CHAPTER - 1
INTRODUCTION

Life is precious and nature created life to be lived fully. So when an individual decides to end one’s life, she or he loses the one opportunity that nature has given, i.e. to live and experience all facets of life, to the fullest. However, the experience of life for some is not always a happy one and different people react to such moments or situations, differently. Some are able to cope with the pressure of failure or loss, while others let disappointment, sadness and a sense of defeat overcome their will to survive and take that fatal step of ending their life.

Suicidal ideation is a first threatening sign of serious suicidal behavior. It is particularly defined as the realm of ideas and thoughts about suicide or death and serious self-injurious behavior. It consists of thoughts which are closely related to the conduct, planning, and outcome of suicidal ideation, particularly as the last relates to thoughts about the response of others. Researcher has focused on suicidal behavior as a distinct form of psychological disturbance and a domain of suicidal behaviour. Even though, not all persons who have suicidal ideation will finally attempt suicide, for many individuals such thoughts may be a predecessor to more serious suicidal behaviors. There are lots of factors may contribute to suicidal ideation of an Adolescent, including daily hassle, personal and societal factor as well as the interaction amongst these variables. Furthermore, suicide or purposeful self-harm, an event considered as more of a cultural or social fact is recently recognized as a community health problem in most of the nations.

Suicide - Nature and Meaning

The word ‘Suicide” firstly reckoned by “Sir Thomas Brown” in 1642 in his “Religiomedici”. The document has provoked a mixture of reactions in public minds. These reactions differ from anger, grief, scorn, nervousness, stress, dread, depression and disgrace. Suicide means, “a planned determination to end one’s existence, an unpredicted way of death, where the willingness to die originates within the person and there is the presence of well-known or unknown causes to end one’s life”. Suicide, if it is attempted, completed or considered, is also a situation where obtainable options and future potential are never considered before the act. All the way, through history, the statement of ‘Suicide’ has had different meanings to different people. A variety of meanings accredited to the term include “The murder of oneself”, “nothing
less than a (soft of) exit”, “an end to psychic conflicts”, “a conscious act of self-inflicted cessation”; “an act of despair of which the result is not known, occurring after a battle between an unconscious death wish and a desire to live better”, “to love and be loved”, “to live or not to live” and others. In whatsoever means the word is distinct and understood, indisputably, it is an act of self-destruction and a most important loss to the society.

In Erikson words, individuals attempt to resolve the issue of identity versus role confusion throughout the period of teenage. Teenagers to reply the question “Who am I” in order to set up uniqueness in context to communal, sexual, philosophical as well as occupational realms. According to Lock and Steiner (1999) adolescents frequently face substantial strain in the diversity of circumstances because adolescents challenge to counterfeit the identity. For instance, the altering sexual roles of male and female may strengthen confusion in identity. In adding, ecological stresses i.e. stress in parents for educational attainment, relatives ‘agility, drug accessibility and pressure of peer may steer to depression (Capuzzi, 1994).

Suicides appear after pressure; intellectual irresponsibility and emotionless attachment act to gather and overcome capability of individuals to manage as well as to reason undoubtedly. Extra pressure associated to parents was reported significantly in adolescents who had committed suicide. Generally in adolescents, complaints related to mood disturbance are found (Archer and Slesinger, 1999). Families of several adolescents have more expectations that are coupled with confusion of identity, inferiority in mind-set; genetic variations as well as lower self-respect that is frequently extreme to hold. School professionals might create young people more susceptible to suicide. In one study, four hundred and fifty responses, half paying attention to family shock; need of parents care and isolation within family remained measured in put threat aspects. According to literature, lack of parents/no availability, bad contact among members of family, family clashes, more expectation of parents regarding success as well as obvious family pathology are usually measured important hazardous aspects for suicide. Suicide ideation relates with psychosocial suffering, drugs consumption, pressure of family and unclear school objectives (Thompson, 1994).

