a few there was relief from an insupportable situation.

Bereavement has attracted several lines of sociological inquiry, including studies of the possible lethal consequences of loss of spouse, of the nature of widowhood, of the consequences for the bereaved of different types of death and of anticipatory grief.

A surviving spouse is at increased risk of dying following bereavement variously referred to as "the broken heart syndrome" or the "loss effect". Lynch (1977) in a major scientific and sometimes sentimental tract wrote, "Loneliness and grief often overwhelm bereaved individuals and all available evidence suggests that people do indeed die of broken hearts".

Another line of sociological inquiry concerns widowhood, as a process of reacting to bereavement and learning to cope with it. Helena Lopata began a series of investigations that culminated in "Widowhood

in an American City" (1973) and "Women as Widow: Support Systems" (1979). Lopata in a rigorously designed study of the consequences of widowhood draw a representative sample of widows for the Population of Metropolitan Chicago. Despite the relatively small sample (301 Cases) analysis by age, race, socio-economic status and recency of bereavement enabled Lopata to differentiate among subgroups of widows. The findings were as follows: Women over 65 were frequently found to have joined a "society of widows". Since at that age widowhood tended to be the norm. Young widows tended to suffer from being a "third wheel" in their social networks, which were made up largely of couples.

ANALYSIS OF STUDY

The data were analyzed using SPSS programme 11.5 version. Frequency tables and cross tables were prepared to arrive at inferences. Further, pie charts and bar diagrams were prepared to present the data and for making the finding clearer.

Indices were prepared to measure relation with family members and role of religion and the data collected using scales were measured through quantitative techniques.

Qualitative data were analyzed by content analysis this include the data collected through interview schedules and case studies.

LIMITATIONS OF THE STUDY

- 1) The topic was very sensitive and so the study is not an exhaustive one. Moreover there were some respondents who refused to discuss the matter initially and then agreed to co-operate with the study and there were others who, although they did not refuse an interview, made it clear that they would prefer to forget the matter altogether. Interviewing these cases was quite tedious, strenuous and time consuming.
- 2) Statically tools were not used since the numbers of respondent were not sufficient to use statistical tools.

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