References to ‘suicide’ in published literature are not numerous. A starting point can be from Shakespeare’s ‘Macbeth’. In Act – V, surrounded by the tragic death of his wife, and the sound of approaching armies, the cynical king Macbeth cries out his comments about human life, “Out, out brief candle! Life’s but a walking shadow, a poor player that struts and frets his hour upon the stage, and then is heard no more; it is a tale told by an idiot, full of sound and fury, signifying nothing.” In this chapter, an attempt has been made to collect available material on various aspects of suicide.

The chapter is arranged in five parts – 1. definitions of suicide, 2. views of various religions about suicide, 3. what are the main causes of suicide according to writers on the subject, 4. how they have analysed the trends on the basis of data brought out in other countries, and 5. ways and means for prevention of suicide.

2.1. Suicide – definition

2.1.1. – Suicide is defined as “the act of voluntarily taking one’s own life. Throughout history, suicide has been both condemned and praised by various societies. It is condemned by
Islam, Judaism and Christianity, and attempts are punishable by law in several countries”.  

However, in Hinduism and Buddhism, various forms of taking one's own life have been tolerated. The practice of Sati or *Sutee* and *seppuku* (also called *hara-kiri*) are examples of such tolerance.

“Since the European Middle Ages, Western society has used first the canonical and later the criminal law to combat suicide. Following the French Revolution, of 1789, criminal penalties for attempting to commit suicide were abolished in European countries, England being the last to follow suit in 1961...The change in the legal status of suicide, however, has had no adverse influence on the suicide rate.”

2.1.2. The Concise Oxford Dictionary of Current English has defined ‘suicide’ as, “the intentional killing of oneself ”, and also “a self-destructive action or course ”

2.1.3. “*Le Suicide*” published by the French author Emile Durkheim in the last decade of the 19th century [1897] is a classical study about the causes of suicide and its relation to other social phenomena. According to Durkheim, “…where the rate (of

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1 New Encyclopaedia Britannica, Vol. II.
2 Ibid p.359.
suicide) increases rapidly, it is symptomatic of the breakdown of collective conscience, and of a basic flaw in the social fabric…”

He classifies suicide into three categories:

(a) Egoistic suicide which results from lack of integration of the individual into society.

(b) Altruistic suicide which results from a person taking his own life due to allegiance to ‘higher commandments’ which could be religious or political.

(c) Anomic suicide which results from lack of regulation of the individual by society.

Of course, he goes on to elaborate that there are individual forms of suicide which display mixed types, such as the ego – anomic, the altruist – anomic, and the ego – altruist. It is sometimes, propounded by intellectuals that modern civilization has certain hidden tendencies, leading to higher rate of suicide. This is however disputed by American sociologist Gregory Zilboorg. According to him, it is a traditional, almost instinctive bias, to conceive that “the rate of suicide increases with the development of civilization that in some unknown way civilization fosters suicidal tendencies within us”

In another context he says, “.... It is clear that the problem of suicide from the scientific point of view

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4 *Le suicide* p.16, 17.
remains unsolved. Neither common sense nor clinical psychology has found a causal or even a strict empirical solution.”

It has been translated into English by John A. Spaulding and George Simpson, “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”.7

2.2. How ‘SUICIDE’ is viewed by various religions

2.2.1. Different religions had divergent views about the ‘right’ and ‘wrong’ of suicide.

How Christianity viewed suicide –

“In his City of God St. Augustine discusses suicide at length. He terms it as a ‘detestable and damnable wickedness’ concluding that ‘it is homicide, a violation of the commandment ‘Thou shalt not kill’ and thus never justifiable.”

“The Act is viewed by Islam as a form of murder, and since murder is most evil, it is logical that suicide too must be forbidden. The performer of this criminal act is not free from the

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6 Differential Diagnostic Types of Suicide, Archives of Neurology and Psychiatry Vol.35, 1936, p.271
curse of God”. However “Buddhists and Hindus taught a philosophy based on transmigration of the soul and the unimportance of this life, one which logically leads to an acceptance of self – destruction”. Greek thinkers – “several early Greek philosophers opposed suicide: Pythagoras (582 – 507 B.C.) a mathematician argued that since humans were the slaves and soldiers of God, they had no right to leave the world without His permission. Socrates (469 –399 BC) supported Pythagoras’ views but felt that in some circumstances it would be permissible and even necessary for a man to end his own life. Aristotle (384 –322 BC) supported the Pythagorean philosophy of suicide as a cowardly act and an offence against the State”.

