

PSYCHO-SOCIAL AND ECONOMIC CAUSES OF SUICIDE

*A Dissertation Submitted to the University of Kerala in
Partial Fulfilment for the Requirement of the Master of
Arts Degree in Sociology*

Submitted By

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Exam Code: 560 014 06

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2006-08

DECLARATION

I, Anil J, do here by declare that this dissertation titled
**“PSYCHO-SOCIAL AND ECONOMIC CAUSES OF
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Thiruvananthapuram
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CERTIFICATE OF APPROVAL

This is to certify that this dissertation entitled **“PSYCHO-SOCIAL AND ECONOMICAL CAUSES OF SUICIDE”** IS a record of genuine work done by Mir. Anil J fourth Semester Master of Arts in Sociology student of this college under my supervision and guidance and that it is hereby approved for submission.

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ACKNOWLEDGEMENT

As I am on the verge of the completion of my dissertation, I am immensely thankful to each and every one who has accompanied till the end; I wish to bring to mind their reminiscences.

I remember God, the Almighty who has guided me through the correct direction and given me courageousness while facing the life tragedy of the people who has committed suicide and for enabling d me to be patient and to work with optimism.

I am deeply grateful to *Dr. Lekshmi V Nair*, my faculty supervisor and guide for providing me result oriented and dedicated guidance to work on this subject.

I am obliged to *Rev. Fr. Dr. MK George* (Our Former Principal) *Dr. Usha John*, the principal, *Mrs. Elizabeth Mathew*, the Head of the department of Sociology for their motivation and allowing me to conduct this study.

My special thanks to *Bro. Aneesh SJ* whose influence and admirations had backed me up restlessly to ladder to the peak.

My special thanks to *Ms. Sunil Kumar P*, the librarian, *Mr. George*, assistant librarian and *Mr. Vagheese* (Our former assistant librarian).

I am immensely thankful to my *Ms. Anjana KB & Chithra Kuruvilla*, who has been my motivation and support to continue and finish my work within the time.

My unending sentiments of thanks to my Circle of Friends, who encouraged and inspired me to accomplish the task.

I owe my sincere and loving thanks to my *Mother, Brother and Sister* for all their support and concern towards me.

Remembering the Happy Moment We Shared.....

With Heartfelt Condolence....

With a Stirring Promise to.....



My Friend Soly Mon

I Submit My Effort for YOUR Approval

Stop, Watch & Proceed

*Suicide is NEVER the answer,
getting help is the answer.*

*If you are suicidal, have attempted suicide,
or are a suicide survivor,
you will find help, hope, comfort,
understanding,
support, love, and extensive resources here.*

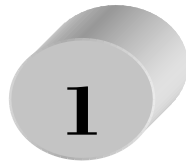
I Love You.

And I will never stop fighting for you,

(Kevin Caruso, Suicide.org)

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INTRODUCTION

“Everything naturally loves itself and preserves itself in being; Suicide is against natural inclination and contrary to the charity, which a man ought to bear himself.”

Thomas Aquinas

Suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself which he knows will produce this result (Durkheim)

To many, suicide or intentional self killing seems like the ultimate social act of an individual. Yet sociology itself grew out of Emile Durkheim’s argument that suicide rates are social facts and reflect variation in social regulation and social interaction. The concept of suicide derives from Latin word *sui* (“of oneself”) and *cide* (“a killing”)

People who choose suicide tend to:

- a. Seek a solution to their life problems by dying.
- b. Want to cease consciousness
- c. Try to reduce intolerable psychological pain
- d. Have frustrated psychological needs
- e. Feel helpless and hopeless
- f. Be ambivalent about dying
- g. Be perceptually constricted and rigid thinkers
- h. Manifest escape, aggression or fugue behaviours
- i. Communicate their intent to commit suicide or die.
- j. Have lifelong self-destructive coping responses (sometimes called suicidal caress)

Completed suicides need to be differentiated from nonfatal suicide attempts, suicide ideation, and suicide talk or gestures. Sometimes one speaks of self-injury, self-mutilation, accident proneness, failure to take needed medications and the like-wise suicide intention that cannot be demonstrated, which is termed – as ‘parasuicide’. The most common of all self-destructive behaviours are indirect, for example, alcoholism, obesity, risky sports, gambling and so forth. There are also mass suicides. Individual and social growth probably requires some partial self-destruction.

It is a rare adolescent who does not, at sometime or other, think of killing himself because he is a “failure” or because he believes the world is “unfair” to him. Relatively few adolescents go beyond talking, though some do try to commit suicide, if for no other reason than to frighten their parents or teachers into treating them better in the future.

When threats or suicide attempts occur frequently, they are one of the most serious change signals of maladjustment. They not only show how self-rejectant the person is but also how hopeless he feels about his life situation. Sometimes suicide attempts are impulsive and sometimes premeditated. Sometimes the person hopes that, by showing others how great his self-rejection is, he will get them to help with his problems and will, certainly, get them to treat him more sympathetically. Jacobziner explains some of the other factors behind adolescent suicide attempts.

Suicide is in most cases, a sudden precipitous reaction to a stressful situation resulting from frustration, depression, overt or marked anger, or a rebellious at against a restraining figure, a loved one. It is intended to frighten and to cause the restraining persons to change an attitude or behaviour towards the victim. It is often intended as a warning to parents of loved ones, as an expression of dissatisfaction or displeasure with existing unpleasant situations, and as a plea for improved relationship.

From the standpoint of psychoanalytic psychiatry, it may be said that every individual has what we may call a “suicide-potential”, a tendency to self murder which varies in degree of intensity from individual to individual. To be sure this intensity has never been measured by psychometrician, and the difficulty of measuring it is obvious and great. The degree of intensity of this potential is established in infancy and early childhood by the fears, anxieties, frustration, loves, and hatreds engendered in the individual by the family-environment in sibling rivalry, rejection or over-acceptance by the parents, degree of dependence). Where through excessive mother-lover, father-rejection, inferiority induced by siblings, the individual is not readied for responsible adulthood according to the customs and mores of the society he is to participate in, the suicide-potential of an individual may be very high.

At the other extreme, is the individual whose rearing has channeled the basic psychic configuration into work activities or other activities, with no promises or

rewards not possible in the world of reality, here the suicide potential of individual is slight.

But slight as it may be, the woes, trials and tribulations of adulthood may aggravate it to a point where self, murder becomes a possibility.

Suicide varies inversely with the degree of social groups of which individual forms a part. But society cannot disintegrate without the individual simultaneously detaching himself from social life, without his own goals becoming preponderant over those of the community, in a word without his personality tending to surmount of the collective personality. The more weakened the group to which he belongs, the less he depends on them, the more he consequently depends only on himself and recognizes no other rules of conduct than what are founded on his private interests. If we agree to call this state, egoism, we may call egoistic the special type of suicide springing from excessive individualism.

Anomie is a regular and specific factor in suicide in our modern societies one of the springs from which the annual contingent feeds. It differs from others in its dependence not only the way in which the individuals are attached to society but on how it regulates them. Egoistic suicide results from man's no longer finding a basis for existence in life, altruistic suicide-because this basis for existence appears to man situated beyond life itself. The third sort of suicide, the existence which results from man's activity's lacking regulation and his consequently a suffering, so the last one is called the anomic suicide.

The third form of suicide according to Durkheim is 'altruistic suicide', in which an individual commits suicide as part of his moral obligation. Individual feels that he has failed, dishonored and could not able to fulfill his duties. This failure in extreme loyalty forces him to commit suicide.

In Kerala, suicide rate has been very alarmingly increasing as 27% from the last couple of years, comparing it with the world statistics, it shows only 8%. many tend to attribute mental depression and frustration as the root cause. But that's only an assumption. Farmicide, student suicide and some other seasonal suicide have become and inevitable part of Kerala culture.

The suicide of Merlin Muro, the Hollywood actress, suicide of Ernest Hemingway and the suicide of Edapally Raghavanpilla are the typical examples

that direct one to explore to the extra natural facts behind suicide. The study tries to analyze those reasons and the instinctual tendency of Keralites who prefer suicide as the immediate abode for all the problems. Attention is made to analyze the hereditary factors and the socialization process of the family throughout the study.



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4. Dutiful suicide

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INTRODUCTION

The rationale behind suicide, which is defined as the intentional taking of one's own life, can be as simple or as complex as life itself. The person who commits suicide may see his or her actions as some sort of solution to a severe physical or psychological dilemma. The Psychology of the suicide is rooted in depression. Therefore, it is important to take into account the clinical considerations as well as the investigative facts.

Oftentimes, a police investigator will find a note indicating that the victim had suffered psychological torment, or was severely depressed. The note might even suggest that he or she believed that suicide was the last resort. Many of the suicide notes I have seen over the years indicate the acute depression of persons who have taken their lives.

There are more suicides occurring in the 1990's according to the experts and the rate of suicide among pre-teens and the elderly has significantly increased. Teenage suicides have been described as epidemic in proportion to their representation within society.

Periodically, the nation's newspapers and television networks may cover this phenomenon by reporting a series of events including "Teenage Suicide Pacts." Ironically, the media attention often results in further teenage suicides. The course of action would be to seek out professional assistance and create programs within the school system to deal with this problem.

A. DEFINITION

According to Durkheim "the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (Durkheim, 1982)

Suicide (Latin *sui caedere*, to kill oneself) is the act of intentionally terminating one's own life. Suicide occurs for a number of reasons such as depression, substance abuse, shame, avoiding pain, financial difficulties or other undesirable situations.

"More are dying from suicide than in all the armed conflicts around the world. One million suicide deaths annually are more than the casualties in all of several

armed conflicts around the world and, in many places about the same or more than those dying from motor vehicle collisions."

Suicide is the act of voluntary and intentional self-destruction (Encyclopaedia Britannica, P. 532).

Some of the leading factors of suicide may be as follows:

- Suffering (e.g. physical or emotional agony that is not correctable)
- Stress (e.g. grief after the death of a loved one)
- Crime (e.g. escaping judicial punishment and the dehumanization and boredom of incarceration; self-punishment due to guilt)
- Mental illness (e.g. depression, bipolar disorder, schizophrenia, anxiety disorders, anorexia nervosa, bulimia nervosa or post traumatic stress disorder)
- Catastrophic injury (e.g. paralysis, disfigurement, loss of limb)
- Adverse environment (e.g. sexual abuse, domestic abuse, poverty, homelessness, bullying, social isolation, discrimination)
- Financial loss (e.g. loss of job/assets, debts)
- Self sacrifice reasons (e.g. a soldier throwing his body on a grenade) (this is not considered suicide by some because the individual does not have the goal of ending his or her life per se, but rather shielding others from harm at the possible risk of losing their own life (<http://en.wikipedia.org/wiki/Suicide>))
- Accidental suicide (e.g. while playing Russian roulette)
- Unresolved or un-resolvable sexual issues (e.g. sexism, sexual orientation, gender dysphoria, unrequited love, aftermath of a break up, involuntary celibacy, acquiring an incurable sexually transmitted infection (HIV, herpes, HPV))
- To avoid shame or dishonour (e.g. the Bushido ideal, under which a disgraced samurai could regain his honor by performing seppuku)
- Terrorism can also be a motive for suicide, especially when related to religion (e.g. suicide bombings)
- Extreme nationalism (e.g. The Kamikaze ("divine wind", military aviators from the Empire of Japan), Selbstopfer (Self-sacrifice), and Kaiten (suicide weapons))

- Philosophical belief that life has no inherent value (e.g. absurdism (a philosophy stating that the efforts of humanity to find meaning in the universe ultimately fail), pessimism, nihilism)
- Religious cults (e.g. Heaven's Gate and Peoples Temple)
- Loneliness especially when prolonged (<http://en.wikipedia.org/wiki/Suicide>)

B. TYPES

1. Judicial suicide

Sometimes a person who has committed a crime will commit suicide to avoid prosecution and disgrace

2. Military suicide

In the desperate final days of World War II, many Japanese pilots volunteered for kamikaze missions in an attempt to forestall defeat for the Empire. In Nazi Germany, many soldiers and government officials (including Adolf Hitler and many in his inner circle) killed themselves rather than surrender to Allied forces

3. Ritual suicide

Ritual suicide is the act of suicide motivated by a religious, spiritual, or traditional ritual.

4. Dutiful suicide

Dutiful suicide is an act, or attempted act, of fatal self-violence at one's own hands done in the belief that it will secure a greater good, rather than to escape harsh or impossible conditions. It can be voluntary, to relieve some dishonor or punishment, or imposed by threats of death or reprisals on one's family or reputation (www.wikipedia.org/wiki/Suicide)

C. THEORIES OF SUICIDE

In the early 1900s Austrian psychoanalyst Sigmund Freud developed some of the first psychological theories of suicide. Karl Menninger followed up on this principal theory and suggested that all suicides have three interrelated emotions: revenge, depression, and guilt. Edwin Shneidman argues victims of suicide show a sense of unbearable psychological pain, a sense of isolation, and the perception that death is the only solution to their problems.

a. DURKHEIM

• *Egoistic suicide*

Egoism is a state in which the ties attaching the individual to others in the society are weak. Since the individual is only weakly integrated into the society, their suicide will have little impact on the rest of the society. In other words, there are few social ties to keep the individual from taking their own life. This Durkheim saw as the cause of suicide among divorced men, and has been cited as the cause of rising teenage suicides by contemporary sociologists.

• *Altruistic suicide*

Altruism is a state opposite to egoism, in which the individual is extremely attached to the society and thus has no life of their own. Individuals who commit suicide based on altruism die because they believe that their death can bring about a benefit to the society. In other words, when an individual is too heavily integrated into the society, they will commit suicide regardless of their own hesitation if the society's norms ask for the person's death.

• *Anomic suicide*

Anomie is a state in which there is weak social regulation between the society's norms and the individual, most often brought on by dramatic changes in economic and/or social circumstances. This type of suicide happens when the social norms and laws governing the society do not correspond with the life goals of the individual. Since the individual does not identify with the norms of the society, suicide seems to be a way to escape them.

• *Fatalistic suicide*

Fatalism is a state opposite to anomie in which social regulation is completely instilled in the individual; there is no hope of change against the oppressive discipline of the society. The only way for the individual to be released from this state is to commit suicide. Durkheim saw this as the reason for slaves committing suicide in antiquity, but saw it as having little relevance in modern society. Contemporary sociologists have argued that modern fatalistic suicide occurs in such societies as Japan, where social mobility is so limited by social norms that individual fulfillment is impossible.

b. ARCHAIC THEORIES

Freud's postulated of the existence of a death instinct *thanathos*, an instinctual drive toward death that is balanced by the life instinct.

c. COMPOSITION THEORIES

Ferenc Moksony 1990 noted that explanation of differences in suicide rates between nations – demography - men, the elderly, divorced; physiological variables (i.e., serotonin levels); psychological/ psychiatric variables (i.e., levels of depression and anxiety (www.deathreference.com/Sh-Sy/Suicide-Types.html))

d. SOCIAL CAUSATION THEORIES

(1) Direct causal agents of the suicidal behavior (economic, labor force, immigration, divorce Barclay, 1954)

(2) Indices of broader, more abstract, social characteristics which differ among nations (anomie, egoism (Durkheim); social stress (Narol; 1969))

D. CONCEPTS RELATED TO SUICIDE

1. Suicidal ideation

Suicidal ideation is a medical term for thoughts about suicide, which may range from vague or unformed urges to meticulously detailed plans and posthumous instructions.