A lot of young people become concerned with drugs and alcohol in an effort to decrease anxiety. Furthermore, several youngsters who attempt suicide are serious drugs or alcohol users (Turner and Laws, 1993). It suggests two-way procedure. Primary, drug possibly be offer little initial
respite from agony, though chemically disguising the stress, intellectual maturity of individuals
diluted very soon as they might start the complex change to proper operation. Drug in addition
has a propensity to push away people from their social hold up of sources.
Adler (1964) discussed about the motives of suicide, young people considered to be illogical,
impractical and irrational: “In dismissing interest in life and committing suicide, adolescents are
able to accomplish something no one else is able to do. A person who considers himself or her
self too weak to overcome life’s difficulties acts ‘intelligently’ according to his or her goal of
coping with the difficulties of life”. Youth brain working is a situation of evolution and
unsteadiness and youth capacity to plan them and other accordingly future is frequently
imperfect.
Elkind (1978) has described roughness in thoughts because “pseudostupity.” It may be practical
among public who do not succeed in the attempt of suicide successfully, mostly sound
possessions in their family. Usually, worrying circumstances precipitating suicide actare
cconcerned to fleeting environment and declines over. Though, an adolescent, egocentric,
inflexible at this time and currently perception reflects in capability in consuming their rising
intellectual competences.
All through, the premature adult’s living, in Erikson words; the variance of familiarity versus
separation is a major development concern. Individual at this stage search for companionship and
feel affection for which put them at hazard for refusal. When someone rejects he may be anxious
to get the intimacy yet again. Not interesting to be upset another time, they may possibly separate
themselves, which can go ahead to sadness (McNeely, 1977). Due to these decreases the
existing social responses, increase intellectual as well as motive conflict. Commonly, these
individuals need not attained an optimistic individuality in teenage years. The literature supports
the vision that unsuccessful people or youth trying to establish strong intimacy and
individualities are at greater possibility aimed at self–destruction manners.
Pfeffer (1997) argued that Judgment related to suicide and death become more general as
children matures during teenage years. While having feelings of suicide is a precursor of
attempting suicide, feelings, if told to others, can contribute as threatening signs that offer a
chance for intervention. Since importance of feelings about suicide and death during teenage
years is not for all time clear. For parents, care providers and teachers it is not easy to exactly
decide the level of an adolescent’s tendency of suicide and, in turn, to prepare suitable strategy
that will give surely protection. The parental and professionals response must have sense of balancing attractive act to make sure security with encouraging the youngsters to build up skills to handle more successfully with pressure. Whereas, suicide includes the past history of suicide behavior or ideation be the strongest forecasters of reappearance or perseverance (Dervi, Brent and Oquendo, 2008). These conclusions are drown mainly from clinical sample of adolescence who have come to the notice of mental health professionals. Slight is recognized on the occurrence of feelings of death or suicide ideation between adolescent within the population at large. Further inclusive population based research on the occurrence, variety and tenacity of feelings of suicide and death in adolescent would assist in guiding the parents, care providers and teachers into their efforts to categorize those at danger and to intercede successfully to rage the emotional strength of adolescent experiences.

Suicide has been widely deliberate in student population of university. Even though study has revealed entire suicidal ratio of college going students as compared to the whole population, Silverman, Meyer, Sloane, Raffel, and Pratt (1997) since 1950 a remarkable increase in suicidal rate was noticed among this population, in particularly for those 15-24 years old (Hirsch and Ellis, 1993).

Strang and Orlofsky (1990) evaluated that about sixty one percent students of college experience a little thoughts of suicide during college time. It is an upsetting figure. Furthermore, they reported poorer relationship of parents with students positively correlated with as compared to non-suicidal students. The students belong to families having too much rigid belief; attitude and values feels that people has too much expectation from them. These students are at greater risk to suicidal attempts (Carris, Sheeber and Howe, 1998).

Jones (1991) reported that hopelessness, loneliness, depression and helplessness were generally found in those students who attempted suicide, on the other hand hopelessness found the best forecaster of more suicidal activities. Some personality traits probably lead to suicide ideations among college going students. Introverts personality trait found at higher risk for suicide as compared to extraverts personality traits (Street and Komrey, 1994).

It is a dream for every student to study in a college for a better future. He/she wants to be a successful person and it has been assumed that the way of success goes through the college life and this life is not so much easy. There are a lot of hurdles or obstacles in this life, especially the obstacles are more for the first year students. They face many transitions like adjustment that
must be successfully passed. Apart from real adjustment being experienced by fresh students, many factors may contribute like expectation by parents or teachers and academic pressure also creates stress.

**Causative Factors of Suicide**

Suicidal ideation generally take place as a reaction to a condition that the individual views as devastating, such as death of loved one, social isolation, hopelessness, academic and parental pressure, serious physical illness, financial problem, guilt feeling, loving affair, alcohol consumption and negative life events.

Juon, Nam and Ensminger (1994) analyze causative factors of suicidal ideation in 9886 high school Korean youngsters study revealed that students reporting feeling of soaring level of tension concerning scholistic achievement and advanced education were at greater possibility to have severe feelings related to suicide ideation as compare to students who did not face stress of academic. Similarly, in Singapore, educational hurdles were also one of the forecasters of suicide behavior amongst adolescent suicide attempters population as well other factors. Around 11% of youths attempted suicide due to school troubles in Singapore. In adding to students taking enormous stress on them to do extremely well in school, they were also aware of requirement to satisfy family responsibilities and live up to the desires of parents and teachers. Taken together, experimental facts towards scholistic pressure and in particular academic expectations is contributing to suicide behavior in youth especially in East Asia.

Toero, Negy Sawaguchi and Sotonyi (2001) found that there is positive correlation between academic pressure in school/colleges and suicidal ideation. It denotes that in exam time numerous suicidal cases are appeared and stress level of the students are also high at that time. In this age academic performance is highly valued for them and if they do not reach the level of their expectancy that could leads to suicidal ideation.

Unhealthy surroundings in schools, i.e. stress for academicals achievement and related stress for Grade-twelve students in finding employment after completion of schooling, is associated with enhancement of alcohol consumption between youngsters (Coker and Borders, 2001; Kwon Hoo, 2002). The consumption of alcohol as well as new substances act as a threat factor in suicide ideation, which ultimately prompts the adolescentto self-injurious performances (Gilliand and James, 2001).
Paulsen and Everall (2001) reported that pessimistic events of life i.e. break up in the familial relations, the death experience and severe difficulties in school acts as a contributing factor to suicide ideation. Authors also reported that daily buildup of stress due to the lack of valuable care arrangement contributes to suicide ideation. Links outside the family, that is peer and teacher relationship, also act as causative factors to suicide behavior. Rigby (2000) and Sebete (1999) revealed that pressure of peers possibly will have negative influence on youth health because it interferes with their identity pattern and harms their perception regarding self. Garneski and Diekstra (1997) found that a child of a jobless parent, mainly fathers has considerably linked to sadness incidences and suicide ideation. Loving affairs have been found to show a major contribution towards suicidal behavior. Engelbercht and Van Vuuren (2000) study shows that seventeen percent of their participants specified troubles in relationship being a reason to commit suicide. One more environmental factor, such as being poor, seems to contribute toward suicide ideation. Larson, Wilson and Mortimer (2002) reported that rising financial stratification acts as an additional hamper for our youth which are lacking in acquiring the same right to use assets and chances to formulate them for maturity. 