2.2.2. According to modern philosopher and Nobel laureate, Jean – Paul Sartre, human existence is absurd.... “Suicide is the final absurdity, for in getting rid of en soi (man himself), what man is, pour soi (his consciousness) disappears at the same time.”

2.3. What are the main causes of suicide ?

2.3.1. Andrew E. Henry and James F. Short have made an attempt to study the correlation between the rate of suicide and

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9 Ibid. p.7.  
10 Ibid. p.4  
11 Ibid. p.3  
12 Encyclopaedia Britannica, Vol. 25, p. 689
business cycles. According to them, “Suicide tends to rise during periods of depression and to fall during periods of prosperity. But the negative reaction of suicide to depression is stronger than the negative reaction of suicide to prosperity”.

2.3.2. Marshall B. Clinard is another author, who has tried to study the reaction of society to suicide in various centuries. He found that the rate of suicide in countries where the Roman Catholic Church is dominant is generally lower than in other countries. According to a table published in the book, the rate of suicide per lakh population is highest (34.9) in Hungary, but lower in industrialised U.S.A. (11.0) and lowest in Mexico, which is economically backward (1.1). According to this author, “In general, marriage, with its personal relationships seems to be one of the best protections against the desire to commit suicide, although some situations produced by an unsatisfactory or a broken marriage may be conducive to it”. Regarding the correlation of the rate of suicide to economic status and occupation, this author says, “Although suicides occur disproportionately among those at both extremes of the socio-economic range, they are more numerous among those in higher

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status – occupational groups. The rate of suicide among pharmacists has been found to be 24 times that of carpenters”.16

2.3.3. The modern Indian author, Hans Nag Paul, has studied the problem of suicide in relation to urbanisation and modernisation. According to him, “...the growth of urbanisation and industrialisation during the past four decades has clearly affected the traditional forms of socialisation and social control. This has led to increasing rates of all types of deviant behaviour, juvenile delinquency and crime, especially in large cities. Moreover, violent behaviour has also increased considerably throughout the country.”17 This could be one of the reasons for the high rate of suicides in Kerala. Why it is higher than in other Indian States, and that too consistently, has to studied in detail.

2.3.4. According to Jacob P. Gibbs and A.L. Potterfield, “Three variables are significant in the Gibbs and Porterfield theory of status change and suicide.1) the long run (economic prestige) status change 2) a relative lack of strong social ties and 3) a personal crisis”.18

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16 Ibid, p. 639.
2.3.5. In an article on the effect of Globalisation on the rural society, J.D.Prema Dhanaseeli and A.J.Thatheyus pointed out that, trade liberalisation will result in displaced landless agro-related communities, including artisans and fisher folk, who will be doubly hit by the loss of their traditional markets as well as by loss of food entitlements. There are clear connections between the policies of globalisation and starvation deaths and suicides in India.¹⁹

2.3.6. According to Ronald W. Maris, “First, the most dramatic finding of our research is the high suicide rate among persons of lower social status…it appears that status loss is the more highly related to the suicide rate than status position”.²⁰

2.3.7. According to J.M.J.Sethna “Many are the causes of suicide. Often, a person suffering from endogenous depression or depression caused by deep grief or loss commits suicide. Failure in love affairs, sometimes failure in life or in the fulfillment of some cherished ambition, may break the person concerned emotionally, and may result in act of suicide on his part. Apart from depression, the schizophrenic, especially of the paranoid type, may attempt or commit suicide. In any serious physical or mental

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illness, the patient may attempt suicide due to despair that he may never be well.”

2.3.8. Paripurnanand Varma pointed out that “Suicide rates generally go up with age, college students being an exception. Constant chronic pains or acute illnesses are often cited as reasons for suicide. Alcoholism, sexual vices, drugs, gambling, or other addictions are characteristics found among suicidals. Lack of emotional control, mental weakness, lack of self-discipline and lack of strong character makes people more prone to suicide. Loneliness or failure to love or be loved, unsatisfactory marriage, feeling of guilt, sudden shock or feeling of revenge, are major causes of suicide.”