2. Para-suicide

Many suicidal people engage in suicidal activities that do not result in death. These activities fall under the clinical designation of *parasuicide*. Those with a history of such attempts are almost 23 times more likely to eventually end their own lives than those who don't participate in such activities (J. Geberth, 1996)

3. Suicide crisis

A suicide being attempted, or a situation in which a person is seriously contemplating suicide or has strong suicidal thoughts, is considered by public safety authorities to be a medical emergency requiring suicide intervention

4. Suicide note

A written message left by someone who attempts, or indeed dies by, suicide is known as a suicide note. Motivations for leaving a note range from seeking closure with loved ones, to exacting revenge against others by blaming them for the

decision. It may also contain a few sentences apologizing to those they may have left. Most suicide notes are hand-written and also often left with a few personal possessions (Smith, Sandy, 1994)

5. Fake suicide

People sometimes fake suicide, usually in order to escape legal, financial, or relationship difficulties and start a new life.

6. Euthanasia

Individuals who wish to end their own life may enlist the assistance of another person to achieve death, e.g. by a deadly poison. The other person, usually a family member or physician, may help carry out the act if the individual lacks the physical capacity to do so even with the supplied means (Katherine van Wormer and Chuk Odiah, 1994).

7. Murder-suicide

The motivation for the murder in murder-suicide can be purely criminal in nature or be perceived by the perpetrator as an act of care for loved ones in the context of severe depression. The severely depressed person may see the world as a terrible place and can feel that they are helping those they care about by removing them from it (J. Geberth, 1996).

8. Suicide attack

A suicide attack is when an attacker perpetrates an act of violence against others, typically to achieve a military or political goal that foreseeable results in his or her own death as well.

9. Cop suicide

This expression, "suicide by cop," which is well known to law enforcement officers, refers to individuals who deliberately try to get the police to kill them. Hostage taking, domestic violence and workplace violence are recognized as the most commonly used situations to provoke or lure the police officers into using deadly force (Geller & Scott, 1992).

10. Extended suicide

Palermo's (1994) concept, '*extended suicide*' is plausible to assume, argued Palermo that the murderer, who is usually depressed and paranoid, harbors a primary suicidal thought. Such a man does not feel, therefore, that he is killing an

autonomous entity but, rather, an extension of himself. The murder-suicide, according to this conceptualization, then becomes the expression of an extended suicide.

11. Survivors

The word *survivors* refer to the family and friends of the person who has died by suicide.

12. Warning Signs

There are often signs that someone may be thinking about or planning a suicide attempt. Here are some of them:

- Talking about suicide or death in general
- Talking about "going away"
- Referring to things they "won't be needing," and giving away possessions
- Talking about feeling hopeless or feeling guilty
- Pulling away from friends or family and losing the desire to go out
- Having no desire to take part in favorite things or activities
- Having trouble concentrating or thinking clearly
- Experiencing changes in eating or sleeping habits
- Engaging in self-destructive behavior (drinking alcohol, taking drugs, or cutting, for example, (American Foundation for Suicide Prevention.org))

13. Euthanasia

Euthanasia or other wise called mercy-killing – physician assisted killing with the full consent and will of the patient at times when they desire to end their life.

14. Anniversary Suicide – suicide close to the death anniversary

E. CAUSES/ EXPLORING THE UNCONSCIOUS

No one can say with certitude the causes of suicidal deaths. In many cases, there may be multiplicity of causes and they are enumerated speculatively. As the victims of suicidal deaths exist no more to speak about the causes of death, usually their kith and kin advance information on the causes of suicidal deaths. Often, they justify their positions as they are afraid of police actions against them, the police can register cases against the kith and kin as abettors of suicides. There is a law which

says that all suicidal deaths of married women that take place during the first seven years after the marriage should be treated as murders for the purpose of conducting detailed investigation. This being the case, every one seems to be cautious of suicides of the police (JJ Kattakayam, et al, 1999)

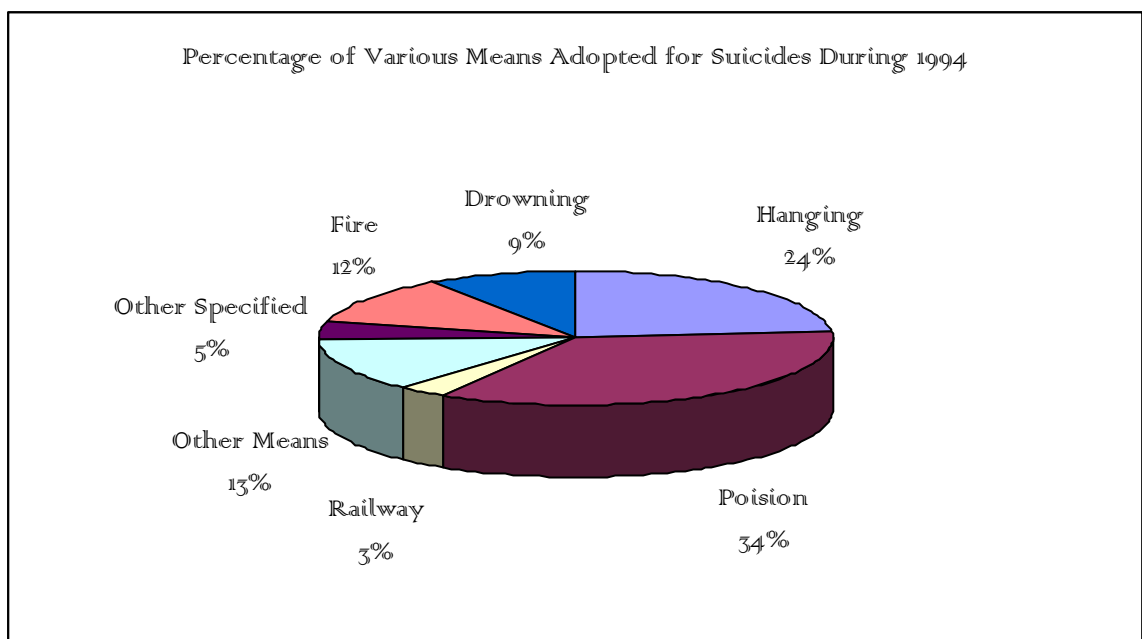
The causes of suicides, as seen in police records, are many and various. The table given below represents the data.

Cause of Suicides	Number of Suicides	Percentage share of Each Cause
Failure in Examination	1895	2.1
Quarrel with Parents-in-law	4355	4.9
Quarrel with Spouse	5214	5.8
Poverty	1953	2.2
Lover Affairs	5216	5.8
Insanity	3117	3.5
Dispute Over Property	2000	2.2
Dreadful Disease	12023	13.5
Unemployment	1333	1.5
Bankruptcy or Sudden Change in Economic Status	1560	1.7
Death of Dear Person	1405	1.6
Fall in Social Reputation	1259	1.4
Dowry Dispute	1687	1.9
Illegitimate Pregnancy	385	0.4
Causes not known	14910	16.7
Other causes	30883	34.6
Total	89195	100.0

“Among the 14 specified causes, “dreadful disease” is the most important cause having 13.5 per cent share in total suicides. Quarrel with ‘parent-in-law or ‘with

spouse' together account for 10.7 per cent of suicides. This, *inter-alia*, implies that the above three causes were responsible for nearly one fourth of all suicides in the country and almost half of the suicides for which the cause profile was known.” (JJ Kattakayam, et al, 1999)

Given below are the means and ways most probably chosen by those who have committed suicide. These are the most commonly chosen modes of suicide.



(Source: JJ Kattakayam, et al, Crime and Society, 1999, p. 76)

It is important to note that the deceased may have indicated intention to commit suicide through activities and statements prior to death. There may be underlying pathological or psychological dynamics to consider. Any diaries, unmailed letters, or similar writings should be examined for information that may explain the death. Many suicide deaths are preceded by verbal threats of self-destruction and other indications of despondence. In some instances these threats are made to people whom the deceased respects or highly regards. In other instances sudden change in behavior is shown by subtle actions, such as increasing life insurance, giving away prized possessions, disregarding doctor's advice, or abuse of alcohol or drugs.

BIOLOGICAL ASPECTS

Despite the impetus throughout the social and behavioral sciences to consider organic factors in violent behavior, an extensive Internet search revealed

very little of substance relating organic factors to suicide. In his comprehensive study of self-destructive violence, James Gilligan (1992) hypothesized that testosterone played a role in this form of aggression. His subjects were young imprisoned males who were at once suicidal and violent toward others. Bourgeois (1991), similarly, found a relationship among low levels of serotonin in the brain, impulsivity, and suicide and/or murder. In a research study more specifically related to murder-suicide, Rosenbaum (1990) discovered the murder-suicide perpetrators to be vastly different from perpetrators of homicide alone, whereas murderer-suicides were found to be highly depressed and overwhelmingly with men, other murderers were not generally depressed and more likely to include women in their ranks.

PSYCHOLOGICAL ASPECTS

In a retrospective study of suicides between Australian adult sexual intimates, Easteal (1994) concluded that there were two subtypes of murder-suicide -- elderly partners facing deteriorating health conditions and males who were estranged from their female partners and pathologically possessive of them.

The theory linking homicide with suicide is not new. Freud's extensive work on the unconscious, however flawed, helped students of psychology, such as Freud's granddaughter, to see that "surfaces mirror only one aspect of human motives, and that each visible aspect of human behavior carries within it, its very opposite" (Freud, S., 1998: 459). A major contribution was Freud's notion of the death instinct. This notion is concisely summarized in a book on the social reality of death by Charmaz (1980): In Freud's view, the death instincts exist in conflict with life instincts in a similar way as the asocial id is in conflict with the socially imbued superego. The death instincts then become mediated by the ego into aggressive acts outside the self.

This behavior is construed by Freud as normal behavior. When there is severe repression of natural instincts due to early childhood abuse, however, following Freudian logic, one may theorize that the death instinct could emerge in a twisted form. Ernest Becker (1973), whose theories on the human notion of death is strongly psychoanalytical, views the fear of death as a universal phenomenon, a fear which is repressed in the unconscious and of which people are largely unaware. The fear of death, nevertheless, can move individuals toward heroism, but also to scapegoat as

well. Failed attempts to achieve heroism, according to this view, can lead to mental illness and/or antisocial behavior.

The relationship between murder and suicide has been elaborated upon by Menninger (1938). Following Freud's conceptualization of suicide or self-murder, Menninger argued that suicide involves the wish to kill, to be killed, and to die. Those prone to suicide, as Menninger further suggests, are immature individuals fixated at early stages of development.

1. Bipolar disorders

Bipolar disorders are one of several medical conditions called depressive disorders. Depressive disorders affect the way a person's brain functions. Since brain function is involved, the ways people with bipolar disorder think, act, and feel are all affected, this can make it especially difficult for other people to understand their condition. It can be incredibly frustrating if other people act as though someone with bipolar disorder should just "snap out of it," as if a person who is sick can become well simply by wanting to. Bipolar disorder isn't a sign of weakness or a character flaw; it's a serious medical condition that requires treatment, just like any other condition (www.Medicine.net).

2. Schizophrenia

Schizophrenia is a psychiatric diagnosis that describes a mental illness characterized by impairments in the perception or expression of reality, most commonly manifesting as auditory hallucinations, paranoid or bizarre delusions or disorganized speech and thinking in the context of significant social or occupational dysfunction. Onset of symptoms typically occurs in young adulthood (www.Medicine.net).

3. Depression

The primary motivation for suicide is depression. Depression is a mood disturbance which is characterized by feelings of sadness, despair, and discouragement resulting from and normally proportionate to some personal loss or tragedy. Depression can become an abnormal emotional state which exaggerates these feelings of sadness, despair, and discouragement out of proportion to reality.

A depressed individual begins to feel sad and sustains a restless sleep. He begins to feel sad in the morning and experiences a lack of interest in work (emotional

symptoms). He then begins to question his ability to perform at work and starts to feel inadequate. This adds to the individual's anxiety and low self esteem (cognitive symptoms). He then discovers that he just can't get started in the morning and cannot bring himself to go to work and just loses interest in life (motivational symptoms). As the depression deepens, the individual loses his appetite, experiences weight loss which leads to weakness and fatigue. He then slips deeper and deeper into depression and becomes ill (somatic symptoms). The cycle of depressive symptoms will continue to evolve and the depression will worsen. At this point the individual is in dire need of assistance (Reviewed, Matthew K. Nock, PhD, 2006).

Depression leads people to focus mostly on failures and disappointments, to emphasize the negative side of their situations, and to downplay their own capabilities or worth. Someone with severe depression is unable to see the possibility of a good outcome and may believe they will never be happy or things will never go right for them again.

Depression affects a person's thoughts in such a way that the person doesn't see when a problem can be overcome. It's as if the depression puts a filter on the person's thinking that distorts things. That's why depressed people don't realize that suicide is a permanent solution to a temporary problem in the same way that other people do. In the case of teenage people, a teen with depression may feel like there's no other way out of problems, no other escape from emotional pain, or no other way to communicate their desperate unhappiness.

Sometimes people who feel suicidal may not even realize they are depressed. They are unaware that it is the depression — not the situation — that's influencing them to see things in a "there's no way out," "it will never get better," "there's nothing I can do" kind of way.

When depression lifts because a person gets the proper therapy or treatment, the distorted thinking is cleared. The person can find pleasure, energy, and hope again. But while someone is seriously depressed, suicidal thinking is a real concern.

People with a condition called bipolar disorder are also more at risk for suicide because their condition can cause them to go through times when they are extremely depressed as well as times when they have abnormally high or frantic energy (called mania or manic). Both of these extreme phases of bipolar disorder affect and distort a

person's mood, outlook, and judgment. For people with this condition, it can be a challenge to keep problems in perspective and act with good judgment (Reviewed, Matthew K. Nock, PhD, 2006).

SOCIOLOGICAL ASPECTS

Sometimes we change our primary group abruptly, as when we leave home for the first time in order to attend college or to take a job. What is commonly known as homesickness, an almost universal complaint at some time or other, is really nostalgia for a primary group from which we have removed ourselves. It is this factor that makes adjustment to a new situation difficult, whether a new job, a new school, a new regiment in the Army, or a new neighborhood in a new city. It has been observed indeed that soldiers with strong primary-group ties with their associates are less susceptible to battlefield psychoses than those who lack this intimate sense of belonging. Such soldiers, too, can better withstand the shock of domestic infidelity than those who have no one to whom they can intimately turn. And it has been proved again and again – first by the great French sociologist Emile Durkheim- that the incidence of suicide is highest in those whose primary-group ties are weakest (**Robert Bierstedt, 1970**).

The primary group has all kinds of consequences for our social life. It is always, in terms of our classification, a social group, and not a societal group or an associational group. It molds our opinions, guides our affections influences our actions, and in large measure determines our loyalties, By “differential association,” a concept introduced by a renowned criminologist, the late Edwin H. Sutherland, it encourages us to follow one occupation rather than another and determines in large measure whether we become poets or criminals, plumbers or philosophers. The importance of the primary group can hardly be exaggerated. This is not the group in which we merely work or study or play. This is the group in which we live, and have our beings (**Robert Bierstedt, 1970**).

Phenomena like suicide cannot be adequately understood, especially in its causes, without a study of its occurrence in man's socio-cultural universe as a whole. In order to demonstrate this, as well as the functions of sociology, in concrete form, let us pause for a concise analysis of suicide and its cause. The phenomenon is dealt with by biology and medicine, psychiatry, psychology, history, economics, political

science, law, ethics, and other biological, social, and humanistic disciplines. Each of these seeks the causes in its own particular field. But none is adequate, because none can account for the whole series of fundamental properties of suicide, such as the kind of persons involved, the frequency of its distribution among various societies; periods of increase and decrease; and so on. History cannot answer these questions at all; it merely describes unique or dissimilar occurrences of suicide among various historical persons. A description of the conditions under which Seneca opened his veins is not a causal analysis and does not even attempt to be one. The recording of an unhappy love affair or of a mental disease does not give the cause, for millions of person under similar conditions have not committed suicide. The same is true of any special case of suicide studied in accordance with one of these disciplines **(Logan Wilson & William L. Kolb, 1949)**.