Orbach (2001) Suggests that suicide can’t be assumed exterior of the long-lasting self-injurious procedures that generated it. Self-injurious procedures are dynamic and challenging, behavior and ideation operations expected towards individual’s benefit. It includes bunch of values, intellects, feelings and tendencies that reproduce manner of self-abuse that corrode individual’s intellect of comfort, love with self, interactive relationships and accord with authenticity. It is claimed, that suicide people have a tendency to take an energetic role in creating their inside stressors, while in the creation possessions of the self-injurious acts turn into mental soreness pointed toward suicide.

**Life Stages and Suicide**

During the adolescent period many changes also occurs like, cognitive, physical, biological and emotional. Due to these changes there are changes in role and responsibility as well. To manage these changes students have to face conflicts and problems (Asari, 2002).
In adolescents period, students are not able to adjust their self due to their changes creates stress and tension. If students face this stress and tension in early stages, it may lead them towards the mental pressure (Newman, 2005).

When the student is joining the college for first time then he has to leave his family and friends. He has to face a new and unknown challenging environment which is not easy for him. In this new environment there are many significant development issues for him. As compared to school, college life has more social and academic pressure. The authors identified that there are many other stressors for the students like too many assignments, lack of pocket money and competition with other students. These all above stressors leads a student’s towards the suicide ideation.

Students have poor relationship with other students, teachers, family members, inadequate resources and semester system in exam, perform well in academic performance disorganized the students and less capable to manage consequently resulting problems related to in stress. (Mishra and Mckean 2000; Polychronopoulou and Divaris, 2005; Erkutlu and Chafra, 2006).

In the last decade, there are several studies which indicate the association between school/academic stressors and suicide ideations among adolescents. The adolescents evaluated themselves in their academic performance and tend to be pressurizing for the excellent performance in academic field. Therefore, it is not a big thing or surprising events for adolescents who attempted suicide.

Youth as a development phase is characterized by means of psychosocial challenges within the livelihood surroundings of the youth. According to the model of Moos and Schaefer’s, (1993) the phase of adolescent formulates a communicating component in the manner that defines the ultimate healthiness consequences.

According to Cummings (1995) adolescent age act as period of conversion among juvenile and adulthood, beginning at the age twelve or thirteen years old and extends up to puberty or near the beginning of twenties. Cummings more emphasizes that community must accept a caring approach in cultivating youth who challenged ever increasing stress to achieve conform and effectively confer quick cognitive, emotional and physical changes as a result archetypal of the phase of transition. Growth of youngster surrounded by not only with the benefit of better societal acknowledgment, save for other fresh challenges that engage creation of judgments regarding indulge in risk behavior. Not having satisfactory behavior being away to cope up.

Experience to sexually transmitted diseases, use of drugs and alcohol, and finally risk of

In United States (US) approximately every year thirty thousand teenagers lose their life due to suicide. It is likely that suicide records for twelve percent of all deaths among adolescents. These frightening figures allowed US as an ordinary manifestation of developed nations (Sadock and Sadock, 2003) revealed considerable rise in suicide/Para suicide in age range of fifteen to twenty four years from 1983. Suicide refers to “an act whereby the person kills him or herself of his or her own free will, mostly to escape a situation at home, in school, or within the social environment that she/he considers to be unbearable” (Moore, 2000). Para suicide or an incomplete attempt of suicide refers to the planned performance of self-destruction in which the consequence is not lethal. Sadock and Sadock (2003) estimate that every year in US around sixty five thousand cases of Para suicide are reported.

Suicide statistic has elevated in South Africa than other developed nations worldwide. According to ‘Non-Natural Mortality Surveillance System (NMSS)’ normal suicide ratio during the year 1999 in South Africa was 17.2 percent which is 1.2 percent exceeding the world average of 16 percent. NMSS statistics also disclose a reason for distress concerning the suicidal ratio in individuals aged fifteen to twenty four years, which rise from 1.3 percent in the year 1984 to eight percent in the year 1999 (‘Statistical Notes’, 2000).

In South Africa a ‘Youth Health Risk Survey’ was conducted in the year 2002, about one in each five school students deliberated committing suicide/suicide ideation within 6 month duration earlier to survey. Further it was expected that 15.8 percent of students who deliberated suicide had plans regarding suicide, while 17 percent had really committed suicide (Reddy, Panday, Swart, Amosum, Monyeki, Steven, Morejele, Kambaran, Omardien and Van den Borne 2002).

Suicidal attempts and suicide in adolescents affects schools and it is a growing apprehension for principals of school, teacher, counselors and other staff of school. In international comparison among fourteen developed countries, it was found that New Zealand has maximum suicidal rates in boys aging fifteen to twenty four years (WHO, 1993).