2.3.9. In the Malayalam family magazine, Vanitha meaning ‘lady’ published from Kottayam, Kerala, (July 15-31, 2005), certain facts and figures published by the State Mental Health Authority has been brought out as an article, Namukku Nashtappedunna Penkuttikal meaning, ‘the young girls being lost to us’. In this article, it is brought out that in the 387 suicide cases reported in the medical college hospital Trivandrum, during the period, January 1 to June 27, 2005, 39 % are women below the age 25 years. Of these, 60 % are unmarried. The study goes on to explain

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that many of these incidents are due to what psychiatrists would call ‘adjustment disorders’ or failure to cope with a new and strange situation in life. Domestic violence, harassment from demanding mothers – in – law, etc are also major causes for suicides of young married women.\textsuperscript{23}

2.4. Analysis of the Problem of Suicide

2.4.1. In another published article, Dr.Tahir Hussain and Dr.Mary Tahir have pointed out that "The number of suicides has been showing an upward trend continuously since 1981 rising from 40245 to an all time high of 89195 in 1994". They continue, "Among the States, the highest volume of suicides was recorded by three Southern States of Kerala (28.0), followed by Karnataka (19.1) and Goa (19.0). Tripura (17.4), West Bengal (17.2) and Tamil Nadu (16.0) also recorded high rates".\textsuperscript{24}

2.4.2. Michael Haralambos and Robin Heald analyze suicide as “In theory a real finite and absolute suicide rate for a given population exists. Official statistics however do not provide an accurate record of this rate. As such they do not represent the actual extent of suicide. Durkheim has often been criticized for failing to recognize the possibility of serious inaccuracies in the

\textsuperscript{23} \textit{Vanitha}, Kottayam, July 15-31, 2005 p. 79-83.
\textsuperscript{24} \textit{The Indian Police Journal} vol.2, July – December 1996, p.61.
statistics he employed in his research ...since Durkhiem’s statistics were drawn from the 1840’s to the 1870’s they may well be subject to considerable error.”

2.4.3. In a study conducted on suicidal tendencies among University students by Margaret T. Lawrence and John R. Ureda, it was discussed, “does the problem lie with the suicidal person, the society, or a combination of the individual and the environment?” The study revealed that a person decides to commit suicide when there is a conflict in his / her striving to reach a high goal and the failure to achieve that goal. Depression is another common cause of suicide. Very little work has been done on anger and its relationship to suicide, but it seems to be a significant factor. The suicidal person saves up angry feelings in the same manner as other individuals collect trading stamps, and when the collection reaches a point it leads to violence against oneself. Family background plays vital role in overcoming or succumbing to suicidal tendencies. Disruptive or chaotic situations such as divorce, separation, death of a parent, remarriage etc are some of the negative influences. Lack of social contacts, or support from the community is another vitiating factor.

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26 Student Recognition of the Response to Suicidal Peers, 1990, p.166
2.4.4. In a published article, Murphy Halliburton remarks “Kerala has the highest suicide rate in India – and by a substantial margin of three times the national average and 50 per cent more than the second highest State...” The author calls this phenomenon to be paradoxical in view of the fact that Kerala has the lowest overall death rate in India [Office of the Registrar General 1993] The author refers to three studies conducted by sociologists/ medical officers regarding the Kerala situation, which point out that “the most common causes for suicide in Kerala to be virtually the same as the most common all – India causes -- after ‘dreadful disease’ ‘quarrel with spouse’ ‘love affairs’ and ‘quarrel with parents – in – law ’--- which does not help much to explain why Kerala should have such a dramatically higher suicide rate than the rest of the country.27 The author goes on to conclude that ‘high level of education, coupled with unemployment and underemployment’, and ‘growth of secularism, rationalism and erosion of religious Faith’, are some of the factors responsible. The analysis however has the defect of not being supported by empirical study.