A merely atomistic or singularistic study of this or that case does not unravel its cause, for we lack the inductive conditions needed to put our finger on the real cause among hundreds of variables. Suicide has to be investigated as a phenomenon recurrent in various societies and periods. As such it becomes not a special case but a general process or typical phenomenon exhibited by many societies at different times **(Logan Wilson & William L. Kolb, 1949)**

F. EFFECTS OF SUICIDE

Loss, and particularly death loss, brings with it a range of feelings and experiences. We can be overwhelmed with sadness, anger, confusion and a sense of disbelief. When the death is the result of suicide these feelings are intensified.

With any kind of suicide, family and friends of a suicide victim feel grief associated with loss. These suicide survivors are often overwhelmed with psychological trauma as well, depending on many factors associated with the event. This trauma can leave survivors feeling guilty, angry, remorseful, helpless, and confused. It can be especially difficult for survivors because many of their questions as to why the victim felt the need to take his or her own life are left unanswered. Moreover, survivors often feel that they have failed or that they should have intervened in some way. Given these complex sets of emotions associated with a loved one's suicide, survivors usually find it difficult to discuss the death with others,

causing them to feel isolated from their own network of family and friends and often making them reluctant to form new relationships as well (Therapist Finder.com).

"Survivor groups" can offer counseling and help bring many of the issues associated with suicide out into the open. They can also help survivors reach out to their own friends and families who may be feeling similarly and thus begin the healing process. In addition, counseling services and therapy can provide invaluable support to the bereaved. Some such groups can be found online, providing a forum for discussion amongst survivors of suicide.

Survivors frequently experience tremendous guilt, believing that if only they had noticed or done something they would have been able to keep that person from killing him or herself. They carry the responsibility for that individual's death, losing sight of the fact that someone else's suicide is an event over which only that person had control. The following are some of the outcomes that are carried by those survivors.

1. Shame

Shame is another feeling which is especially provoked by suicides. That someone we loved was the agent of his or her own death feels shameful to admit, again largely tied to our own feelings of personal responsibility. This sense of shame is also a reflection of the continued taboos in our society against speaking directly about both depression and death.

2. Intentionally Hurt

With the death of most people who were important in our lives we may feel angry and abandoned. Once again, with suicide these feelings are heightened. We may think that the person chose to leave or intentionally hurt us. This anger is accompanied by confusion - we ask how we can be angry at someone who is now dead.

3. Questioning Life

Another after-effect of suicide is our own questioning of whether life is truly worth living, worth facing the pain we encounter. If we have ever been depressed or suicidal ourselves experiencing someone else's suicide can either be a powerful reality check of how devastating this act is to those left behind or a sign that suicide is a reasonable way to deal with problems. And when the person who has

committed suicide was a leader these messages are even more confusing and difficult to disentangle.

The process of grieving for this loss becomes complicated by all of the questions and feelings we have about how the person died. One of the things which can help us begin to heal is to separate our thoughts about the person from those about the suicide itself. We can both be hurt, angry and confused about the suicidal act and still mourn the loss of the person about whom we cared. We can also remind ourselves that suicide is an irrational act born of desperation. The person who commits suicide is not able to think clearly about his or her act, the great likelihood that with time and treatment their depression will lift, or the true impacts of this act on the lives of others (Jenny Nolan, 1998).

G. VIEWS ON SUICIDE

1. Medical

Modern medicine treats suicide as a mental health issue. Overwhelming or persistent suicidal thoughts are considered a medical emergency. Medical professionals advise that people who has expressed plans to kill themselves be encouraged to seek medical attention immediately. This is especially relevant if the means (weapons, drugs, or other methods) are available, or if the patient has crafted a detailed plan for executing the suicide. Medical personnel frequently receive special training to look for suicidal signs in patients. Individuals suffering from depression are considered a high-risk group for suicidal behavior.

2. Criminal

In some jurisdictions, an act or failed act of suicide is considered to be a crime. More commonly, a surviving party member who assisted in the suicide attempt will face criminal charges. . In India, abetting suicide of a minor or a mentally challenged person can result in a possible death penalty, otherwise a maximum 10 years prison term (Brown, G.K, 2005).

3. Religious

In most forms of Christianity, suicide is considered a sin, based mainly on the writings of influential Christian thinkers of the Middle Ages, such as St. Augustine and St. Thomas Aquinas. Their arguments center around the

commandment "Thou shalt not kill" (made applicable under the New Covenant by Jesus in Matthew 19:18), as well as the idea that life is a gift given by God which should not be spurned, and that suicide is against the "natural order" and thus interferes with God's master plan for the world.

Suicide is not allowed in the religion of Islam; however, martyring oneself for Allah (during combat) is not the same as completing suicide. Suicide by Muslim standards is traditionally seen as a sign of disbelief in God. The use of suicide bombing is therefore a controversial one in Islam. Groups like Hamas consider it necessary—for instance, in the struggle against occupation. In Hinduism, suicide is frowned upon and is considered equally sinful as murdering another. Hindu Scriptures state that one who commits suicide will become a ghost (Brown, G.K, 2005).

H. REVIEW OF RELATED LITERATURE

Kerala has the highest suicide rate since 1984. Kerala though holds only 3.67% of the total population of India, 10% of the total suicides occur in Kerala. Kerala keeps the three fold record of total suicide cases of India since last 25 years. In the case of total family suicide 32% is in Kerala. This is what motivated Mr. Sibi Mathew, a Crime branch additional DGP, who follows a suicide of newly wedded wife in Pathinamthitta, Kerala. His investigation paved him a way to attain Philosophy of Doctorate under Mahatma Gandhi University.

He started his research/dissertation under former principal Dr. N. Ajith Kumar in Mahatma Gandhi University. He collected 636 cases from the year 1984 to 2004. He visited hundreds of villages and survivors' houses. He studied national and international crime records. He also touched attempted cases. "The theses have been one of the best that I have ever read," said Dr. Renuka Arya, Head Department of Economics, Mysore University.

Kerala has thousand suicides per year in one lakh on national level. When in India 10.56 people commit suicide, in Kerala it is 30.1 that is three fold of national level. There are many peculiarities Dr. Sibi Mathew found out during his studies.

1. Love failure is never a reason in those who committed suicide. They only constitute 1.4%. In total cases 28.4% is of family problem. Economic problem 22%, incurable diseases 13.8%, Depression 13%.

2. Poverty does not cause suicide. Bihar is said to be the poorest state in India, but the suicide rate is only 0.94 in one lakh, the next poor state is Uttar Pradesh which has 2.93. But in Kerala the suicide rate is 30.1. A sudden failure in the economic position led many to commit suicide, but many other poor people were living a peaceful life in Kerala. Committed persons had only one lakh or below indebtedness.
3. Alcohol consumption also leads to suicide. He discards the notion of consuming alcohol in times of depression. High consumption of alcohol directs people to depression.
4. There is a positive correlation between education and suicide. In the total number of suicide 88% of people are below SSLC. Only 4.8% of suicides were from degree holders.
5. Religion is not the opium of the people. Religion increases the love towards life. Muslim people who holds intensive faith in religion has lower rate of suicide (8.6%). Christians also have lower rate in suicide (14.3%). Malappuram district has the lowest number of suicide; hence the percentage of Muslim population is 68.5. The international rates also reveals the similar findings, such that Muslim states like Kuwait (1.8 of one lakh), Philippines (2.1 of one lakh), Mexico (3.1 of one lakh) have very low rate of suicide, where as non-religious nations like Litwania (45.6 of one lakh), Russia (41.5 of one lakh), and France (20.7 of one lakh) have high rate of suicide.
6. Dr. Sibi Mathew also says that there is a relation between suicide and Darkness. Most of the suicides have been committed in the midnight, the forenoon suicides are very low. 45.5% of suicides have occurred in the midnight and 28.6% have occurred late in the twilight.
7. 34.3% of people have already warned of the suicide. Some indications like, 'my life has no meaning', 'I am going far away' etc, but the important people did not take into consideration.
8. Dance and songs have meaning in life; they release tensions and give us relief. His findings put forward that 94.3% of people who committed did

not have familiarity with poem, art or songs. 95.2% of people, who committed suicide, did not have any kind of hobby in their life.

I. MEDIA AND SUICIDE

The people of Kerala are extremely receptive to mass media. Over eighteen lakh copies of various newspapers reach them every morning. 'Newspaper' in the morning is one of the essential habits of a Malayalee. Twenty lakh copies of family weeklies having a varied mix of novels, features, astrology, psychology, health and cinema reach the readers ever week. The approximate number of television sets in Kerala exceeds fourteen lakhs. The viewership for the tele-serials and Malayalam films telecast in Dooradarshan is astonishing. No one in the state is outside the influence of the mass media. This has shaped the people's life-style, created health awareness and political orientation. Mass media have positive and creative effects. Similarly, it has negative effects too. Media without in-built censors and a sense of purpose can be damaging to the society (Dr. C J John, 2001).

Suicide as noted by Schneidman is best understood as a multi-dimensional malaise. The media often cultivates the desire for self-extinction in vulnerable persons. Research in behavioural science has emphasized how aggression in the visual media triggers aggressive impulses in society. Similar research studies substantiate media's role in suicide also.

In April 1994 alone, Kerala witnessed over ten family suicides. The first series of mass suicides in early April received a lot of press coverage as front page stories. A number of family suicides followed like a ripple-effect. The news item emphasized the miseries which pushed these persons to suicide. Most of the stories carried their photographs also. At a very subtle level, the narration gave an impression that the act of suicide was an escape route from poverty and stress. Studies prove beyond doubt that prominent news coverage of suicide has the effect of increasing suicidal behaviour within the readership area of the newspaper. It is quite possible that a few of the episodes of mass suicide in April derived its inspiration from the newspapers (Dr. C J John, 2001).

Sensational news coverage represents an effort to whip up public interest in the story through lurid headlines and sometimes grotesque details about the suicide. This trend should be discouraged. The press should also re-examine the policy of reporting death by suicide separately. Do these news items in any way contributed positively to the growth or strength of the society? Hardly anyone welcomes a news item in the press which carries the story of his or her loved one committing suicide. It is to be noted that in an attempt to entertain a section of readers, the press further tortures the already distressed relatives and friends of a person who has committed suicide. Can this be rated as positive journalism? Wide publicity of suicides may produce a familiarity and acceptance of the idea of suicide and may remove the taboo for those who have suicidal ideation. This will also lower the threshold at which point the behaviour of suicide as an acceptable alternative to life's stresses.

Teenagers and youth are particularly susceptible to the negative media influences. It is true that a large number of them who are vulnerable have weak social support mechanisms and adverse psychosocial backgrounds. The tendency of disturbed young persons to imitate highly publicize suicide has been called 'Werther Syndrome' after the protagonist in John Wolfgang Von Goethe's Novel "The Sorrow of Young Werther." The novel in which the hero kills himself was banned in some European countries because of a spurt of suicides by young men who read it. Some, when they killed themselves dressed like Werther or left the book open to the passage describing his death.

The novels and features on suicide which appear in some of the popular weeklies in Kerala do possess a potential to include a delayed 'Werther effect'. Glorified stories of suicide are registered in young minds in a convincing manner. The aversion to the idea of suicide is thus weakened and this helps the person to identify points to justify suicide in others. When the person faces a life crisis, the act of self-harm naturally emerges as one option. The models of suicide projected in media act like a slow virus. The effect is seen in situations of crisis after a latent period, when the desire to live and face the crisis is overpowered by death wish (Dr. C J John, 2001).

What can media avoid?

- Repetitive, ongoing or excessive coverage of suicide.
- Sensational coverage of suicide-avoid lurid headlines, decrease the prominence of news by including column of deaths, avoid dramatic photographs of funerals, site of suicide etc.
- Presenting elaborate accounts of the victim's crisis, which may eventually provide messages justifying the act of suicide.
- Coverage or depiction that amounts to a 'how-to-do-it' manual for those who might wish to imitate the suicide.
- Picturisation that legitimizes suicide as a reasonable alternative, rather than a rare act of a troubled or severely depressed individual.
- Coverage or depiction that glorifies the victim or glamorized suicide.
- Coverage or depiction that represents suicide as a tool by which things are accomplished.
- Projecting victims of demonstrative suicide or self-immolation in political agitation as martyrs.

If media managers adhere to the above guidelines, efforts in suicide prevention can be made easier. The media in Kerala have a great role to play in diminishing the suicide rates. Media persons in this state are extremely sensitive to social issues and the media today have taken several steps in the prevention of suicide. The phenomenon of suicide is a symptom of major diseases affecting society. Efforts to control suicide proneness thus take care of the health of the society. The creative role of mass media in projecting culturally appropriate values and right attitudes is essential in building a healthy and cohesive society. Though this is a difficult task to accomplish, in a race with commercial priorities, it is still possible (Dr. C J John, 2001).

J. THE ROLE OF AN INVESTIGATOR

The investigator should be aware of three basic considerations to establish if a death is suicidal in nature, they are:

- The presence of the weapon or means of death at the scene.

- Injuries or wounds that are obviously self-inflicted, or could have been inflicted by the deceased.
- The existence of a motive or intent on the part of the victim to take his or her own life.

It should be noted that the final determination of suicide is made by the medical examiner/coroner after all the facts are evaluated. However, the investigation at the scene and an inquiry into the background of the deceased may indicate the presence of life-threatening behavior or activities that suggest suicidal intent. It is always a good thing to start a conversation with someone you think may be considering suicide. It allows you to get help for the person, and just talking about it may help the person to feel less alone and more cared about and understood.

Talking things through may also give the person an opportunity to consider other solutions to problems. Most of the time, people who are considering suicide are willing to talk if someone asks them out of concern and care. Because people who are depressed are not as able to see answers as well as others, it can help to have someone work with them in coming up with at least one other way out of a bad situation (Reviewed, Matthew K. Nock, PhD, 2006).

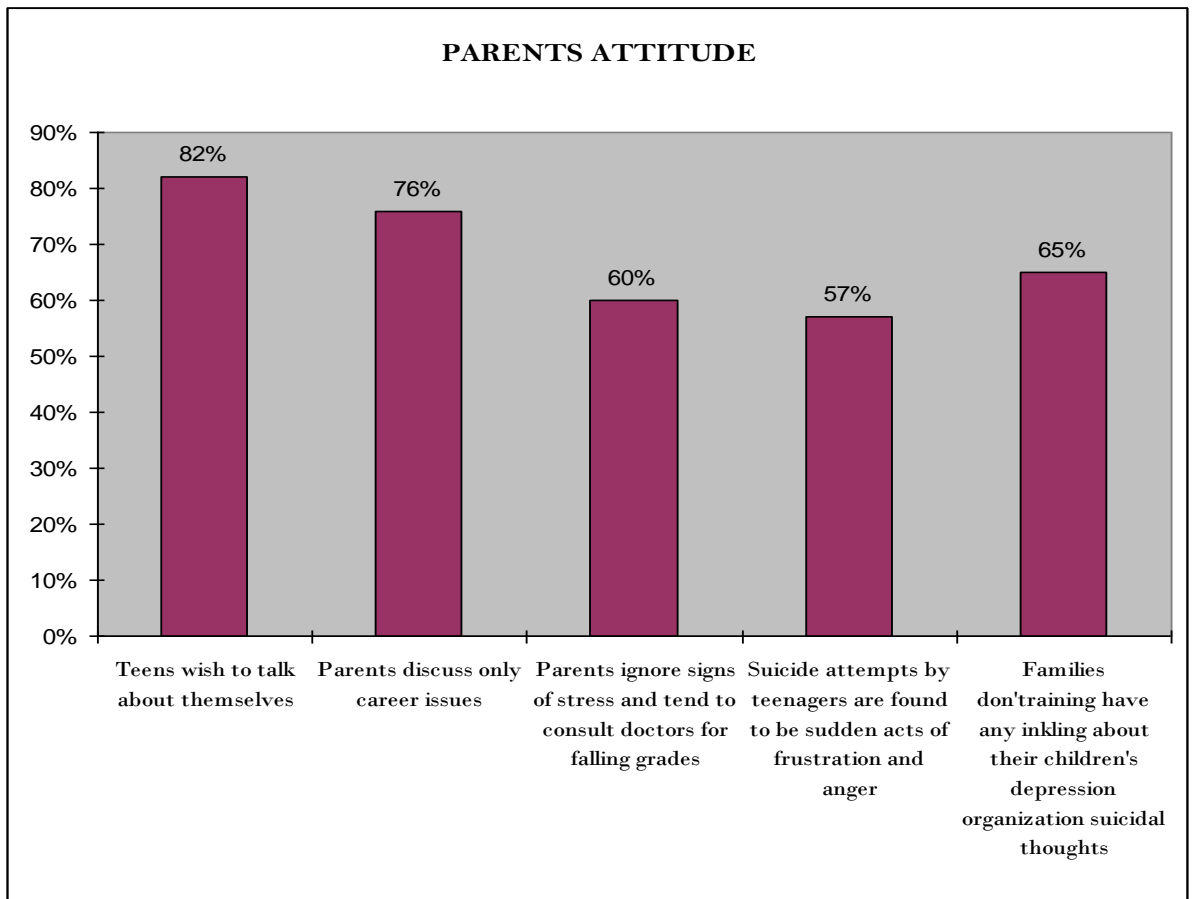
Even if a friend or classmate swears you to secrecy, you must get help as soon as possible — your friend's life could depend on it. Someone who is seriously thinking about suicide may have sunk so deeply into an emotional hole that the person could be unable to recognize that he or she needs help. Tell an adult you trust as soon as possible.

