ISSN 2454-8596
www.vidhyayanaejournal.org
An International Multidisciplinary Research e-Journal

Suicide – A Burning Social Problem of the Modern Age

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ISSN 2454-8596
www.vidhyayanaejournal.org
VIDHYAYANA
An International Multidisciplinary Research e-Journal

Suicide is an intentional, self-inflicted death. A uniquely human act, suicide occurs in all cultures. People who attempt or complete suicide usually suffer from extreme emotional pain and distress and feel unable to cope with their problems. They are likely to suffer from mental illness, particularly severe depression, and to feel hopeless about the future.

Suicide ranks as a leading cause of death worldwide, making it a significant public-health problem. In addition, some researchers believe official statistics underestimate the actual number of suicides.

Suicide is a major public health problem, with more than 32,000 persons dying by suicide each year in the United States, or about 80 suicides per day. In addition to completed suicides, another 1,500 unsuccessful suicide attempts occur each day. In the 18- to 65-year age group, suicide is the fourth leading cause of death in the United States.

Suicide occurs in persons of all ages and backgrounds, but certain groups of people are at increased risk for suicide attempts. These include persons with a psychiatric illness and a past history of attempted suicide. Males are more likely than females to commit suicide, although attempts are more common among females. A family history of, or exposure to, suicide; altered levels of neurotransmitters in the brain; and impulsivity are other factors that may increase an individual's risk of suicide.

While suicide is not universally preventable, it is possible to recognize some warning signs and symptoms that may enable you or your loved ones to access treatment before a suicide attempt. It has been estimated that up to 75% of suicide victims display some warning signs or symptoms.

Suicide is the process of purposely ending one's own life. The way societies view suicide varies widely according to culture and religion. For example, many Western cultures, as well as mainstream Judaism, Islam, and Christianity tend to view killing oneself as quite negative. One myth about suicide that may be the result of this view is considering suicide to always be the result of a mental illness. Some societies also treat a suicide attempt as if it were a crime. However, suicides are sometimes seen as understandable or even honorable in certain circumstances, such as in protest to persecution (for example, hunger strike), as part of battle or resistance (for example, suicide pilots of World War II; suicide bombers) or as a way of preserving the honor of a dishonored person (for example, killing oneself to preserve the honor or safety of family members).

Nearly a million people worldwide commit suicide each year, with anywhere from 10 to 20 million suicide attempts annually. About 30,000 people reportedly kill themselves each year in the United States. The true

number of suicides is likely higher because some deaths that were thought to be an accident, like a single car accident, overdose or shooting, are not recognized as being a suicide. Suicide is the eighth leading cause of death in males and the 16th leading cause of death in females. It is the third leading cause of death for people 10 to 24 years of age. Trends in rates of suicides for teens 15 to 19 years of age indicate that from 1950 to 1990, the frequency of suicides increased by 300% and from 1990 to 2003, that rate decreased by 35%.

As opposed to suicidal behaviors, self-mutilation is defined as deliberately hurting oneself without meaning to cause one's own death. Examples of self-mutilating behaviors include cutting any part of the body, usually of the wrists. Other self-injurious behaviors include self-burning, head banging, pinching, and scratching.

Physician-assisted suicide is defined as ending the life of a person who is terminally ill in a way that is either painless or minimally painful, for the purpose of ending suffering of the individual. It is also called euthanasia and mercy killing. In 1997, the United States Supreme Court ruled against endorsing physician-assisted suicide as a constitutional right but allowed for individual states to enact laws that permit it to be done. As of 2003, Oregon was the only state with laws that authorized physician-assisted suicide. Physician-assisted suicide seems to be less offensive to people compared to euthanasia that is done by a non-physician, although the acceptability of both means to end life tends to increase as people age and with the number of times the person who desires their own death repeatedly asks for such assistance.

The effects of suicidal behavior or completed suicide on friends and family members are often devastating. Individuals who lose a loved one from suicide (suicide survivors) are more at risk for becoming preoccupied with the reason for the suicide while wanting to deny or hide the cause of death, wondering if they could have prevented it, feeling blamed for the problems that preceded the suicide, feeling rejected by their loved one, and stigmatized by others. Survivors may experience a great range of conflicting emotions about the deceased, feeling everything from intense sadness about the loss, helpless to prevent it, longing for the person they lost, anger at the deceased for taking their own life to relief if the suicide took place after years of physical or mental illness in their loved one. This is quite understandable given that the person they are grieving is at the same time the victim and the perpetrator of the fatal act.