2.4.5. In an article published in the Asia – Pacific Population Journal, Lado T. Ruzicka has mentioned that in some societies,

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specifically on the Indian sub-continent, Sri Lanka, China and some Pacific islands, high suicide mortality among women under 25 years of age has been widely noted, due to the method used – of consuming highly toxic pesticides, and at the same time, the rising incidence of death by suicide among adult males has become a matter of public concern. Economic conditions and social change are often identified as the main cause of suicides, or at least considered as contributing factors. In some of the industrialised countries of the region, youth unemployment has reached levels never previously recorded. In other societies, the transition from a traditional to a modern way of life and coinciding changes in social obligations and structures bring about inter-generational conflicts and pressures which appear to influence the propensity to commit suicide, especially among young males... The diversity of responses to social and economic change is partly due to socio-cultural factors, both pre-existing in the traditional societies and developing in the modern structures. Among them are the influence of religion and its attitude towards self-inflicted death, the social stigma attached to suicide, often affecting the whole family of the person who committed suicide, and the legal considerations which may make an attempted suicide a punishable offence... The comparatively high suicide incidence estimated to prevail in some of the countries and areas of the
region points to the need for greater attention to be paid to the gravity of the situation...\textsuperscript{28}

2.4.6. According to Dr. Sushila Mehta, “A more pointed indicator of the unhappy status of women in Indian society is the rate of suicides committed by young women. A survey of suicides in Bombay State (1954 – 1957) indicated that more women than men commit suicides. Rate of suicide per one thousand of the population was 3.4 for men and 3.9 for women in Ahmedabad range and 4.1 among men and 8.9 females in Rajkot range...the number of men committing suicides in Western Europe and the U.S.A. is three to four times that of women. It is therefore, clear that there is nothing genetic or biological which determines the incidence of suicides among men and women. It is only unhappy social conditions of Indian women which impel them for committing suicide.”\textsuperscript{29}

2.4.7. According to Jack D.Douglas “Most individual suicides are complex phenomena involving the individual’s role performance in several positions over a period of time.”\textsuperscript{30}

\textsuperscript{28} \textit{Suicide in countries and Areas of ESCAP Region}, Asia Pacific population journal, December 1998

\textsuperscript{29} \textit{Revolution & Status of Women in India}, Metropolitan Book Company Ltd. New Delhi, 1982, p. 245.

“The idea that a change in social status, especially a loss of social status, can lead to suicide is a very old idea and a very common one.”\textsuperscript{31}

“Indigenous poverty does not foster suicide. On the contrary, the suicide rate tends to increase with social status. On the other hand, poverty befalling those used to a better standard of living is a burden badly tolerated, and a factor predisposing to suicide.”\textsuperscript{32}

2.4.8. According to Jerry Jacobs, “It is not parental loss in early childhood per se that predisposes to depression and suicide in later life. The loss of a love object is an important aspect of the process, but it must be viewed as part of a process, with particular attention paid to when it occurred and /or reoccurred, and not only to its presence or absence. Furthermore, it seems that it is not the loss of a love object per se that is so distressing but the loss of love, i.e., the reciprocal intimacy, spontaneity and closeness in a ‘primary relationship’.”\textsuperscript{33}

2.4.9. Regarding suicides in India, G.R.Madan comments – “The statistics available for the year 1964 shows that more males than females commit suicide. Similarly, the age group 18 –30 is more vulnerable than the age groups 30 and above and 18 and

\textsuperscript{31} Ibid, p. 109.  
\textsuperscript{32} Ibid, p. 111.  
below. There is also variation in different regions. Madras has the highest number and next in order were Andhra, Mysore and Bengal whereas; Bihar, Punjab and Assam had the lowest figures. It indicates that those States which are somewhat advanced in wealth and industry have a higher rate...Insecurity, frustration and self-aggression differently affect different groups and individuals...Looking to the motives of suicide, it will be seen that the highest were from the dreadful diseases.”

2.4.10. According to Susan Calvert and Peter Calvert “It is possible to argue – and many now accept – that unsuccessful suicides are cries for help rather than serious attempts to die. But some no doubt are genuine cases only prevented by third party intervention. Similarly some of the suicides may not be intended to succeed”

“Durkheim’s ‘Suicide’ has been the subject of a colossal amount of criticism for two main reasons. First, it was an early study breaking new ground and as such has the weaknesses of a prototype. It has received much criticism on methodological grounds. Durkheim had a theory and set out to prove it, rather than seeking diligently to disprove it, as the application of scientific method decrees... The second reason that Durkheim’s