If necessary, you can also call the toll-free number for a suicide crisis line or a local emergency number (911). You can find local suicide crisis or hotline numbers listed in your phone book or check out the ones listed in the resources tab. These are confidential resources and the people at any of these places are happy to talk to you to help you figure out what is best to do.

Sometimes, teens who make a suicide attempt — or who die as a result of suicide — seem to give no clue beforehand. This can leave loved ones feeling not only grief stricken but guilty and wondering if they missed something. It is important for family members and friends of those who die by suicide to know that sometimes there is no warning and they should not blame themselves.

When someone dies by suicide the people who knew them can be left with a terrible emotional pain. Teens who have had a recent loss or crisis or who had a family member or classmate who committed suicide may be especially vulnerable to suicidal thinking and behavior themselves. If you've been close to someone who has attempted or committed suicide, it can help to talk with a therapist or counselor — someone who is trained in dealing with this complex issue. Or, you could join a group for survivors where you can share your feelings and get the support of people who have been in the same situation as you (Reviewed, Matthew K. Nock, PhD, 2006).

Figure1



(Source: Indian Youth, Damayanti Datta, India Today (Weekly), May 2008.)

India is topping the world in teen suicides. Every 90 minutes a teenager tries to commit suicide in India. Many of these attempts are half-hearted cries for attention, help and love. But every six hours, one succeeds. More adolescents die of suicide than, AIDS, Cancer, heart disease, obesity, birth defects and lung disease. In 2006-07

5,857 students took their own life, which works out to a stunning 16 suicides a day. Says the National Crime Records Bureau (Damayanti Datta, 2008)

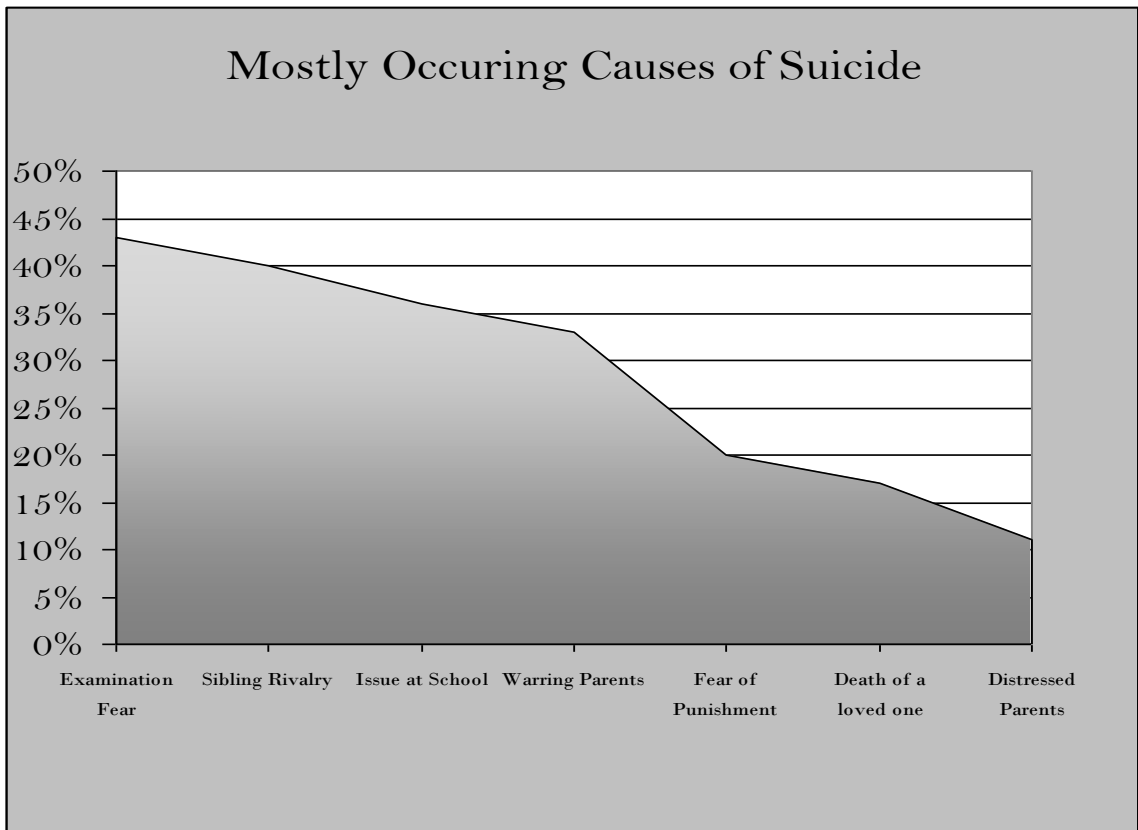
Many of the studies have similar findings as the figure shows, regarding the attitude of the teenagers organization adolescent boys. Parents pay less concentration on the life of the children. Growing pains were always tended to within the family. But for many teenagers a traditional family structure no longer exists, and divorce, separation organization remarriage of parents have created new pressures.

Parents often don't pick up the signs of disorders where the child internalizes problems and gets bogged down by anxiety phobias, academic and socialization plights." Any of these may cause a susceptible person to break down and slide into depression. Unfortunately over 60 per cent parents ignore other signs of stress-irritability, temper tantrums, sudden withdrawal, and suicidal dreams-and come to doctors for falling school performance.

When children are youth, parents marvel at their every little accomplishment-school recitations, runner-up prize in swimming, participation in quiz. But then a day comes when all these means nothing. The only premium is on topping the class.

Failure is a word that gives students continuous nightmares. After all, parents don't give them credit for any activity they excel in, besides studies (Damayanti Datta, 2008)

Figure 2



(Source: Indian Youth, Damayanti Datta, India Today (Weekly), May 2008.)



RESEARCH METHODOLOGY

SYNOPSIS

1. TITLE OF THE STUDY
2. STATEMENT OF THE PROBLEM
3. OBJECTIVES
4. ASSUMPTION
5. DEFINITION OF THE CONCEPTS
6. RESEARCH DESIGN
7. PILOT STUDY
8. UNIVERSE OF THE STUDY
9. UNIT OF STUDY
10. SAMPLE
11. TOOLS OF DATA COLLECTION
12. PRETEST
13. DATA COLLECTION
14. LITERATURE STUDY
15. ANALYSIS
16. CHAPTERIZATION
17. LIMITATION

1. TITLE OF THE STUDY

“PSYCHO-SOCIAL AND ECONOMIC CAUSES OF SUICIDE”

2. STATEMENT OF THE PROBLEM

All most all major scholars accept the fact that a pathological condition that is ‘*SUICIDE*’ exists in every society in one way or another. But the awareness has been existing since long years, which has done nothing to alleviate the increasing phenomena. People are now, more inclined to commit suicide on a large account than early times. Though there are several reasons behind the act, larger part of people tends to conclude it as a mental depression.

Kerala’s present scenario is contradictory to this alarming issue;

1. Kerala has high literacy rate.
2. Kerala has a good men-women ratio
3. People are highly religious
4. Urge towards modernity

These factors seem to be highly praise worthy about Kerala. But they are the real curse for Kerala. These are the various factors which drive one to the verge of committing suicide. Their interchangeability and defective internalization may be still other reason for suicide.

Though there are several reasons behind any attempt or any incident of committing suicide, there is a tendency among police officers to hide murders as suicide. It may be either for any economic benefit or to avoid a vain search behind the unseen, invisible entity (spirit)

Sudden decision or a periodical decision may cause somebody to try an attempt. Most of the people win in their first attempt. Those who fail the first will not try the second on most case. There are also ‘seasonal suicide’ like farmers’ suicide and students’ suicide.

Ever since the sprout of human settled life, human species appeared on this planet, continuous development of group life, there by the rise and growth of empires from barbarism to great civilization the risk of suicide-taking one’s own life is a significant factor in all depressive “states”. Although it is obvious that people also

commit suicides for reasons other than depression: paradoxically, the act often occurs at a point when a person appears to be emerging from the deepest phase of the depressive attack. It is also said that psychiatric disorder do have vibrant role in it.

Most people who commit suicide are ambivalent about taking their own lives. This irreversible choice is often made when they are alone and in a state of severe psychological distress and anguish unable to see their problems objectively or to evaluate alternate course of action. Thus a basic humanitarian problem in suicide is the senseless death of a person who may be ambivalent about living or who does not really want to die. A leading suicidologist (Shneidman, 1969) put it, “the person who commits suicide puts his psychological skeleton in the survivors’ emotional closet”

Suicide is one of the most difficult tragedies a family and community must face. People are more inclined to suicide on a large number. The present scenario shows that suicide is one among the increasing social threats. It is an incredible yet significant fact that number of suicide is on the increase in Kerala, the state with top literacy rate. So it is evident that certain other factors are expediting the chances of suicide. We cannot close our eyes towards the alarming issue.

3. OBJECTIVES

- To analyze various Socio-economic problems behind suicide.
- To find out Psychological factors of suicide.
- To trace the biological and hereditary aspects in suicide.
- To propose family members measures/defense mechanism in order to reduce suicide

4. ASSUMPTION

- The chance of committing suicide is more among those people with more pain and high intensity of depression.

5. DEFINITION OF THE CONCEPTS

Suicide

a. Theoretical Definition: “Suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result”.

b. Operational Definition: “any illegal and stressful situation where in an individual decide to end himself and succeeds in doing so.:

Psycho-Social and Economic problems

a. Theoretical Definition: It is related with the Psychological, Social and Economic problems faced by the individual which ended in suicide.

b. Operational Definition: It refers to all kinds of painful or stressful situation from the society (those who live near to him and with whom the individual usually interact), from the mental trauma and from the heavy economic loss where in the individual decided to end his life unable to cope up with the situations.

Biological/ Hereditary aspects

Theoretical Definition: all the physically and traditionally transmitted characteristics or traits from one generation to the next

Operational Definition: It includes all the genetically and ancestrally transmitted traits in the people who committed suicide.

Coping Mechanism

Theoretical Definition: The stresses inherent in the daily challenges of life create a need for continuous monitoring and adjustment. Coping is the behavioral, cognitive and emotional process of managing a stressful or threatening situation or circumstances (Encyclopaedia of Social Sciences, 2008)

Operational Definition: Sum total of means and ways adopted by those suicide survivors to tie up the family balance.

6. RESEARCH DESIGN

The study is descriptive in nature as the researcher tries to study various causes of suicide and the consequences or the coping mechanisms adopted by the family members.

7. PILOT STUDY

The pilot study was conducted to ensure the feasibility of the study and the availability of data. Structured and informal interview guide was used to collect data along with observation. The researcher has conducted pilot study to make arrangements in the interview guide and to decide upon the questions to be asked.

8. UNIVERSE OF THE STUDY

The families, best friends, relatives of those who have committed suicide form the universe of the study. The study is conducted around the villages of Thiruvananthapuram city.

9. UNIT OF STUDY

One single family, relative, best friend of the committed person forms the unit of study. Special care is given to understand more about the committed person from more people related people.

10. SAMPLE

Case study is intended to be conducted, using snow ball sampling; the researcher has selected ten cases from different parts of Thiruvananthapuram. But care will be taken to include suicides of both sex, all income group, people of different age, Religion and educational background.

11. TOOLS OF DATA COLLECTION

The researcher is intending to conduct case study method because the topic requires in-depth analysis and understanding of the committed persons. Interview guide is used as a tool of data collection. Guided observation will also facilitate data collection.

12. PRE-TEST

The researcher has conducted pre-test in order to ensure the validity and feasibility of the interview guide.

13. DATA COLLECTION

Primary and Secondary sources of data will be collected to draw adequate information of the causes of suicide. Primary data will be collected from the family members, relatives and friends of the person who has committed suicide through direct and in-depth interview. Secondary data will be collected from various books, journals, periodicals, newspapers, articles and research papers.

14. LITERATURE STUDY

An intensive study of the related literature was done to get maximum information on the topic. The investigator got literature from the related studies also. The researcher also referred to Books, magazines, journals, newspapers, periodicals, dissertations and other thesis for further information.

15. ANALYSIS

Data analysis and interpretation was after the data collection. The collected data was analyzed based on the objectives.

16. CHAPTERISATION

The entire dissertation is divided into five chapters as given below:

CHAPTER 1 : INTRODUCTION

CHAPTER 2 : RESEARCH METHODOLOGY

CHAPTER 3 : CASE PRESENTATION

CHAPTER 4 : DATA ANALYSIS AND INTERPRETATION

CHAPTER 5 : FINDINGS AND SUGGESTIONS

17. LIMITATION

1. Universal phenomenon like suicide cannot be understood from small number of cases. The individual who commit suicide are determined by and belongs to various socio-economic, psychological, traditional and environmental backgrounds.

2. The study revolves around the suicide person's family relative or the close friend. That itself is the limitation of the study, because only the committed person knows the real cause behind his attempt, it is understood that, matters related to mind will not be revealed to any nearest or dearest person, but all most all people wish to hide it from others, in that sense it is only the assumption that the relative or the friend will know the precipitate factors of suicide.

3. Sensitive issue like suicide always evokes a sense of emotionality, which people do not want to tell others. Generally respondents (relatives or friends, whom the researcher had interviewed) tend to hide their part in the problem even if they are directly or indirectly involved. So the quality and quantity of data may be fragmentary as the comprehensiveness may be lost.

4

CASE PRESENTATION

CASE I

PERSONAL PROFILE

Mr. A was 46 year old, while committing suicide. He was a father of two female children. His family consisted of a father, mother, five sisters and four brothers. His father had died years ago, three daughters had died of diabetes and one elder brother had left home years ago. The family was a rigid, Hindu with superstitions attitude. He was also a painter, who used so earned income for consuming alcohol.

SOCIAL ASPECTS

He was a blind follower of communist party, on the contrary the party members did not give him due consideration. He had no permanent job, so friends and relatives forced him to go gulf in search of job. Thus one day he borrowed money from a party member (at whose house he used to pay visits regularly) to go Persia (Gulf) but he went to Bombay and spent 8 months there. As he was unable to get a job and pay back money, he used to tell his friends that he would marry their elder daughter.

On the other hand she was a disciplined strict and a social activist who never wished his companionship. She also warned him not to come home when she was alone. But he never minded it and as he decided asked her in marriage; when he was unable to pay back the borrowed money. Her family as very poor to get her married with other person, whose family matter has become the subject of talk in the village by that time. At last she was forced to marry him. Their marriage took place on 15th February 1984.