Although, public awareness is paying attention on expire through suicide in youngster, there is variation in suicide behavior that varies from individuals who have knowledge about suicide ideation but do not function to individuals who expired by suicide. Study and statistical facts reports that in New Zealand:
• Around quarter of youth may have suicide ideation in bulk but no cases of performance on this ideation (Fergusson and Horwood, 1996).

• about one person in twenty at the age of eighteen years will have commit a suicidal attempt and majority of attempts results in no harm or minor physical injury (Horwood and Fergusson, 1997)

• Around six hundred to seven hundred youth every year in the age group ten to nineteen years will be admitted due to suicidal attempt (‘New Zealand Health Information Service’, 1995)

• Around 40 to 50 young people every year in the age group of ten to nineteen years commit suicide and died. (‘New Zealand Health Information Service’, 1995)

Statistics reports that all of the secondary schools may possibly have students having ideation about suicide or who will make moderately slight attempts of suicide. Though, in any of the year, impartially some schools have learners who are admitted to hospital because of severe suicidal attempts or may die through suicide.

Suicide is third topmost reasons for death in worldwide among adolescence. In words of World Health Organization on average each year, approximately one million of individuals expire by suicide and twenty times greater commit suicide; worldwide death ratio is sixteen per one lack or 1 death each forty seconds and one commit suicide in every 3 seconds. Suicide was likely to show 1.8 percent of total problem of ailment in the year 1998 worldwide; up to 2020, this ratio is expected to be 2.4 percent in nations with promote and earlier economies of socialist. According to current data that was represented by ‘World Health Organization’ in 2011 the ratios of suicide in Maldives vary from 0.7 per one lack and in Belarus vary from 63.3 per one lack respectively. The ratio of suicide in India vary from 10.6 per one lack and India is ranked 43rd in downward order of suicide stated in the year 2009 (WHO).

The ratio of suicide has very much rise in young people and youngsters are now collection of maximum hazard in 1/3rd of the industrialized and developing countries. Occurrence of “cyber-suicide” is an additional reason for concern among internet users age; in addition as the usage of new method of suicide are related with widespread rise of suicidal ratios largely.

The 12th Plan of Government of India for the year 2012-17 comprises of strategy to deal with mental healthiness and chronic disease. At this time, we calculate suicide mortality inside the
current’ Million Death Study (MDS)’here India signify one of the hardly any countrywide-representative studies of the reasons of suicide in any of low or middle-income country. Haryana has seen several suicides from cities to rural areas. According to the ‘National Crime records Bureau (NCRB)’ reports for 2013, Haryana has seen a 17.3% raise in the figure of suicide over 2012. As per the Haryana Police State Crime Records Bureau (SCRB) recent report, there were 2827 persons who committed suicide in Haryana, of which 2071 were men and 756 were women. According to SCRB Statistics reveal that the maximum number of suicides (12%) in the state is caused due to family tension, while a 3% suicide was due to indifferent mindset. There are several interpersonal relationships that go sour. Be it between two young lovers (which is very common), between husband and wife (again very common), between parents and adult children, all of these could trigger an overreaction of emotion, resulting in an extreme sense of hopelessness and helplessness. In such situation, individual either wants revenge by hurting oneself or want freedom from the situation. In either case, the individual tends to react immediately by ending one’s life. Human beings have evolved because of goals and aspiration set by an individual or society. Each individual aspires for a better result. Be it in academic grades in any stage of the education process, be it a higher salary, a job promotion, public recognition or awards, and failure to achieve any or all of these can cause an individual to undergo deep emotional stress. The SCRB report showed that 3% of the suicides were on account of property related disputes, 2% of the suicides were due to failure in examination, while job related stress lead to 2% of the suicide. According to SCRB several people suffer from various forms of depression. The general sense of feeling low and loss of self esteem very often leads people of all ages, to end their lives. In many cases of terminal illness and the subsequent financial burden on the family, leads one to commit suicide. SCRB stated that 8% of suicides were due to medical ailment, which was the second highest cause for suicide. Excessive substance abuse such as alcohol or drugs can also lead to same end resulting 2.5% of the suicides.

**Approaches to Suicide**

There may be three approaches that describe the nature of suicide such as:

- **Biological approach.**
- **Psychological approach.**
- **Sociological approach.**
**Biological approach:** Until the 1970s the certainty that genetic factors have a say to suicidal behavior was based mainly on family lineage studies. Researcher’s continually establish elevated rates of suicidal behavior between the parents and close relations of suicidal people than among those of non-suicidal people, telling to some that hereditary and so genetic, factors were at work (Garner and Garfinkel, 1979). Of course, as with all family pedigree research, non-biological interpretations could also be offered for these findings. Psychodynamic clinicians might argue that children whose parents commit suicide are prone to depression and suicide because they have lost a loved one at a critical stage of development. And behavioral theorists might emphasize the modeling role played by parent or close relatives who attempt suicide. Clearly, a genetic or biological conclusion was inappropriate on the basis of family research findings alone.