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study has been so controversial is that it provides an obvious battleground for the competing interpretations of the relationship between the individual and the society. In other words, Durkheim’s categorical assertion that “society determines individual’s behaviour has been challenged by those who stress the importance of the individual’s interpretation of his world”\textsuperscript{35}

Further the authors pointed out that, “Delirium tremens* may be caused by the protracted and inordinate use of alcohol or other ardent spirits...patients with delirium tremens are often violent, and prone to commit suicide or murder.”\textsuperscript{36}

2.5. **Prevention of Suicide**

2.5.1. In the Malayalam magazine, ‘*Chraisthava Kahalam*’ meaning ‘Christian Trumpet’ noted criminologist Dr. James Vadakkumchery has remarked in the article, ‘*Keralam Valarunnu – Kudumba – Kolapathaka Kootta Aathamathyakal* ’ (Kerala Growing – group - murder - suicides in the family) that such multiple suicides are mostly noticed in small nuclear families rather than in the traditional joint families. Instead of solving small tensions in family life, the lack of social integration leads to

\textsuperscript{35} *Sociology Today*, Harvester Wheat sheaf, 1992, p. 9.

\textsuperscript{36} Ibid, p.166.

* Medical condition of a person suddenly stopping use of alcohol or other narcotic substances, which he / she used to take habitually.
each family emerging as islands in the ocean! He has laid stress on more facilities for counseling centers to solve such crisis situations.\textsuperscript{37}

2.5.2. According to Don C. Gibbons, “Individuals get involved in deviant behavior conduct as a result of embarking upon a line of conduct having several potential outcomes, one of which is a deviant from...commenting on the suicide tendency of residents of the island of Tikopia, Lemert, (Edwin M. Lemert – \textit{Social Structure, Social Control and Deviation}) the author says: "This analysis of suicide suggests the more general possibility that there are many instances in which people do not elect deviant solutions to problems but instead initiate lines of behavior which, according to how circumstances unfold, may or may not become deviant’.”\textsuperscript{38}

2.5.3. In another Malayalam magazine, ‘\textit{Manasasthram}’ meaning ‘psychology’, Dr. C.J.John, chief psychiatrist, Medical Trust hospital, Cochin, has published an article, \textit{Ivide Naam Enthu Cheyyanam}, meaning, ‘what we should do here’ in which he has remarked that a patient who survived an attempted suicide expressed relief that he returned to life, and resolved to face the life with a little more courage. According to Dr. John, 95 % of

\textsuperscript{37} Christava Kahalam, Thiruvananthapuram August 1998.
\textsuperscript{38} Society Crime and Criminal Careers Prentice Hall Inc. 1968, p. 284.
such survivors expressed similar feelings. He wanted more suicide preventive counseling centers to be set up, and also more sympathetic attitude from friends and relatives to suicide prone people. He also remarked that nearly 40 % of suicides are by persons with mental illness, and timely medical attention could have prevented such incidents.39

2.5.4. In the collection of several articles on the suicides in Kerala, published by the Centre for Health Care Research and Education, Rajagiri College of Social Sciences, Cochin, Kerala (1995) Dr.C.J.John noted psychiatrist (quoted earlier) has attempted to study the nexus between multiple suicides in the family and the influence of mass media. He has remarked that “…prominent news coverage of suicide has the effect of increasing suicidal behavior within the readership area of the newspaper. It is quite possible that a few of the episodes of mass suicides in April (1994) derived its inspiration from the newspapers ” Regarding the influence of visual media he goes on to say, “In our clinical practice also we come across an increase in suicidal attempts after the telecast of Malayalam movies in which, the hero or heroine commits suicide. The element of glorification of suicide in visual media is intense. The impact of this on children is disturbing.”40

40 Suicide in Perspective, Rajagiri College of Social Sciences Publication, 1995, p.36,37.
2.5.5 While discussing the problem of suicides, which poses danger, both to the individual and the society, Ram Nath Sharma says, “In a disorganized and disintegrating society, the incidence of suicide rises; therefore, it is the duty of every nation and society to stem disintegration of the society and evolve ways and means which would produce social harmony and promote social peace and tranquility…it is essential that various religious institutions should use their influence to propagate the sanctity of life and the value of love and harmony.”