The opening days were joyful just like other cases. Slowly wind began to blow against this poor woman. He found more time with his friends playing cards and drinking alcohol. His occasional earnings from paintings and plumbing, never used in the family; but he spent them in playing cards and in the toddy shops. The era had

marked with large scale alcohol consumption and consecutive problems in the family all over Kerala.

He was found in alcohol every now and then. He comes home very late in the night not alone, but with friends' help. She wished and prayed that he may get changed when a child come in between them. But then also his situation did not change. He found no time to spend with child. It was a girl child whose future was never his matter.

ECONOMIC ASPECTS

Mr. A was from a middle class Hindu family, his mother had not given him his share, instead borrowed money from him. His mother also played a dominant role in the family matters. She had never loved her son before marriage but became more possessive of him after his marriage. She had never advised him nor discouraged many of his bad habits or misbehavior. She motivated him to extract money from his wife and her family. She did not forget to threaten daughter-in-law to exploit in all forms. The client also shared some unfolded hidden truth to the researcher that his mother used to resort to black magic to annihilate her existence, because she was so possessive of her son. Sacrificial objects like cat's head, big iron nail, egg, sand were kept secret inside the bed room by her son.

He comes home late in night helped by friends. They used to ask her to leave him that they would take her to their home. They also asked her to come for night shows with them. Many husband's friends have enquired about elder daughter, which was very humiliating and painful experience for her.

PSYCHOLOGICAL ASPECTS

His attitude towards the family was also strange and ferocious. He never loved his two girl children. He beat her before their children, children also afraid their father. They used to cry frightened as he entered home drunk late in the night. After some years of marriage he began to threaten wife and children that he would one day commit suicide. His harassment forced the family spend many nights in other's house.

Wife was a strong activist under a district wise Catholic organization, who stood forth against closing down of all the toddy shops. The Catholic organization

initialized many agitations in different parts of Trivandrum, as a result the near by toddy shop was closed down. It brought desperation and frustration in him that turned against her as revenge.

She advised him to undergo a spiritual formation in a divine Retreat Centre. Somehow he went, but even then his condition worsened who scolded her that she sent him to a mental home. While making problems in the family, he used to throw out food and utensils on the roads, beat her before other people.

Mr. A was strong follower of CPM, attended all party meetings and agitations. But the party never considers him in any way. Police came in search of him many times for doing illegal activities.

Some couple of months before his suicide, he had made quarrel with his own mother and brothers. They had borrowed about ten thousand rupees from him, which they didn't return when he asked for it, and also beaten him up. It was a great shock for him.

Mr. A also had separate wife in a distant village about whom he had more concern. He looks after that family and economically helped after their day to day life.

The marriage life extended for seventeen years which consisted of quarrels and two operations due to alcohol consumption and diabetics. On those occasions no help came from his own home, but wife was the only one help he had.

Mr. A many times indicated about his suicide, like "I will sent you jail, when I die" to wife and even to children. On a February 14th due to some feast in the near by church, the neighbours had gone for the evening prayers in the church. Mrs. A also set forth towards church and in the courtyard of their house she found her husband playing cards with his friends, she asked her if he comes to church, then he smilingly refuted and continued playing cards. He criticized prayer, church and priests and he had never gone to the church. She found no difference in his answer.

On her return, she found his body hung in the bed-room as he had indicated frightening her.

CASE 2

PERSONAL PROFILE

Miss. B was 19 years old girl who was studying for second BA student in the near by college. She was the elder girl child of loving family consisted of father mother and two children.

SOCIAL ASPECTS

She was an intelligent, friendly and open minded girl who attracted peer mates in the college and the relatives and neighbours. She had better results in college exams. She was always amidst of a friends circle in the college premises.

Though she performed well in the educational field, it was only a responsibility, as far as she was concerned and not for any career pursuit. Though she seemed like open minded girl and always along with friends, she was not alone but thinking too much about future. She had kept good relationships with friends and teachers in the college. She did not have the attitude of writing down personal matters like diaries or letters. She also did not write suicide notes. Her friends and relatives were upset and unaware of the reason behind committing suicide. Things happened all on a sudden. She was in love with her cousin brother. Many of her relatives knew about it, but they thought that it won't be so serious that both thinking about each other to marry. They consider as if it was a sibling love and not more than that. Ms. B was so strong in her way decided to marry her cousin brother. Now, when she knew that her father was trying to find a man in marriage for his daughter, she hung herself to death.

ECONOMIC ASPECTS

There were no indicators of indebtedness or any matters regarding the economy family she belongs to a Christian family. She was never engaged in activities like painting, driving, writing poem or IT tycoon. She didn't have any hereditary influence, nobody in the house spoken about cases of people who committed suicide.

PSYCHOLOGICAL ASPECTS

Her friends have noticed a kind of disturbance in here. She was not mentally okay some days before her suicide. But she tried to show her better face before all the students. She did not keep distance from her friends, nor did she get out of all the responsibilities. She presented herself as she was not stressful and did not share with any friends.

There were no suicide notes or emotional write-ups from her room after suicide. She had no behaviour of keeping personal diaries or write-ups. She had not indicated her intention to commit suicide in any form. No signals were provided before the act. She did not come across with any mental trauma or mental pain and the consecutive approach to religion and the devotional activities.

The reason behind her suicide is the depression and the frustration got from the society and family members because of her love towards her cousin. She had a love affair with him, though they were in prohibitory relationship. Even though they knew that they may not be able to continue in their relationship and love matter, they liked each other to live together. They belong to same blood relations, so the custom of the village do not allow them to get married. The stress, trauma and the pain began to be precipitated as her father began to look for a man for her as a life partner.

She had dreamed of a world living together with him. She could never think a life without her lover. Still her unconscious mind began to question her about the illegal mental process that was going on within her. But she had hidden all such thought from other people, friends and tried to behave as if nothing is wrong with her. She was unable to cope with such unbearable situation for a long time and decided to end herself. Mr. B consumed poison one night and found died the next day when everybody was waking from sleep.

CASE 3

PERSONAL PROFILE

Miss. C was a 17 years old girl child when committing suicide; she was just finishing her studies in Plus Two. She was the elder girl child of a family consisted of father, mother (divorced), grandmother, she and her younger brother. She was living

with her father and grandmother. Her younger brother was studying in 7th standard when she committed suicide.

SOCIAL ASPECT

Miss. C had encountered problem from her childhood onward. It was the parents problem, they quarreled with each other and their problem even reached on court and the mother asked for divorce. Childhood days were humiliating both for her and her brother. From the early time onwards he had to spend days in courts carrying her small younger brother in her hand. She was obscure, where to go, either with father or with mother. She was unable to take proper decision and was so suffocating between mother and father. Thus her past life have played ferocious role in moulding her later life.

She was from a Hindu family who reached till plus two. Somehow, she was not much careful about the education but was concerned to succeed in it. It was true that she had no special or best friend to share her problem.

ECONOMIC ASPECT

Her father had a small business in the coconut field. She was never worried about economic burdens or problems in the family. Her work was mostly concentrated inside the home premises. Miss. C was a good cook who prepared delicious food two days before her suicide when her friend went to see her. Then they spent hours and hours speaking about their past life and about attending in a marriage ceremony of their old classmates, buying a very special gift to present her on her marriage after one week or so. Miss. C's friend has shared her memories to the researcher.

She did not have notable obligations apart from household activities and education. There were no occasions where she was forced to take decision. She was very adjustable and that her father was not so crude towards her. She did not have any hereditary influence or genetically disturbance to be infected with main of suicide. Problems like incurable diseases or epidemics did not make problem as fare as her friends are concerned.

PSYCHOLOGICAL ASPECT

She spends more times in kitchen, preparing meals for the family. So she was not interested or could not concentrate on studies. She failed in the plus two exams due to low mark in the Math subject. She wrote SAY (Save an Year) exam in that subject in which he failed again. That failure was a great shock for her future life, ambition and dreams. It could be the main reason behind her suicide, recalled one of her friend.

She was a passive listener and not hot tempered. Her friends circle is not so wide, she had good friends but with them all she interacted as if she had no such intension or desire to end her life. Two days before this suicide one of her friend visited her and spend some times with her. All those times she was very happy and prepared delicious snacks, they spoke many things including the including the intension of attending a marriage ceremony of her old classmates and the gift they would buy to present her.

Her friend was shocked to hear her suicide. He had left a suicide note in her bed room in which she indicated about her failure in the plus two exams and the inability to fetch any job. The main content of that suicide note, her friend shared with the researcher that a job was very necessary one to live in the modern world, she proved inefficient and so she ended her life by hanging in room.

CASE 4

PERSONAL PROFILE

Mr. D was 26 years old, second son in a middle class Hindu family. The family consists of father, mother, ego's elder brother, ego's elder sister, the ego, two younger brothers and one younger sister. Children have all received formal education. Mr. D, his elder brother and his father were the bread winners in the family. It was Mr. D and his elder brother's tireless hard work which has made a beautiful home for them, in which they were living. Mr. D was a helping and hard working person, who was working in the field of construction for long years along with his father and brother.

SOCIAL ASPECTS

Their work was on a contract base in which they were working under a supervisor when there are jobs. And if there are jobs, it will continue for a month or two. Hence they are more experienced, they found whole throughout the year working. He also had some form of savings and bank accounts.

On a hereditary basis, he had no connection with suicide. His forefathers or ancestors have never tried for such an act. There were no such records of one such event in their hereditary trait. Though he was weak in decision making, he never had manifested such an intension to his friends or relative. He looks always pleasant and had never affected with any notable incurable disease either for him or in his family.

ECONOMIC ASPECTS

Mr. D did not have any kind of economical burden personally or in the family, his elder brother and sister got married and were living together. He had faced problems from his father as he comes home drunk and used to scold and beat his wife; on the other hand she was a lowing and caring wife who always submitted to the will of her husband.

PSYCHOLOGICAL ASPECTS

Though he belongs to Hindu community he had visited nearby Christian church many times. This seems to be the main reason behind his suicide, remarked one of his neighbour. He had gone to the nearby Christian Church frequently, no for any reason or any favour, but this has brought problems in the family against him and finally they prevented and warned him from going to the Church

He was very weak to stand on his own leg, he was passive, has never become angry, and did not express extreme temper. But then he was suffering the scolding he received from his family for visiting the church. It was his family for whom he was working days and nights without sleep.

Mr. D was not always in the circle of friends, or any form of youth clubs or organization. He had not kept any written documents regarding the reason behind suicide. But it seems that he had prepared to do such an act, he had withdrawn all the bank balance and had carried his passport along with him. Then, he traveled to

another place from his home without telling any of his friends, so to reach a railway station. There he jumped before a running train and ended his life. The news came published in the next day newspaper, from which family members came to know of his suicide. Hence he had carried his passport along with him, the police did not find difficult to identify the body.

His unhealthy death, suicide, also brought many superstitions after his death. Nine years later his younger sister died of brain trauma. His elder brother had gone to gulf. House became a centre of fearful occurrences. The cloud of unhappiness began to precipitate around the home. Nights became nightmares for the family members. They brought a Hindu ascetic who told them that unless they sell the house, there would be a third death in the family. It was enough for the family members who sold the house for a Muslim family. But they soon handed over the key to another Hindu ascetic who failed to solve the problem in that house. He also finally vacated the house which is now used by no people. No one dare to go around it in the night times.

CASE 5

PERSONAL PROFILE

Mrs. E's husband was in Gulf, she lived with her husband's family with a four year child. Husband's parents are retired government employers with a good status and position in the society.

ECONOMIC ASPECTS

In those days, call rates are very high from Kerala to gulf. So letter was the only media to convey regards between husband and wife. Mrs. E has no separate income. Husband's parents are very strict and stringent in spending money. In-lands and stamps were occasionally allowed. But Mrs. E loved her husband a lot and wanted to write to him but no possibility. She found out a way to solve that problem, she tore out unclearly sealed stamps from the received letters and send fully written letters to her husband.

SOCIAL ASPECTS

She continues doing that, now the post master noticed this and send her a letter asking its explanation. She got upset and frightened if her parents know this, so she tore the post master's letter. When post master did not get any respond, he complained it to the nearby police station just to warn her.

Thus one day morning a police constable came to Mrs. E's house and enquired about Mrs. E, then her father came and told it was our daughter in law asking the reason behind enquiring about her. He told the father to send her to the police station. Now the father is not sure and upset, for it is the first time people like police come to a family and speaks like this. He called Mrs. E and asked her the reason, but she responded in a shivering manner that she was completely unaware of that, since she is not going out of the house for any reason. Parents also thought in that manner, that the constable might have mistakenly came in search of her, so advised her not to go police station.

PSYCHOLOGICAL ASPECTS

But things began to get worsened all on a sudden as the same police constable came to the house, the very next day and warned the parents to send her to the police station if not the SI will come to drag her to the station. This was a shocking and shameful experience for the family. The parents accused their daughter-in-law for her mischievous deed and the grotesque she brought forth. Her father angrily told her to go alone to the police station, people know what kind of people would visit police station, supported her mother in law. She found no one to accompany her to the police station, husband's friend agreed to go alone with her in street. But in the station, nothing happened as expected, the SI warned her not to repeat such insanity and send her back. But people watched her and husband's friend coming from police station, and they made stories like, police caught them from a lodge for doing illegal activities that got a wide currency.

Now Mrs. E goes her own home just go get relief from all the humiliations, accusations and misunderstandings thinking that they would understand her and console her. But when her own father saw her coming along with her son, he also rebuked and reprimand her for making problems in the husband's and coming back to

her own home to bring defame to the family. He instead of consoling her, as she expected, did not even hoisted her in the home, chastised her and send her back to the husband's house.

She is now completely desperate and totally lost to go nowhere, no one dare to understand her situation, and the cloudy sorrow smeared her face with depression. she was totally disgraced and isolated. On that night, she after her small baby started sleeping; she ended herself and journeyed to the eternal world, where no one would scold her.

CASE 6

PERSONAL PROFILE

Miss. F an eighteen years old girl, she is the eldest daughter of three children of a Christian family in Trivandrum. A family of four; father, mother, ego, younger brother and her sister. She hails from a catholic family and a member of devotional organization.

SOCIAL ASPECTS

She was a loving friend and companion to all of her friends. She had been infected with fits from first standard onwards; the illness has threatened her many times that's why friends and neighbours had a sympathetic attraction towards her. She was also an intelligent girl with better results in the school. She finished her studies in Plus Two and was waiting for her admission in B. Sc Nursing. She was ardently decided to study B. Sc Nursing and had told of it to all of her friends and relatives.

ECONOMIC ASPECTS

But her parents did not support her decision because they were economically burdened with the new built house. Parents were not economically well enough to send her for B. Sc Nursing for which huge amount of money has to be deposited. Her father has spent all the money he brought from gulf to build a house for them.

PSYCHOLOGICAL ASPECTS

The economic problem had made a slight stress in her about her future. The denial from the family members was a shock for her, because she had told all of her friend and relative that she would be joining B. Sc Nursing very soon. Her friends and neighbours have been so lovable to her. Though they have noticed a form of stress, a stress or depression they have never thought that such things would happen. He had never indicated anybody about such intension of committing suicide neither note nor letter. Her parents used to give all that she had asked, but this one they refused, she could not tolerate at all and she hung in her own bed room that night.

CASE 7

PERSONAL PROFILE

Mr. G was a twenty five years old young man hailing from a Catholic family. His family consisted of father, mother, three brothers and two sisters. He was the youngest in the family, two sisters had already married and the eldest brother also got married.

SOCIAL ASPECTS

Mr. G was a very different person who is not much bothered about his future. He is very fond of making relationship with anybody very easily. He was an artist also who used to imitate film actors, politicians and even his friends. He was a devotee who worked under many priests and got a sort of formation. He had practiced musical instruments and a good singer also. He was a comedian who used to make fun of himself and of the people around him. His friends used to call Mr. G in times of trouble so to laugh for some time. He also shared many of his problems with some of his friends and vice versa, but he had never indicated such an intension except his desperation and pain.