In the past few years laboratory research has provided more direct support for a biological view of suicide. People who commit suicide are often found to have tower levels of the neurotransmitter serotonin (Stanley and Mann, 1982, Asberg, 1986; Roy, 1989). The first indication of this relationship came from a study by Marie Asberg, Traskman and Thoren (1976). Working with sixty-eight depressed patients these researches measured each patient’s level of 5-hydroxyindoleacetic acid (5-HIAA), a component of cerebrospinal fluid that is a metabolite or by-product, of brain serotonin. Twenty of the patients had particularly low levels of 5-HIAA (and presumably low levels of serotonin), while the remaining forty-eight had relatively high 5-HIAA levels. The researchers found that the low 5-HIAA subjects made only seven. The researchers interpreted this to mean that a low serotonin level may be “a predictor of suicide acts.” Later studies found that suicide attempters with low 5-HIAA levels are ten times more likely to make a repeated attempted and succeed than are suicide attempters with high 5-HIAA levels (Asberg, 1986; Asberg, Traskman, and Thoren, 1976).

Studies that assesss the autopsied brains of suicide victims points in the same direction (Paul, 1988). Such studied usually measure the serotonin level by determining the number the serotonin level by determining the number of imipramine receptor sites in the brain. Recall that imipramine is an antidepressant drug that binds to certain neural receptors throughout the brain. It is believed that the degree of imipramine binding, the more serotonin activity (Langer and Raisman, 1983). Fewer imipramine binding sites found in the intellect of persons who pass awaythrough suicide than in the autopsied brain of non-suicides- in fact, approximately half as many binding sites is the usual finding.
At first glance, these studies may appear to tell us little that is new. Given that low serotonin activity is correlated with depression and that depressed people often attempt suicide, one would certainly expect many who are suicidal to have low serotonin activity. On the other hand, there is evidence that the link between low serotonin and suicide is not necessarily mediated by depression. One investigation found low 5-HIAA levels among suicidal subjects who had no history of depression (Brown, 1983). Similarly, researchers have found unusually low 5-HIAA levels among suicide attempters with personality disorder, schizophrenic disorders, anxiety disorders and substance dependence in addition to those with depressive disorders (Van Praag, 1984; Banki and Arato, 1983).

Recent research links low serotonin activity with the presence of strong aggressive impulses and this relationship may mediate serotonin’s link with suicide (de Cuyper, 1987; Brown and Goodwin, 1986; Van Praag, 1984). It has been found for example, that highly aggressive men have significantly lower 5-HIAA levels than less aggressive men (Brown, 1982). Moreover, lower 5-HIAA levels have been in people who used guns and other have been found in people who used guns and other violent means to commit suicide than in those who used nonviolent methods such as drug overdose (Banki and Arato 1983; Van Praag, 1983). And finally, one study found that depressed patients with lower 5-HIAA levels both tried to commit suicide more often and displayed higher hostility scores on various personality inventories than did depressed patients with higher 5-HIAA scores (Van Praag, 1987).

Although, these studies have been limited to small numbers of subjects (Motto, 1986), the pattern of finding suggests too many theorists that a low serotonin level does indeed produce aggressive feelings (Von Praag, 1986; Brown and Goodwin, 1986; Stanley, 1986). In people who are clinically depressed, low serotonin activity may produce aggressive tendencies that leave them particularly vulnerable to suicidal thinking and action. Even in the absence of a depressive disorder, people with low serotonin levels may develop highly aggressive feelings and be dangerous to themselves or others.

**Psychological Approach:** Freud is regarded as father of psychological descriptions in relation to suicide, though he not ever wrote a paper mainly concerning suicide. He explores psychodynamics of depression in 1917 research paper on sadness where his considerable early thinking was enclosed in the effective paper in the year 1917, ‘Sadness and Melancholia’. He expressed that mostly individual scope with the suffering of bereavement and other experienced
unbearable and enormous anxiety with the loss of their loved one. In the state of anger, person transforms it into self-centered and wishes to hurt oneself. Such findings achieve the optimal level, and then they have an urge to destroy the self or lead to suicidal ideation.

Freud purposed two main forces of which there are stable dynamic balance “eros” and “thanatos”. Eros is constructive in nature, leads toward existing and thanatos, destructive in nature or death instinct it leads towards the non-existing. There is continuous interaction among such forces throughout the existence of a person. He explained that the frightening experience or thought are suppressed in the unconscious level through libidinal energy. Due to effect of the energy used by individual, the human being system can experience disequilibrium, with less accessible to energy for development and growth. In this condition the individual threatens the force of living being overcome by force of death. Basically, Freud says suicide is a result of intrapsychic struggle.

Zilboorg (1937) critically views that the thanatos character clarified suicide. Zilboorg disagree with Freud views that reprisal, anxiety, ill feeling and imaginations of runoff are repeatedly psychological triggers for suicide. He furthermore recommended that the majority of suicides are impetuous performances. He prolonged work on the center of attention on inner mechanism to contain external aspects. Menninger (1938) recommended that suicides concerned with three psychological mechanisms; the wish to kill, the wish to be killed, and the wish to die. Litman (1967) arranged the fundamental aspects of suicide behavior concerned additional with aggression. He revealed that rejection thoughts, defenselessness and depression are significant, and the emotional state of blame, anger, nervousness and addiction.