2.5.6. According to Alex Trio, “Research has demonstrated the mass media’s influence on suicide. When the suicide of a famous person, such as the novelist Ernest Hemingway, or the movie star Marilyn Monroe or the grunge rock star Kurt Cobain, is widely publicized, the nation’s suicide rate tends to go up……imitative suicide is more likely to occur among the suicidally inclined persons…by killing themselves, celebrities demonstrate the act of suicide as well as legitimize it as a way of solving a terrible life problem”. Regarding the preventive measures, the same author says, “Despite the tremendous increase in the number of suicide prevention centers in the United

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States over the last 20 years, the suicide rate has not declined significantly. One study even shows that there is little overall difference in suicide rates between countries that have suicide prevention centers and those that do not. The reason is that suicide is basically a sociological problem (caused by larger social factors) rather than a psychological problem (caused by factors within the individual).”

2.5.7., According to Louis Schneider, C.W.Stephen, Louis A. Zurcher, and Sheldon R. Ekland-Olson, “The research on suicide does not tie it to social or economic deprivation alone. Sweden, for example, has had considerable social security, but also a notably high suicide rate.” Regarding preventive measures, the authors comment, “It is clear that others can help suicidally inclined persons by helping them overcome a sense of isolation.”

2.5.8. R.S.Deshpande While discussing the suicides in the agrarian sector of Karnataka, which account for 20% of the total suicides in the State, the author concludes, “Family commitments like marriage/education of son or daughter, social functions, festivals and community programmes seem to be major avenues on which the borrowed funds were used. These appear to be on

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43 Ibid. p.149.
high agenda of the family commitments. The support financial / otherwise that the family receives is quite important in terms of averting seclusion and the feeling of ‘left alone to face the problem’. Neighbours, relatives, family members, panchayath members and others are looked at as probable help avenues in the process."

2.5.9. Sarah George found in a study conducted that “According to the respondents, all of them said that they would not have attempted suicide if they had someone in whom they could have confided their problems. This proves that suicide prevention measures are extremely essential” This is a conclusion reached after interviewing 20 victims of attempted suicide, who survived.

2.5.10. Jiji K. Jose found during an empirical study after interviewing 30 victims of attempted suicide, who survived, that “more than half of the attempters had sought help before attempting suicide (56.7 %). Feelings of depression and anger is the strongest feeling that is seen among attempted suicide persons (93.3 %) before the attempt and feeling of anxiety about future is the extreme feeling seen in them after the attempt (86.7 %)”.48

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46 Suicide by Farmers in Karnataka – Agrarian Distress and Possible Alleviatory steps, Economic & Political weekly June 2002, p.2609.
47 The Adjustment Problems of Attempted Suicide Cases, Loyola College of Social Sciences Library, Trivandrum, February 1981.
2.5.11. While discussing the suicide cases reported from the island of Tikopia, Edwin M. Lemert says, “Persons attempting suicide were responding to a variety of competing values and because the nature of the act of suicide has culturally variable meanings of goodness and badness, depending upon the specific form of the act and the groups viewing it...only in certain cases could it be ascertained that the person had definitely chosen to end his or her life...In a large number of cases the most that could be said was that death was one possibility, other possibilities being that the act could eventuate as a daring exploit or lead to a reintegration of the individual onto the island social life”.

2.5.12. According to Dr. A.K. Jayasree, “As suicide is influenced to a great extent by the attitudes and value systems of society, community level prevention is equally important, especially in long term strategies”.

2.5.13. According to Dr. Asit B. Ghosh, President of Indian Psychiatric Society, “deliberate self-harm and suicide is a great public health challenge. I think it is time for the Indian

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50 Suicide in Perspective, Rajagiri College of Social Sciences publication 1995, p. 81.
Psychiatric Society to urge the Government to formulate a national suicide prevention programme in India.\textsuperscript{51}

2.6. The discussion on suicide by various authors, listed above, has included international authors, covers the published books by several Indian writers, and also articles which were published in newspapers and magazines in Malayalam. Since the subject is about trends in the rate of suicide in Kerala State, a large number of references are, naturally, articles published in Malayalam language. However, care has been taken to include only the most relevant references, and only those published in reputed, widely circulated newspapers and magazines, which are considered to be maintaining a high level of quality.

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