ECONOMIC ASPECTS

Mr. G was not in a position of economical burden; neither he nor his family had ever faced severe economical loss, so as to commit suicide. His father, when

drinking alcohol used to beat his wife and children, on those occasions, they used to spend nights in the nearby relatives house. They were in a middle class family.

PSYCHOLOGICAL ASPECTS

His suicide was the result of uncontrollable pain he had, due to the love failure he faced in the near past. He was in love with a girl who told him that she liked him and would only marry him. Their love affair began with one of his friend's mobile phone. Mr. G noticed a girl's name and number in one of his friend's mobile phone and called her through his mobile. He liked the response he received from the other end, thus they started to call each other every day. They used to talk hours and hours without rest during night times. His manager warned him to stop using mobile for a long time, spending all the money just to recharge the mobile.

One day he suddenly realized that she has another lover with whom she talks during day times everyday. On those occasions, when Mr. F call her from his mobile it seemed engaged for hours, thus he came to know about her another lover from her brother. Then she had been cheating him for these days, he blindly believed her words and many times she had invited him to her house and once he had visited her house also. He could not tolerate at all, he called her to know of the truth, whether he had any other lover or not, but she did not dare to answer, instead cut the phone.

Though Mr. G seems happy all the times, he was a chicken hearted who could never endure such cheating. It was she who dragged him towards her, but now she has showed dishonest. He looked stressful, pained, shocked and completely lost by himself. The researcher personally advised him and asked him to continue his joyful life, by that time he had changed the mobile's ring tone and switched off the mobile for long hours so that no one would call him.

His nature and faced shown as if something has been determined. He started talking negatives of the girls telling not to believe anybody; they may cheat at any time. On a Saturday evening he told his friends that he was going to the nearby state, but soon his friends came in search of him in the railway station. But he in seeing them got off to a train which goes to the opposite direction and consumed poison when he reached in the next railway station. The next day news paper brought the news that he died of consuming poison.

CASE 8

PERSONAL PROFILE

Mr. H was 32 years old man from a middle class Christian family. The family consisted of father, mother and three male children. The eldest brother has got married, the second brother have died of illness two years before. Mr. H was the only left without marriage. The Eldest brother was in military. Mr. H has studied up to pre-degree and some IT course then went to work in the field of plumbing and electrical repairing.

SOCIAL ASPECTS

Mr. H was an active, dynamic and energetic who used to take part in evening games and the church festivals. He had a friend with whom he spent his times. He went to a retreat centre due to the pain he had after a love failure and was all right, feeling better for some time.

ECONOMIC ASPECTS

His family was never in debt trap or faced any economical burden. There were no huge economical losses in the family or from his part in any occasion. No other traditional inclination was reported in the family link. Traditionally no other members have tried to commit suicide. He was also free from any sort of incurable diseases.

PSYCHOLOGICAL ASPECTS

Mr. H fell in love with a pre-degree girl who was living near his house. After completing her pre-degree, she opted nursing and was about to get married soon. Though their relationship was known in his family and among friends, no one supported, but he was never willing to leave her. One day he went to girl's house and called her to go along with him, but she refused. Some days later, she got married. Mr. H was completed felt bad and lost himself, he could not tolerate at all.

However, his family sent him to Gulf after her marriage and he spend three months there and came back. Now he resorted to drink alcohol which he never used before that love failure. He also told his friend that he has not yet tied up the problem, it has been a shock and he is not at all able to endure it. The prayer in the retreat

centre and his works in the gulf was not enough to his pain and lost. He was feeling suffocation inside for many months; he was burning inside with the thought of his love towards his lover and her refusal. Then one day morning he was found hung in fan in his own room. He had never indicated his intention to any person.

CASE 9

PERSONAL PROFILE

Mr. I was 40 years old when he committed suicide. He hails from a middle class Christian family. His family consisted of father, mother and three children, elder brother, Mr. I and his younger sister. Father has died of illness years ago. His younger sister also committed suicide for no reason years back, when she was studying Plus Two. Mr. I have already tried to commit suicide five years before when his mother was living. But at this trial his mother was not there with him. She had died of cancer.

SOCIAL ASPECTS

His friends have all gone to their own life; either in search of job or got married and settled. He was the only one left among them. He was found alone all the time. He had no special aims or any career goals in life. Traditionally there was no indication of any suicide from his hereditary linkage.

He was in love with a girl when he was very young. But that did not continue for long time. She refused his love and went on her way. But he did not felt ashamed or pained in that lost, but over came it.

ECONOMIC ASPECTS

Economically Mr. I was from a well off family with no debt. Family had no noticeable economical problems. They had some property used for agricultural purposes; but Mr. I have never toiled in the field and worked for the family. He brought no earnings for the sake of the family.

PSYCHOLOGICAL ASPECT

He was not at all thinking of a family and a married life. He was found alone most of the time. Because many of his friends have gone in search of their own way and got settled he was never bothered about getting a job or being settled as his peer groups. He had enough money; he spent his time in drinking and smoking and never participated in church festivals. Though he was a member in the village club, he occasionally peeked in to play chess and caroms.

CASE 10

PERSONAL PROFILE

Mr. J was the bread winner and a father of three children. He was living with his own family; he, his wife and two male children and one daughter. He and his brother were the two children left in his family. His father and mother have died some years back. He was living near to the house of his brother. They were good farmers; they had some property for doing agricultural business.

ECONOMIC ASPECTS

They were living in their separate houses. They had their own small home and some land property. Mr. J and his brother were just begun building another home for both of them. They found their livelihood from the land property. They produced cardamom and pepper on a large scale and faced no economical problems in the family. Unfortunately meson personally indicated that Mr. J would be unable to finish building this home.

SOCIAL ASPECTS

Mr. J was from a middle class Christian family, who as a deep devotee and who regularly visited the near by church. He was an accepted person and a good person in his village. He and his brother were very well known in the village with their good character and the family name.

PSYCHOLOGICAL ASPECT

The reason behind his suicide was a family problem that he encountered with his elder son. There was some misunderstanding or misinterpretation occurred between Mr. J and his elder son. He was a loving father and tirelessly worked for the welfare of the family and the feed back from the son was a great blow to the dreams and expectations of the father. He could not suffocate it at all and consumed poison.

After some months, his elder son got accident was bed ridden for some months. The pain got increased day by day and it seems like a revenge for what he had done to his father. He also died after some months of continuous sufferings.



5

ANALYSIS
&
INTERPRETATION

SYNOPSIS

♥ RATIONAL OF THE ANALYSIS

♥ INTRODUCTION

♥ ANALYSIS OF THE FIRST OBJECTIVE

♥ ANALYSIS OF THE SECOND OBJECTIVE

♥ ANALYSIS OF THE THIRD OBJECTIVE

♥ ANALYSIS OF THE FOURTH OBJECTIVE

♥ CONCLUSION

♥ RATIONALE OF THE ANALYSIS

Analysis and interpretation are the important part in the research methodology. Here the researcher tries to go into deep exploring for a holistic understanding of the individual in order to clarify on the objectives. The researcher has given care to involve information from more than one person regarding the cases under study. Special effort is made to keep the quality of data while analyzing them; included all the factors. Related studies have been used to order the symptoms, causes and methods of committed suicide. The analysis and interpretations were done based on the prescribed objectives in order to avoid vagueness and unclear assumptions.

♥ INTRODUCTION

Suicide rarely results from a single factor, most suicides following a gradual accumulation of problem, with sometimes a final event immediately preceding the fatal act. Because a complex interaction of problems and events often leads up to suicide, it is usually difficult to point to definite causes. The principal factors which have been suggested can be subdivided into those of a psychiatric, social and physical nature. Here the researcher explores behind the hidden factors of persons who have committed suicide.

♥ ANALYSIS OF THE FIRST OBJECTIVE

“To analyze various Socio-economic problems behind suicide”

CASE 1

Mr. A was an open and sociable person who had a lot of friends while working as a painter and occasional plumbing. As a party member, he worked as a full time party member without any benefit. It was understood that no one had given him due consideration. He had attended many agitations and protests, police used to come in search of him. He was also in the circle of friends for playing cards and drinking alcohol. Mr. A was not a member in the local club or youth movement, except communist party. His life was never restricted, no one had advised him and he led a life of his own. He had received formal education, and then no one supported him to continue his studies instead went to work.

Mr. A had no good opinion about the church the and priest. He had time to criticize and accuse priest for no matter. He was found praying in no time. When once, his wife sent him to a divine retreat centre, his reaction was very severe and no change took place in him. His economical status was also to be discussed. His family has no consideration on him; his father had died years ago and mother had known nothing to take care of their children. She used to borrow money from Mr. A for any requirement and continued even after his marriage, because she had no other income after the death of her husband. After his marriage Mr. A, finds it difficult to live on hence he had no permanent job, except occasional jobs here and there. His friends also misused him; they used to resort to him when he had money with him either to drink or to play cards. They also misbehaved at Mr. A's wife when they are fully drunk. He was totally depressed when his own mother and brother beaten him up when he asked the money he had given them.

CASE 2

Ms. B comes form a good family background. The family has no social problems. People around, have good opinion about them, they heard no quarrel in the family. It was a middle class family having better relationship between relatives. There was no economic loss or huge money burden; had no indebtedness in the family. Ms. B was never influenced by any one of the above described factors; she was focusing mainly on her cousin, with whom she had love affairs. No incidences of shocking experiences were found in her childhood days.

She used to participate in the family prayers and the church activities. Ms. B was seemed joyous all throughout her college days. Though she was a good looking girl, she never fell as a prey before other boys. Though both of them never aware that their love will not be fulfilled, she in a way was in fantasy world unwilling to accept the fact.

CASE 3

Mr. C's social life seems to be restricted due to many reasons. He had worked very hard to build a home for their family. His free hours were spent with friends in church or in clubs. He had finished his studies long years back and started work as meson always with his father and elder brother. Money shortage might be the real cause behind his pause of studies.

He began to work as meson from a very younger age onwards. His attitude towards work turned into hard work and was sincere to himself and to his family. but they were not in form of debt trap or economic needs, it was because of his sisters that they started working together to send them married. He had never complaint about anything or asked for anything from the family. He was deeply shocked when the family members had banned him from going to the nearby Christian Church as they were Hindus. This had provoked him thinking that his family fails to satisfy his small needs, as he has worked for long years for the family.

CASE 4

Ms. D was dear, loving girl to all the family members and for relatives, friends and neighbours. No one had bad opinion about her. Her attitude towards them was also positive. They were more careful in dealing with her. Family members, friends, relatives and neighbours knew about her illness and so they showed her a form of sympathy all the time. They had fulfilled all her aspirations.

Her father was in gulf, working to tie up indebtedness and mobilized some money to make a house. After coming back from gulf, he started making a better home for their living. But he used all the money that he brought from Gulf and found it difficult to live on every day life. At this time is that Ms. D asked her father to let her join for B. Sc Nursing. She had longed ardently for it and even told many of her friends that she is going to join it very soon. But her parents were not in a position to send her to B. Sc Nursing lacking money.

CASE 5

Ms. E had long years of painful experiences due to a tug-off-war in the family between father and mother. Her childhood experiences were very wound like feeling, when thinking of them. Quarrels between father and mother reached up to legal divorce where the court sent children along with her father. Then onwards, she was found alone thinking more about her future, and getting a job.

She failed in a subject in plus two exam and attempted reappearance in that subject, but then also she failed. She was dreaming about seceding in life and could draw parameters regarding how to go through those parameters. When one of her friends visited two days before her suicide, Ms. E had spoken about her desire of buying a gift for her friend's marriage after one week. She was found optimistic and happy.

Her father had a small coir business and so they had never come across debt or economic collapse and so on.

CASE 6

Mrs. F was hailing from a better family background. She was living in the husband's family. Her father-in-law and mother-in-law were retired teachers and very popular in the village with good status and position in the society. Her husband was working in abroad; a loving husband who regularly send her letters. Mrs. F wanted to convey all her regards to her husbands, but call rates were very high and husband's parents did not give permission to use telephone.

Mr. E resorted to letters, continuous letter writing, but she had no income except her father-in-law. They occasionally provided stamps and inlands. Mrs. F have committed suicide just because of the misunderstanding and isolation from the both parents. Lack of support and the continuous accusation from the family was the real cause behind her act.

CASE 7

Mr. G was a witty minded and fun loving person who lived and made friends within no time. He had good experiences working and serving in many field. He had hidden talents like imitation, singing and playing keyboard etc. he had opportunity to develop it by his own as provided by church priest, who taught him driving too. They

tried to engage him many field to avoid his suicidal tendency. Though he had inborn talents, he never tried to perform best in that field, he did not take risk to develop it.

He used to be funny even in serious matters. He had no tactics to solve a problem in a better manner. He used to consider things taken for granted. Though he had economical problems in the family in a very younger age, they had been managed by his elder brother, he had no role in that, he had never contributed anything to the family fund. He careless misused his full salary.

CASE 8

Mr. H was from a middle class family with no economic burden. His elder brother was in military and so popular in the village. He studied up to pre-degree and stopped there after. He used to play every evening in the village ground. He regularly visited club for playing Chess and Caroms and totally open, talkative and sociable person. He had good friends with whom he shared most of the day times. He had gone Gulf not to earn money but to forget those bitter experiences caused by love affair.

CASE 9

Mr. I was from an economically well-of family; a middle class Christian family. They had good property of land where in his elder brother cultivate. They get rather better economic income from the agriculture and so no indebtedness or economic depression was faced in the family.

He was a forty years old unmarried person who was found alone most of the time. He found a form of isolation because all of his friends had gone to their life; some have gone in search of a job, while others are settled in family. Mr. I alone did not found a way for himself. He had no special aims or vision in life, no goal to achieve. He was not found with any responsibility and not interested in marriage. It is said that he had love affairs with a girl at a younger age but was not so strong and did not have continuity. The girl went on her way and he did not continue it. There were no quarrels or pressure from the family. His father had died years ago and his sister also had committed suicide long years back. His isolation, loneliness may be the cause behind his suicide.

CASE 10

Mr. J was a married person with three children. He had traditionally given property and was living near to his elder brother. His house was a thatched small house just like his brother. So both of them decided to alter the old house and began building new house. They had sufficient money at hand and found no problem to build a house.

They were from a Christian middle class family. They were familiar to the village members, and were not problematic. His father had died at an early age and mother at later years. Therefore family property was divided to two children. The mason who came to build home, jokingly told that, he won't be able to finish building the house.

INTERPRETATION

The analysis part found no problem with the socio-economic aspects of the committed people. They were all having good social positions and status in the society, with no troubles in the general public. Mr. A had little bitter experience in the society as he had been working as a whole time activist; he was chased by the police for sometimes, but never arrested or jailed. His friends have exploited him, his mother and brother beaten him and in the family he didn't get what he expected; these are the problem of Mr. A forcing him to commit suicide. Mr. A was also facing financial crisis, because he had no permanent job and he was a drunkard too, never minded to save what he occasionally earned.

Ms. D's case is also different, it is understood that Ms. D had ardently desired to study B.Sc Nursing and her family had hindered her intention due to the lack of money. In these two cases social as economical aspects had played a role

To find out Psychological factors of suicide

CASE 1

Mr. A had no strong foundation of his won. Deaths and unemployment had made some loneliness in him. His life was not at all controlled and guided. Though he had loved his mother a lot, she had never been a good mother and guide. She had never advised or corrected him. Thus his basic foundation was not so strong as if taken for granted. His occasional earnings were either used for alcohol or narcotic chewing gums.

Though he had visited his wife's house before their marriage, it was not out of love that he married her, but he had borrowed money from her father to go Gulf and when found himself unable to repay the money, somebody instructed him to marry his daughter. His easy was of life, urge towards alcohol and part made no benefit in the family. Mr. A always complained about her father, Church, her social activities (Wife was a social activist under TSSS) and threatened her for money to drink and spend with friends.