**Sociological Approach:** First most important involvement to the study of the problem of suicide was complete at the ending of the very last century through French sociologist Emile Durkeim. Here an effort to explain the statistical pattern, he divided suicide in three social categories, “egoistic”, “altruistic” and “anomic”. “Egoistic suicide is committed when a person has too few ties to the society and community”. These people feel separated from others, disconnect from the social hold up that are significant to stay them working adaptively as common beings. Family assimilation or the deficiency of it may possibly be used to clarify why the bachelors were more susceptible to suicide than the married, and why couples with kids were the greatest protected group of all. Rural communities had more social integration than urban areas and thus less suicides takes place there. Altruistic suicide, in contrast, is viewed by Durkheim as response to
societal demands. It was also described as resulting from a response to cultural expectation, such as the act of the widow in India throwing herself on her dead husband’s funeral pyre. Finally, anomic suicide may be triggered by a rapid transform in person’s relation to humanity. Anomie, a sense of disorientation, could clarify the better incidence of suicide between the divorced as compared with the married, and the great vulnerability of those who had undergone drastic changes in their economic situation. As with all sociological theorizing, Durkheim’s hypotheses have troubled accounting for the differences among individuals in a given society in their reaction to the same demands and conditions. Not all those who unexpectedly lose their money commit suicide. It appears that Durkheim was aware of the problem for he suggested that individual temperament would interact with any of the social pressures that he found causative.

**Risk and Protective Factors**

There are many groups of factors which potently affect the suicide ideation. For the convenience of the investigation those factors have been categorized into two sections.

**Risk factors for suicide:** Risk factors are the circumstances associated with risk of suicide/suicide ideation. Commonly identified risk factors in youth and adults are includes—physical health, home and neighborhood, financial, work, extended family, spouse or partner, children, extended family, friends, negative life events, hopelessness and loneliness.

- **Impulsivity and Aggression:** Impulsivity is one of the greatest threat issues of suicide behavior at all ages. Conner, Meldrum, Wieczorek, Duberstein and Welte (2004) analyze that impulsivity was strongly connected with suicide and suicidal ideation still after accounting intended for alcohol dependence and violent behavior. Oquendo, Galfalvy, Russo, Ellis, Grunebaum, Burke and Mann (2004) revealed that impulsivity was significant predictors of suicide and suicide ideation with notable sadness. Forteza, Lira and Gutierrez, (2003) reported impulsivity as a significant hazardous issue for equally man and woman. Impulsivity, in addition to ‘low level of serotonin transport ‘is connected with aggressive suicide behavior and aggression. Apter, Bleich, King, Korn, Fluch, Kotler and Cohen (1993) analyze that suicidal and non-suicidal psychiatric patient on aggressive and non-aggressive participant. They reported that merely two of the aggressive subjects had not been admitted for a suicidal attempt. Danger of suicide was reported to be significantly associated with the level of impulsivity and annoyance;
therefore aggressive and impulsive person may well express aggression externally as well as inwardly.

- **Rigidity and dichotomous thinking:** Eliason (2001) analyze and compared non-psychiatric suicide attempters with psychiatric suicide attempters. He found those people who have rigid cognition and strict personalities and then the former. Gil. (2003) furthermore that rigidity and impulsively were 2 of the 5 factors to explained suicidal behavior along with psychiatric patients.

- **Self-generated stress and self-defeating behavior:** Isometsa, Heikkinen, Henriksson, Aro and Lonnqvist (1995) assess that tense life actions in suicide completers and resolute that the majority of these actions were self-produced. Lester and Hoffman (1992) analyze that self-defeat action inside suicide ideators and attempters. They reported a positive relationship among self-defeated propensities and suicide behavior still afterward controlling the sadness, gender and era.

- **Self-devaluation, Self-hate and guilt:** Shneidman (1980) observed too much feeling of self-hatred and disgust for other people in the examinations of suicide committers. Furthermore, Joiner, Gencoz, Metalsky and Rudd (2001) assessed association among self-hatred, suicidal attempt and suicide behaviors in two revealed suicide behavior. It was observed that self-hatred and suicide ideation highly associated in individuals with an identification of schizophrenia as compare to along with patients with an identification of major depression. Furthermore they analyzed schizophrenic and sad inpatients, and yet again found well-built relationship among suicidal and non-suicidal adolescents.

- **Perfectionism:** In a many studies, Hewitt, Fleet and Weber (1994) observed that various aspects of perfectionism were linked with suicide ideation and suicide attempts in both adults and adolescents. Apter, Bleich, King, Korn, Fluch, Kotler and Cohen (1993) reported that after the post-mortem when suicide completion subjects were analyzed showed that perfectionist propensities were common in the suicide completers. Brunstein-Klomek (2005) found that reliant person who may be suffering from depression inclines to show suicide behavior and tendencies to suicide.

- **Relative or friend with previous suicidal behavior:** Experience to know somebody who has attempted suicide particularly a close family member or associate significantly increases the chances of the person resources to suicide while facing a worrying situation.
Eddleston, Sherrif, Hawton (1998) studied eighty five patients admitted after a suicide effort in the general medical wards in Sri Lanka, more than ninety percent knew somebody who had killed themselves. It would signify that total communities in Sri Lanka are at extremely elevated risk and that the adolescent patients are learning from people around them. They are bounded by people who have earlier attempted suicide.