Individuals left behind by the suicide of a loved one tend to experience complicated grief in reaction to that loss. Symptoms of grief that may be experienced by suicide survivors include intense emotion and longings for the deceased, severely intrusive thoughts about the lost loved one, extreme feelings of isolation and

emptiness, avoiding doing things that bring back memories of the departed, new or worsened sleeping problems, and having no interest in activities that the sufferer used to enjoy.

Signs and symptoms for suicide:

Warning signs that an individual is imminently planning to kill themselves may include the person making a will, getting his or her affairs in order, suddenly visiting friends or family members (one last time), buying instruments of suicide like a gun, hose, rope or medications, a sudden and significant decline or improvement in mood, or writing a suicide note. Contrary to popular belief, many people who complete suicide do not tell any mental-health professional they plan to kill themselves in the months before they do so. If they communicate their plan to anyone, it is more likely to be someone with whom they are personally close, like a friend or family member.

Individuals who take their lives tend to suffer from severe anxiety, symptoms of which may include moderate alcohol abuse, insomnia, and severe agitation, loss of interest in activities they used to enjoy (anhedonia), hopelessness, and persistent thoughts about the possibility of something bad happening. Since suicidal behaviors are often quite impulsive, removing firearms, medications, knives, and other instruments people often use to kill themselves can allow the individual time to think more clearly and perhaps choose a more rational way of coping with their pain.

Some possible causes of suicide:

Life circumstances that may immediately precede someone committing suicide include the time period of at least a week after discharge from a psychiatric hospital or a sudden change in how the person appears to feel (for example, much worse or much better). An example of a possible trigger (precipitant) for suicide is a real or imagined loss, like the breakup of a romantic relationship, moving, loss (especially if by suicide) of a friend, loss of freedom, or loss of other privileges.

Firearms are by far the most common means by which people take their life, accounting for nearly 60% of suicide deaths per year. Older people are more likely to kill themselves using a firearm compared to younger people. Some individuals commit suicide by threatening police officers, sometimes even with an unloaded gun or a fake weapon. That is commonly referred to as "suicide by cop." Although firearms are the most common way people complete suicide, trying to overdose on medication is the most common way people attempt to kill themselves.

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Many people feel uneasy talking about suicide, in part because of a social taboo on talking or learning about suicide. One popular myth is that suicide should not be mentioned around depressed people because it would plant the idea in their minds. But most mental health professionals agree that people who have suicidal wishes can benefit by talking about their feelings.

Attitudes toward suicide have varied widely throughout history. In ancient Egypt people considered suicide a humane way to escape intolerable conditions. For centuries in Japan people respected instances of hara-kiri (ritual suicide with a dagger) as a way for a shamed individual to make amends for failure or desertion of duty. During World War II Japanese kamikaze pilots considered it an honor to perform suicidal missions by crashing their airplanes into an enemy target. In India women were once expected to burn themselves on a funeral pyre after their husband died, a custom known as suttee.

In many other societies, however, suicide has been strongly condemned or made illegal. The Greek philosopher Plato strongly disapproved of suicide. In general, ancient Roman governments opposed suicide when the state stood to lose assets, such as soldiers and slaves. Suicide was clearly prohibited by Judaism unless one faced capture by an enemy, as in the mass suicides at Masada.

Christianity has generally condemned suicide as a failure to uphold the sanctity of human life. In the 4th century ad, Saint Augustine decreed suicide a sin. By the Middle Ages, the Roman Catholic Church forbade the burial of suicide victims in consecrated ground. English law considered suicide to be a crime punishable by the forfeiture of goods and property to the government unless the suicide was the result of madness or illness. This criminal view of suicide immigrated to colonial America and was adopted by individual states.

Today, with more modern views of mental illness and concern for the rights of survivors, most major religions offer compassion and traditional funeral rites in cases of suicide. No U.S. state now considers suicide a crime. Helping someone complete suicide, however, is criminally punishable in several states.

Suicide is a multifaceted problem and hence suicide prevention programmes should also be multidimensional. Collaboration, coordination, cooperation and commitment are needed to develop and implement a national plan, which is cost-effective, appropriate and relevant to the needs of the community. In India, suicide prevention is more of a social and public health objective than a traditional exercise in the mental health sector. The time is ripe for mental health professionals to adopt proactive and leadership roles in suicide prevention and save the lives of thousands of young Indians.