He had no aim in his life. Had no changes even after wife's delivery. He had never showed a loving face or of a father to his daughters. They used to cry when he comes home drunk late night.

He became more shocked as his mother and brother had beaten him up, when he asked money that he has given them. He also had undergone three major operations for which her wife has mobilized money. Even then he continues to be cruel in treating his wife.

Basically he was a Hindu and his wife was a Christian. He was against church and, religious matters. He had never gone to church but found interest in criticizing priests. He rashly responded when his wife sent him to a divine retreat centre. His life was completely a failure; he had some secret affairs with a girl in a distant place and had children too. In sum his risky life, alcohol consumption, card playing, unemployment, bad socialization and mistreatment from mother and brother had triggered him forcing to commit suicide.

CASE 2

Ms. B was in her tender age, thinking and dreaming about a life with his lover. She knew that none of the family members would allow them to live together. Her cousin also advised her that it was not possible. But she continued, though family came to know about they did not entertain it. The affair was not recently began but has years of continuity.

There is enough time to see and share between relatives in a family and no one dare to prevent, due to the family matters, thus Ms. B had got more times to spent with his cousin brother that no one had noticed.

She was a rather fare and good looking girl who had lot of friends in the college and in the neighbour. But she had not told her personal matter to anybody. She kept everything for herself and showed a happy face before other people. Her presence and companionship had made no mistakes in her dealings.

Things began to get worsened as her father started to look for a man to marry her. She was deeply felt by that and decided not to marry anybody, she had not informed anybody her intension of stopping her life. She was not willing to agree to the demands of her family members. She determined not to okay them, since, they did not obey her, grant her wish. She encroached to herself fully separated from others and allowed herself to cease her existence.

CASE 3

He had been working for long years tireless day and night for the sake of the family. He made a home for their family along with his family. He was 26 years old by them. He was not an open minded person and therefore found on one to share with his feelings. His family had told his not to go or enter into church or church premises. He had obeyed that, it was not because of some affair that he visited church but only a casual walk. He had never though that his family would tell him so he had never lived for his own interest but always looked for the family welfare and now they have turned against.

Day by day such thinking began to force him negatively. He wanted to show them how valuable he was to them. He withdraws all the money from the bank and carried his visa along with him. His intention was to announce his identity even after his death. He traveled ho the nearby railway station. He did this in order to hide things

from relatives and friends but had determined to take revenge on them. There he jumped before a moving train and died.

CASE 4

Tender care, affectionate support and unconditional sympathy were smeared on the approach of every individual around her. Ignorance or strange feelings were never a matter as far as she was concerned. She had solutions for everything; not even a single 'no' has a chance in her life. Timely care and gratification of every minutest case was not new to Ms. D. saw knew that people around her are compassionate and lovable towards her; she had never experienced a bitter things from them all.

Such form of socialization had developed in her a sort of demanding character as if they were to be immediately gratified. She saw people around her, as means to achieve her needs. Being friendly to all she used to share her likes and dislikes, dreams and aspirations and some of her ways to achieve this dreams. B. Sc Nursing was one among the ways selected, as was sure that she could join for 'dream project,' she also had made known it to the public, relatives and friends. She herself dreamed as a successful in that project. But all on a sudden, in real, her dream project didn't get sanctioned. Parents did not allow her to go on with her project. Sudden reaction, shock and the constitutive strain and pain was unbearable. Finding herself unable to cope up and adjust, she committed suicide.

CASE 5

Stressful childhood experiences, avoidance and scolding from relatives, family quarrels and the constitutive divorce in the family have hade wound in the tender most heart of Ms. E. The feeling of isolation, single parent and lack of proper care and support made deeper emotional problems in her later life. She was moulded and forced certain aspects in life. To 'loose mother', especially when she is alive is not that much easy. When other girls at her age experiences motherly care and love she was denied of her freedom to be loved by her own mother.

Age and experiences will not be complementary to her wounds and pains of childhood days. He studied up to plus two; due to low mark in a subject, she wrote it again but did not survive. This failure forced her to think more negative about her

future. Her thought about failures in life precipitated along with other childhood experiences in the hidden unconscious triggering to a sudden decision to end herself.

She had been passive, smiling, less talkative and always found 'surviving,' and it her the courage which had forced her to live this much years. But when she realized her life was determined by plus two certificates and she has failed in achieving that certificate, she found other alternatives; darkness clouded her face, future became an unattainable task, but only to end herself.

CASE 6

Man's possessiveness behind high status and position in the society and the stinginess one shows within the family is the clearly seen in the sacrifice of the life of their own daughter. Mrs. F was in a way alone and totally depressed when she encountered an illegal allegation against her. Just a loving word or an affectionate hand could protect a child, mother a husband in total a family full. When population increases day by day, decreasing intensity of relationship is found. People find it interesting to publicize personal matter and manipulate to the extend it bring damage to other life. Mr. F had done nothing wrong to her society, but only loved her husband whole heartedly, still society, people around her home, misinterpreted treated her as if she was a culprit.

If at all she had a helping hand nothing could have done. Helplessness, inability to cope up the situation and isolation stole her life.

CASE 7

Mr. G was a different person with no specialty at the first sight. The impressions he develop among other fellow beings were happy and contented. It becomes a difficult task to understand him from the preliminary observations. The researcher could understand from this case that, Mr. G was a person with suicidal tendency with no traditional trait. It was his third attempt in which he committed suicide. In the first two attempts he had told indebtedness, sister's marriage as the reason. It can't be justified as he was so younger on those occasions, but can say anxiety, fear and a sort of stress that he couldn't manage.

His latter attempts, ways of talking when in trouble, confirm the fact that he had suicidal tendency. His mindset is also worth saying here. It is understood from the analysis that he makes a world, a 'comfort zone'; appropriate for him in his mind, there he sets roles to each individual assuming that they perform their part according to his wishes. He considers that they respond in accordance with his impulses and any change apart from this will result in depression, unbearable pain. He does not want people criticizing him to be in authority, he retorted. His transaction mode was joke, funny and taken for granted. It was this method that he applied in all kinds of relationship. He knew ways to escape criticisms.

The cause of his suicide was a 'love failure' as he says, was a friendly relationship with a girl. Here he applied the same mode of transaction/mindset. He had employed means and ways to call the attention of the girl. He saw her acting according to his likes and interests. He considers her as a requirement to his life. Thus starts dreaming a life of their own. But when the girl responds on the contrary to his wish he becomes distressed and depressed. He was so weak minded and chicken hearted. He can't bear burden, pain and suffering. He soon finds a way to get out of that pain. The easy way, he thinks to solve most of his problems, as he is more inclined to, end his existence. Finally he resorted to that idea.

CASE 8

Mr. H was 32 years old who was in love with a girl. She finished plus two and was to join nursing. But her parents made arrangements for her marriage. He was under pressure, he did not know what to do, he spoke with some friends who advised him to elope with her. But he was not sure whether she had loved him. Any way, one day he went and called her from her house. But she didn't go and agreed to go on with the marriage proposal brought by her parents. He could not tolerate this humiliation at all, though he shared his feeling with his friend he didn't get strength to overcome.

When things began to go out of control, the family members sent him abroad. He spent three months and came back. Now he started drinking and smoking. Again family members sent him to a divine retreat centre; this helped him to reduce bad habits for a month and again started. He used to tell his friends that he can't afford,

suffocate and bear the pain thinking a how a small girl could reject a love an elderly man.

He was a good player, sociable and friendly but was unable to bear the pain. Even though after many month, that bitter feelings still had a proper role in taking away his life.

CASE 9

Mr. I was 40 years old unmarried person. He had been living with a deep-felt pain and shock caused by his one and only loving sister she had committed suicide while studying in plus two.

He had a love affair too; not a two way affair as such, but he liked a girl when he was twenty or so, but she went on her own way which had not made any change in him.

Now, he is alone for most of the time. All of his friends have gone their own way, either went in search of job or married and he is left alone. He had no aims or goals in life, not much interested in marriage. His elder brother got married, settled and take care of the family. His loneliness, sister's suicide are assumed to be the factors behind his suicide.

CASE 10

Mr. J was a long father of three children. He toiled form morn to dusk for the betterment and welfare of the family. He was good agriculturists, spent most of his time in gardens taking care of his livelihood. Though his land property was given by his parents, rests of the works were done along by him. He was thinking about making a home after getting some money.

When he started making his dream project, he came across with a quarrel with his own elder child. They began talking casually and reached up to problematic conversation. The son told something which he didn't like and as a revenge he committed suicide.

INTERPRETATION

Psychological aspects, matter related to mental and the unconscious mind have crucial part in the lives of the committed people. Most of the respondents have agreed that the victim was facing severe psychic pain, was going through stressful situations, was found thinking too much, even in one case his mobile ring tone was changed to a heartbreaking melodious song that is sung when some one dies. Ms. D had not taken more days carry the pain and stress, soon ended herself. In the case Mr. J also happened the same. He had never thought his elder son could humiliate him; living this many years, tirelessly working for the family how dare could my son do to me. That was the heartfelt feeling he had forcing him to commit suicide. But in all others cases, they had undergone deep contemplation and bore the pain to themselves without sharing with any body.

It may be lack of proper care and attention that the cases under study had slowly walked towards death. Nobody was forced to commit suicide, but they have willingly selected and once they have selected to end themselves, the duration one takes to perform the action is determined by the method one opt to terminate his own existence. It is commonly assumed that one takes the decision to close his life only after finding proper and unnoticeable ways and means to perform the act.

These kinds of operational and preparational procedures take place in the deeply depressed mind of the person. By this time his conscious mind or the capacity to rationalize has been fully smeared by his depressed and emotional feelings. Thus he becomes addicts to his stressed feelings, unable to over come any more pain. In this time onwards the victim slowly starts his life towards eternity, he tries his best to hide his decision from others and act as if he was normal. But somehow he unconsciously utters signs, if go unnoticed, will lead to the actualization of his decision.

The victim can be cured if special care is give by noticing the symptom that he unconsciously utters, either through his slip of tongue. Mind has a great power to actualize what it takes inside one's mind.

♥ ANALYSIS OF THE THIRD OBJECTIVE

To trace the biological and hereditary aspects in suicide

CASE 1

Mr. A hails from a big family of father, mother and nine children consisted of four female children and three male children. All of them were living under one roof. Father had died long years ago. Mother found difficult to manage all by herself, and so could not give proper care to all family members. Elder brother had left house, absconded to somewhere after his father had died. Three daughters have died of diabetics and the total survivors were reduced to three. Such huge loss in the family had been a shock for the rest of the members. Mr. A had started working as a painter and a plumber by that time. Mother resorted to petty selling in the market to feed rest of the family. elder brother had got married and settled in wife's house. His family problems are found worth reasonable behind his misbehavior and bad habits that he learned after the marriage. No traditional or biological traits were found in this case.

CASE 2

When analysing biological and traditional links, Ms. B was found with no influence on a hereditary basis. Her forefathers or any one from the ancestral route have done such an act. There was no motivation or influence from any of the family members. Love failure was the main motivation behind her suicide and no traditional links were found in her case.

CASE 3

Mr. C was a successful meson whose father began his career as a meson. His working inclination originated from his father. He wished to follow the footsteps of his father and dreamed of becoming a successful person in his career as meson. But there was no traditional inclination involved in this case. No other in his or his father's family had ever committed suicide.

CASE 4

Mr. D was a pious Christian girl whose problem led in her depression caused by the negation of her admission to B. Sc Nursing. She had longed for it, but due to economical support, parents did not allow her. Researcher could not find anybody in her parents family committing suicide. She had been suffering from her illness, that always demotivated and no biological factors involved in it.

CASE 5

Mr. E had faced many cruelties of life in the form of quarrels in the family and the constitutive divorce between father and mother. She was living with her father when she suicided. Her mother was educated and father was less educated and she was suffocating in between their quarrels. There was no ancestral influence or biological link behind her suicide.

CASE 6

Mrs. F had no problems in the parents family; either husband's or her own. Both families had good status and position in the society. She had no further influence either traditional or from any other source. It was purely the rejection and misunderstood in the family that cause her suicide.

CASE 7

Family problem was one of the reasons Mr. G put forward when he tried to commit suicide in the beginning. Drinking father and sister's marriage were some of the important issues faced in the family. But in such a younger age how one's mind be burdened with such family problems? Even if he is conscious of family problems, why suicide alone selected in early periods? Apart from his suicidal tendencies, no other in the family shows such deep inclination towards suicide. There were no traditional similarity in this act; no record of suicide is seen from his parents' family.

CASE 8

Mr. H was the second son among three children in their family. it was a middle class Christian family. His younger brother had died to illness two years

before his suicides, which had made distress in his later life. Apart from that instance, no other members in the family had ever tried or traditional inclination was found.

CASE 9

Mr. I also experienced suicide of his loving sister when she was studying in plus two. It is like a mystery, that no one knew the reason. She was a good looking girl who attracted people with her charming face and smiling but all on a sudden she fired herself to death. It was a painful experience for him and no hereditary influence or biological traits were found worth noticeable here.

CASE 10

Mr. J was a married and father of three children with a well family background. His father and mother had died years ago. The ego and his brother were the two male children in their family. They got their ancestral property divided equally and had no problems. They had separate houses for both of them. They had land property which they had cultivated and had lived from that. There was no record of suicide or suicide attempt from their family prior to this suicide.

INTERPRETATION

Psychologist give special consideration when analyzing sensitive issues especially matters pertaining to the psychic situation of the people. Though people are different, born and brought in entirely different environment than the ancestors, psychic composition of the mind shows a similarity even it passes several generations. Neurons are different in different people and functions in diverse manner, manipulated and multiplied by the motives and determined by the standard of life one follow.

With such an understanding that, the researcher have given importance to the hereditary aspects, to explore to the background linkage of the person who have committed suicide in relation to the genealogical aspects. In the study, it is found that most of the committed persons had faced death of a family member or similar shock from the family. Ms. E was bearing the cruelties of the parents' divorce issue from the early childhood onwards, but in her case no one in the parents' family had ever tried

to commit suicide or committed suicide. Then it is confirmed that it is not the traditional aspects but the psychological aspects that matters a lot.

♥ ANALYSIS OF THE FOURTH OBJECTIVE

To propose family members measures/defense mechanism in order to reduce suicide

Sadness and depression are the most conspicuous and wide spread emotional symptoms. As depression worsens, every biological and psychological joy that makes life worth living is eroded. Loss of appetite, loss of interest in sex and sexual arousal, weight loss, and sleep disturbances lead to weakness and fatigue. Depressed individuals physically feel the depression. They are more susceptible to physical illness because the depression as it becomes more severe erodes the basic biological drives.

People do not born with suicide, but it is the tendency and attitude developed from situation. It changes as the situation varies. Hence suicide is a mental problem, it has no medicine to heal, still can be cured. Suicide do not take place all on a sudden but it goes through various stages; in the end, client unable to bear the burden end his life. So the healing process has to begin from the family and the bystanders. Just like other epidemics, suicide can be fully treated if found earlier. It is a curable social problem and a social phenomena in which, not only the committed person include, but all those around him become cause or have roles in terminating a life. It is the only one problem where many other are accused as the real factors. The given below are some of the measures to be taken cared by all those who are in suicide prone area. If at all early cure not possible at any time anybody may commit suicide. The evil is behind everybody. Positive attitude and strong determination is the only possible cure.

To deal with the after-effects of suicide we can use many of the same healthy strategies which can help us cope with loss in general. Openly expressing our feelings and thoughts about our loved one and the impact of the loss helps us to process our feelings and heal. Remembering the good times we had and positive things about that person and our relationship helps us to deal with feelings of guilt. And taking good

care of ourselves physically - eating, sleeping, exercising, and being thoughtful about our alcohol intake - helps to minimize possible negative health impacts.