- **Economic hardships:** Loss of an employment and main economic setback, which frequently lead to debit traps, has been recognized as a key cause for suicide. Especially in emergent nations where there is absent or incomplete welfare and social safety for persons to go down reverse on. Stone (2002) observed that families attempting suicide *en masse* due to economic difficulties is not a curious happening, particularly in India. Silva and Pushpakumara (1989), Gunawardena (2002), Phillips, Yang, Wang, Zhou and Zhang (2002) has revealed that poverty, bankruptcy and joblessness are major risk factor for suicide. Furthermore WHO recognized poverty as a most important factor in suicide, followed by strain, mental disease and substance abuse Alperstein and Raman (2003) studied higher suicide rates particularly among the adolescence have been linked with elevated rates of joblessness. Phillips, Liu and Zhang (1999) conducted a study in China where gambling was found a main social trouble for centuries it is not unusual for individuals to attempt suicide due to failure to pay gambling debts. Though there are no accurate statistics about this, an anecdotal record shows that gambling has been rising as an opportunity to the economy, particularly in rural China. Lari and Alaghehbandan (2003) conducted a study in Iran and concluded that seventy percent of the suicides were attempted by those people who belonging to the lower socio-economic class.

- **Social and family conflicts resulting in a sense of isolation:** The disintegration of a marriage or any affiliation, disputes among people, the failure to form significant interaction, having no social support from groups frequently results in imagined loneliness which has been drastically linked with greater risk of suicide. With the concern of emergent countries arguments among married couples and parents were the most frequent and instant stress factor associated with suicidal attempt mainly in the young. Alem, Kebede, Jacobsson and Kullgren (1999) studied in Ethiopia concluded that the marital and family disputes were the most common reason for suicidal attempt in women.
**Non-availability of healthcare:** Greater than two thirds of suicides happen in initial attempt. In a developing countries incidence of suicide are likely to be higher. The combination of facts behind this is due to lack of medical conveniences and people in these countries usually tend to use extremely fatal way to attempt suicide. In developed countries several suicidal attempts would possibly not have resulted in complete suicides because of easy availability of medical facility. Richard (2002) Observed and found that only 65 percent beds are available in mental hospitals in the developing world, while 41 percent of the developing countries lacking of treatment facilities for serious mental disorders in community health care and 37 percent have no primary health care services. Furthermore in India there are merely about 3500 psychiatrists are available to treat a billion of people. The majority of psychiatrists are available in the cities. The limited availability of these medical facilities may leads to more suicide attempts. De Silva, Kasturiaratchi and Abeysinghe (2002) conducted a study in Sri Lanka; they revealed that the entire island is served by only 55 psychiatrists and majority of them are available in cities. The rate of fatality in Sri Lanka is very high as rates for pesticides such as parquet and organophosphates are greater than 60%. Management of acute self-poisoning at present time is very weak; it is assumed that a good management protocol would have significantly reduced mortality rate.

**Cultural beliefs:** There is a high rate of suicide in countries having culture idealize as well as approve suicide and suicidal act. In some of countries like Far East, suicide is culturally authorized and even allowed in certain situations and also considered as a worthy death. Reasons such as following someone in death, fulfill virtue, create eternal frame, preserve moral honor, revenge from disgrace and pressure of being survive to follow a specific manner of behavior are some of culturally accepted reasons for committing suicide in China. According to the Rajasthan sati prevention act (1987) feeling of indignity in seeking the help related to mental health prevents individual to make contact with mental health expert. The praise about suicide is also present in Indian culture such as practice of “sati”, burning of alive widows, and belief of widows that being sati will result in religious advantage for herself or her expired husband or her family. As stated by Rao (2003) suicide is respected when seen as sacrifice and also viewed as height of generosity in philosophy of Hindu and religious scriptures of Hindu
are full of incidents where suicide is acceptable and only solution. In India following a leader in death is also not an unusual event, in Chennai (1987) following the death of famous politician and movie star having lots of fans there was series of suicides among normal population. Suicide is used as a source of social protest from several decades in India. There are so many cases where men and women attempted suicide over linguistic and political issues. For example when in Southern India where different languages were spoken, Hindi was imposed as the national language then during protest some Indian youth committed suicide.

**Family history of suicide:** Family history of suicidal attempts enhances the odds of suicide risk. Suicide or suicidal attempt in a family is a painful situation for all members. Children and adolescents are at greater chances of occurrence of psychiatric complications as bereft by suicide. Sethi and Bhargava (2003) have conducted a study in India on a group of children and adolescents who have a history of suicidal death in family and found that they were at high risk of depression, stress disorder and social maladjustment. There was six times greater probabilities of having suicide intuition in the child of suicidal attempted person. Suicidal behavior of the chief person in the family also enhances the risk for future suicidal attempt in children. In India many studies conducted to show the impact of family history as a major role in suicide attempt.

**Personality traits:** Some of personality traits of an individual also related with greater incidence of suicide. Some of identified traits as risk are: feeling of hopelessness, high score on phobic, low self-esteem, aggressive behavior, uniqueness seeking behavior, impulsiveness, fear of humiliation, feeling of being failure and also the trait of introversion has been associated with greatest risk of suicide particularly in youngsters. Limited studies are available concerning individual and personality traits contributing to suicide behavior in developing world.