Understanding and trusting that our feelings are normal and okay, and that grief is a process which unfolds and passes, helps us to cope. Sometimes we may feel the need to speak with someone outside our family or circle of friends for additional support or to make sure that we're really "okay." Those experiencing their own struggles with depression and suicidal thoughts should especially know that treatment is available and effective. Seeking help and support can be crucial to us as we move through our own healing.

In the case of teenage people, being a teen is not easy. There are many new social, academic, and personal pressures. And for teens, who have additional problems to deal with, such as living in violent or abusive environments, life can feel even more difficult.

Some teens worry about sexuality and relationships, wondering if their feelings and attractions are normal, or if they will be loved and accepted. Others struggle with body image and eating problems; trying to reach an impossible ideal leaves them feeling bad about themselves. Some teens have learning problems or attention problems that make it hard for them to succeed in school. They may feel disappointed in themselves or feel they are a disappointment to others.

These problems can be difficult and draining — and can lead to depression if they go on too long without relief or support. We all struggle with painful problems and events at times. How do people get through it without becoming depressed? Part of it is staying connected to family, friends, school, faith, and other support networks. People are better able to deal with tough circumstances when they have at least one person who believes in them, wants the best for them, and in whom they can confide. People also cope better when they keep in mind that most problems are temporary and can be overcome.

When struggling with problems, it helps to:

- Tell someone you trust what's going on with you.
- Be around people who are caring and positive.
- Ask someone to help you figure out what to do about a problem you're facing.

- Work with a therapist or counselor if problems are getting you down and depressed — or if you don't have a strong support network, or feel you can't cope.

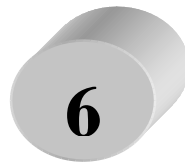
Counselors and therapists can provide emotional support and can help teens build their own coping skills for dealing with problems. It can also help to join a support network for people who are going through the same problems — for example, anorexia and body image issues, living with an alcoholic family member, or sexuality and sexual health concerns. These groups can help provide a caring environment where you can talk through problems with people who share your concerns. Check out your phone book to find local support groups, or ask a school counselor or a youth group leader to help you find what you need (Reviewed, Matthew K. Nock, PhD, 2006).

♥ CONCLUSION

Historically, persons who kill themselves have been regarded as introverts, internalizers, in sharp contrast to those who take out their aggression on others. Perhaps this is one reason that suicide-murders have seemed to defy explanation, and been so rarely the subject of inquiry. Palermo's (1994) concept of *extended suicide* is highly that some people commit murder in order to be blown away themselves in one form or another. In the case histories the drama and publicity of execution, no doubt, provided a major attraction for some very sick individuals. Gilligan's (1992) volume, *Violence: Our Deadly Epidemic and Its Causes*, probes, meaningfully, the suicidal criminal mind, the mind of fighting men whose fantasy of heroism is to die and to take others into death with them. While Palermo's work dealt with intimate, possessive relationships gone sour, Gilligan's concern was more with random killings including homicide of strangers. That such homicide of strangers can also constitute a form of extended suicide -- called here suicide-murder -- is one of the conclusions of this article. Moreover, due to the highly suicidal bent of prisoners in combination with their propensity toward violence and impulsiveness, one could safely predict that death penalty states will continue to have a high homicide rate within prison walls. In a choice between life in prison and death in prison, many inmates will choose death.

Within prison and without, there are certain disturbed individuals mostly men for whom the prospect of execution was highly appealing. Viewed collectively, the twenty-two case histories show there is “method in the madness” of many homicides. In no way this is an attempt to excuse such cruel and self-serving behavior. More research is needed to further document the extent to which execution attracts murder. A better understanding of the psycho dynamics of suicidal murder in its many manifestations may help explain the futility of capital punishment as a deterrent to murder.

Suicide is not the solution to any problem. No problem is unsolved if they are the product of human interference. Human beings have the capacity to create, recreate and finally find solution to their problems. Only problem is the way one handles his predicaments. It is after all depends on the psychic mentality one upholds, that rule over all the ways and means adopted by the individual while dealing with a quandary. However, socialization from the beginning of the foetus to end of one’s life has a tremendous role to perform throughout one’s entire life. The cases under study were so weak that they could not think of any other alternative other than suicide. Most of them were so weak that they had bitter experiences in their life in the form of loss of any deep loving person, misunderstanding, loneliness and continuous failures.



SUMMARY, SUGGESTIONS, FINDINGS & CONCLUSION

SUMMARY

The prevention of suicide is the crucial task, since it is the resultant of interaction of multiple factors as mentioned previously. Due to inadequate scientific programmes, suicide prevention still remains and researchable star. These aspects points towards to the increased need of skilled and adequately trained counselors, psychiatrists, psychiatric social workers and even medical practitioners to identify and treat the patients with suicidal tendencies.

The psychology of suicide becomes an integral part of the professional investigation, and oftentimes the information developed on the deceased coupled with the contents of any notes provides the detective with a basis of inquiry into the event which ultimately allows for the proper classification of the death.

FINDINGS

1. Studies shows that majority of the people who have committed suicide had no social problems.
2. People who committed suicide have lost one or more individuals, family members or relatives whom they have loved the most or who have been the bread winner.
3. Depression was found in all most all the cases who committed suicide, in various degrees of intensity.
4. Isolation and loneliness was deeply felt by those committed suicide, before they were forced to fall prey of suicide.
5. Lack of support, motivation and absence of people to console has been a back up factor in suicide.
6. Misunderstanding and blind criticisms have definitely produced evil effects.
7. Tendency to propagate accuse or provide falls evidence against people, have crucial role in suicide.
8. Love failure, attraction towards the opposite sex has also stolen the lives of people.
9. Discrepancy between the fantasy world and the real world were fully experienced by each individual who have committed suicide.
10. There are very simple reasons which caused a huge loss like the case of Mrs. F

11. High expectation and the subsequent reality were other problems found in the study.
12. Suicide was not a sudden reaction; it was the end result of a whole process of negative thoughts.
13. It involved a strong determination as an outcome of continuous pain, accusation, rejection and misunderstanding.
14. Suicide was an out-bursted reality, a form of revenge to those people who have directly or indirectly caused severe burden, loss or pain.
15. An aimless life; life without ambition, goal or vision have distorted the life, unable to find a life of their own, when finding themselves alone at even such a later age have triggered off the act.
16. Caring, spoon feeding way of socialization, parents' carelessness to teach children perception of everyday life and reluctance of parents in teaching hurdles, from their experience to children, have played their part in ending one's life.

SUGGESTIONS

The study reveals the fact that the family problems are the main reason for increasing suicidal rate. The researcher hopes that family counseling centres can do a lot in the prevention of suicide. And so the functioning of the existing centres has to be checked and establish new centres with certain set of standard.

Clear diagnose, treatment, care and support must be provided adequately to those people who have the prevalence of suicide.

The suicides are the result of immediate reaction to certain problems. If the telephone counseling is available, they will surely make use of it and thus the suicide rate can be reduced to a great extent.

Even though we are living in the 21st century, the way the society views suicide has not yet changed. Instead of understanding the broken mental condition of person who committed suicide, they are teased like jokers in the circus and even severely criticized for the path they have selected. Awareness should be given to the public on the importance of social support as they play a significant role in preventing suicide.

Suicide preventive training programme can be given to volunteers from Church, Colleges, Universities, Associations, and Clubs. Training should be given to these volunteers in identifying, assessing and even intervention in crisis.

ASSUMPTION

- The chance of committing suicide is more among those people with more pain and high intensity of depression.

The whole research work revolved around this assumption either to withdraw or to conform onto that assumption. The study was conducted among the family members, relatives and friends of ten cases who have committed suicide. The cases include people from both sex, different age group and from different marital status. All most all of them have been suffering from severe pain and deep depression. When analyzing it was found that, time and money will not heal mental problems or psychological pain and shock. Clear diagnose, treatment, care and support must be provided adequately to those people who have the prevalence of suicide. The research clearly depicts that the intensity of depression and the degree of pain lead to suicide, conforming the researcher's assumption.

CONCLUSION

Why people often choose/elect suicide as an ultimate solution for their problem. The decision or submitting oneself to such an act happens from a long time back. Not all people opt suicide, but lofty people, those who are not brave/courageous, tired of suffocation, pregnant with economic burden (financial crisis), loneliness, loss of either partner are may be some of the triggering factors. Trained or knowledgeable persons, committed/responsible may not try for such an act. Weak minded, chicken hearted often inclined to do this.

Suicide can be compared to any severe or fatal disease, which ends with the person as he dies. The causal infectious 'virus' enters into the body of the person, start to develop and spread inside the body. Slowly body tries to create antibodies to react against 'the virus.' Virus become stronger and the antibodies seem to be inefficient to crush 'the virus.' Thus human reactionary system (resisting power) all together

collapse and the body is subjected to various lethal diseases where the last phase would be the end of that person.

The case of suicide also is the same, except the ways through which the disease spread. In the case of AIDS, the virus enters into the body through ways such as:

- a. Transmission of Blood
- b. Insecure sexual intercourse
- c. Through homosexuality
- d. Through infectious syringes etc.

But in the case of suicide, the ferocious, disastrous 'virus' is found within the human mind, which is originated, spread, accumulated and developed according to the push and pressures of the external world. Here the virus attacks and multiplies in the human mind, which is a manured platform for all the recreation facilities. The 'virus' slowly gets control over the entire thought process. From the minutest instance of thought to a wide realm of performance will stand before the test of 'this mind' where the mind will check with the Previously Coded Rules and Regulations (PCRR). Previously Coded Rules and Regulations refers to the sum total of frame of thought and actions that an individual came across and the consecutive negative/positive approach or lesson that an individual learned and use as frame of references. This PCRR are the product of long years of experiences and learnings. His childhood experiences socializing agency, peer group, class mates, play mates, parents and teachers do play certain role in helping children develop their PCRR. Hurts, bad feelings, guilty conscious, and any sort of victimization evolve in child leads to consciousness of secrecy which the child does not want to tell anybody fearing that it may bring bad results. Such hidden shocks will lead the child excluded from normal social dealings. In various moments, he may wish to express this to anybody, but often his 'logical' mind prevents it. There starts the entrance of virus into human mind. The person starts to view the world in his own perspectives. The interpretations, though may not reach anywhere, and the arguments the individual put forward is based on his Previously Coded Rules and Regulations. All sorts of conceptualization are encircled within this frame and the person does not wish to think of the outside world or may not give third person its due importance. Thus the individual slowly

gets into the final stage of his life. In this stage, the person is totally sunk into one single world. A world totally isolated where no other is included. Being in such situation, the person sees all others as enemies to himself, hindrance to his development. This stage onwards he began to think negative of himself considering himself as useless, inefficient and good for nothing. He may sometime punish, scold and beat himself. This clash continues until he finds the way to solve this problem by terminating his life. He seems unable to continue the clash between him and his self/ego and soon reaches to the solution.

“The person who commits suicide puts his psychological skeleton in the survivors’ emotional closet”

Shneidman

APPENDIX

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INTERVIEW GUIDE

PSYCHO-SOCIAL AND ECONOMIC CAUSES OF SUICIDE

I. PERSONAL PROFILE

1. Name : _____ :
2. age : _____ :
3. Sex : _____ :
4. Religion : _____ :
5. Educational Status : _____ :
6. Occupational Status : _____ :

II. ECONOMIC ASPECTS

1. What is the Monthly Income of the Family?
2. What is the Monthly Expenditure of the family?
3. What is the Monthly income of the Person?
4. Does the family have economic burden or indebtedness?
5. How is the present house built, with loan or own money?
6. Did he/she felt that present income was not enough to support the family?
7. Did he/she owe money to any body?

III. SOCIAL ASPECTS

1. Did he/she have membership in the village club?
2. Was he/she a member of any association or organizations?
3. Does he/she usually participate in church/temple/mosque festivals?
4. What was others' opinion about him/her?

IV. HEREDITARY ASPECTS

1. Is there any body in the family committed suicide?
2. Have diagnosed any sort of biological illness in any one of the family members?
3. Have any body been suffering from hereditary transmitted severe illness?
4. Do you face any hereditary problems from the forefathers?

IV. PSYCHOLOGICAL ASPECTS

1. Have you faced any sort of sudden death of a family member
2. What was his/her behaviour in the family?
3. Did he/she have experienced separation of any loved one?
4. How was his/her attitude towards the partner, if married?
5. Did he/she face failure in examination or love towards any body?
6. Did he/she Experience any of the factors given below:
 - ☞ feeling of depression
 - ☞ feeling of homelessness
 - ☞ loss of interest in usual activities
 - ☞ insomnia
 - ☞ anxiety about future
 - ☞ feelings of loneliness
 - ☞ feeling of hopelessness
 - ☞ feeling of isolation
7. Did he/she indicate about suicide in informal interaction?
8. What was his/her attitude towards decision making?
9. Mode of Suicide :

 - ☞ Consumed Poison
 - ☞ Hang
 - ☞ Nerve cut
 - ☞ Sunk into river
 - ☞ any other

10. Did he/she keep any suicide note or wrote anything special on personal diary?
11. Did he/she experience any sort of quarrels in the family before committing suicide?

ANNEXURE

AGENCIES WORKING FOR SUICIDE PREVENTION

MAITHRI

Suicide Prevention Centre

Vimalalayam Building

Ashir Bhavan Road

Kacheripadi, Cochin – 682018

Kerala, India

Tel.No: +91-484-396272 or 396273

Website: <http://www.maithrikochi.org>

Services by: Telephone, face to face, Letters. (10 am – 8 pm on all days including holidays)

ROSHINI

70, Paigah Colony,

Behind Anand Cinema, S P Road,

Secunderabad, India – 500003

Tel.No: +91-40-7904646

Services by: Telephone, letters

The centre is functioning from 11.am to 9 pm everyday except Sundays.

SAATH

B12, Nilamber Complex

H L Commerce College Road

Navaranagapura

Ahmedabad, India - 380009

Tel.NO: +91-79-6305544

Services by: Telephone, face to face, letters

SUMAITRI

NDMC Complex, 1st floor

48 Babar Road

Near Bengali Market

New Delhi, India – 110001

Tel.No: +91-11-3710763

Website: <http://www.sumaitri.org>

LIFE LINE FOUNDATION

2/8 A, Sarat Bose Road

Kolkata, India – 700020

Tel.No: +91-33-4745255 or 4745886

Services by: Telephone

THE SAMARITANS – SAHARA

‘Sevaniketan’

Sir J J Road, Bycalla Bridge

Mumbai, India – 400008

Tel.No: +91-22-3073451

Services by: Telephone, Face to Face, Letters

AASRA

A-4, Tanwar View, CHS

Plot No- 43, Sector 7, Koparkhairane

NAVI Mumbai, India – 400709

Tel.No: +91-22-7546669

Services by: Telephone, Face to Face, Letters

MAITREYI

255, Thyagumudati Street

Pondicherry, India – 605001

Tel.No: +91-413-339999

Services by: Telephone, Face to Face, Letters.

Suicide Prevention Crisis Lines - Call 911

A POEM

By this time I knew I was depressed. I would sit in my office wondering what I was going to do and what was going to happen to me...

.....I could turn my head and see an object on a desk -- It would make me think of something else, and it in turn something else, ballooning into thoughts of global proportion.....

.....thoughts connecting from a stapler on a desk into a worldwide problem of
universal doom.

In my mind's eye
I see

the world as hopeless
the problems overwhelming
change is insurmountable
the whole of life as futile

Hopelessness to Infinity

.....My mind and heart are squeezed for their juices - vacillating between thought and
feeling, and feeling and thought - Thoughts rebounding off feelings of sorrow.....

My mind searching for answers
My heart is still
The realization is solemn and deep:

My life is over
My death must occur
There is no hope
My heart is torn apart
My tears overflowing

How can I live?
How can I die?
How can I leave?

Will I know that I've hurt them?
Will I know how they feel?
I feel sorrow for them
I feel sorrow for me.....

Those whom I love
.....Those who love me.