**Impulsive and aggressive tendencies and low tolerance for frustration:** Persons who have larger life span of aggressiveness and impulsiveness and have low level of patience for frustrations are at higher risk of suicide as compare to others. These individuals are not only aggressive to others and their situation but also very insensitive in maintaining the relationships or personal decisions about a job. A tendency for more severe suicidal thought and a greater possibility of acting on strong feelings combine to put some at
greater risk. The highest frequency of aggressiveness in men leads to higher suicidal rates among them as compare to women. Apter, Gothelf, Offer, Ratzoni, Orbach, Tyano, and Pfeffer (1997) in a study on adolescents in Israel have found that aggressiveness results from overuse of displacement as behavior mechanism and results in greater incidence of suicidal behavior. Furthermore, immature ego possibly augments aggression which is directed against self by maladaptive overuse of introjections, displacement and repression. Singh, Santosh, Avasthi, and Kulhara (1998) conducted a study in India on those subjects who were part of the protest on caste based reservation and committed suicide. Various personality characteristics were identified among the group as a whole such as ambitious, aggressive, hostile and isolation feeling. The lack of evident psychopathology sets this group separately from deliberate self-harm cases arising in terms of psychiatric morbidity. Dissatisfied ambitions, feeling of isolation and intropunitive aggression leads to protest, which had become altruistic and resulted in self-immolation.

- **A sense of hopelessness:** Suicide attempters possibly suffer from depression and hopelessness and have strong suicidal desire and no willing to live life. The possible reason for hopelessness and higher frequency of suicidal thoughts is a tendency for such feelings in the face of poor health or other lifetime stressor. Abdel-Khalek and Lester (2002) conducted a study on Kuwaiti students and found that pessimism, death fascination and nervousness were the strongest forecasters of suicidal ideation. It was observed in a study by Philips, Yang, Zhang, Wang and Zhou (2002) in China that apart from the level of hopelessness, depression was also contributed to the suicidal attempt.

- **Poor self-esteem, inadequate coping skills and external locus of control:** Inappropriate or maladaptive managing skills coupled with a sense of worthlessness have been significantly associated with suicide. These people at risk were noticed to have poor self-confidence and poor decision making capability and believed that their life circumstances were controlled by factors beyond them. Tomori and Zalar (2000) studied on students of Slovenian high school and found that attempts were different from non-attempters in the levels of self-respect, emotional reaction to problems of family and poor problem resolving was seen as leading factors for suicide. Lester and Young (1999) in a study have also revealed that people with external locus of control who point out external
causes for their situations often feels incapable and helplessness move to commit suicide taking it as the preferred way of managing the situation.

- **Sociodemographic and environmental factors:** Suicide can happen at any age but the youngsters of age group 15 to 34 years and elders over 65 years of age are at greater risk of suicide. In majority of countries, men commits suicide four times greater than females, but attempts of suicide is four times higher in females comparative to males. Certain professions such as medical consultants, dentists and agriculturalists are at greater risk of suicide. The leading factors might be access to fatal means, pressure of work, social separation and financial weakness. Divorced, widowed and alone person are at higher risk to commit suicide. Loss of occupation rather than status of unemployed person are more at risk of suicide. In several countries suicides are more common in urban areas while in others it is common in rural areas. In India suicide rate have increased among rural people. Migration from rural to urban areas or to different state or nation makes individual more susceptible to suicidal behavior. It is concerned with poverty, poor accommodation and not having social support. Stressful life events may be interpersonal problems, separation from family and friends, job loss, retirement or financial difficulties, rapid political and economic changes. Easy access to means or method is an essential determinant of suicide. Exposure to suicide in reality or through the impact of media may enhance the propensity to be involved in suicidal behavior. Earlier attempt of suicide is an indication of greater suicidal risk. Studies shows that around 40% of depressed patients who commit suicide have made a previous attempts and 10 to14% of suicidal attempter person ultimately pass away through suicide.

- **Suicide and mental disorders:** Suicide attempts are found to be related with a history of psychiatric complaints (Sarkar, Sattar, Gode and Basannar, 2006; Parker, Dawani and Weiss 2008). Circumstances and community pressures also plays an important role in suicide behavior and these communal issues differ according to cultural beliefs. Majority of people up to 90% who commit suicide can be easily diagnosed by mental disorder in both the developing and developed countries. Risk of suicide is 3 to 4 times higher in psychiatric patient than general population. Depression disorder account for 80 percent schizophrenia accounts for 10 percent, dementia/delirium for 5 to 25 percent. Substance abuse and antisocial personality disorder in person less than three 30 years of age, mood
disorders and cognitive disorders are often associated with suicide in those more than 30 years ages.

- **Suicide and Physical Illness:** Chronic physical illness like diabetes, renal, hepatic, cardiovascular and neurovascular disease are estimated to be important contributing factors in about half of suicides. Factors contributing suicides and suicides attempts are loss of mobility, disfigurement, chronic intractable pain, patients on homo dialysis and increased impulsivity as in epilepsy, chronic disability as a CNS injury and stigma and poor prognosis of illness itself like HIV/AIDS.

Above mentioned risk factors shows that there are so many factors which leads to suicide and suicide ideation. In spite of all these risk factors there is availability of some protective factors that can protect the suicide and suicide ideation.

**Protective factors of suicide behavior:** There are protective factors which need to be identified and strengthened to give protection against suicide. Protective factors are linked with reduced risk for suicide and suicide ideation. Commonly identified protective factor in youth and adults are: spouse or partner, children, financial, work, extended family, friends, positive life events, hope and purpose in life.

- **Psychosocial Factors:** Adolescences who report suicide attempt receive relatively little family support. They also report much more physical or sexual abuse than non-attempter (Garnetski and Arends, 1998). A number of studies show that deficiencies in problem solving skills lead to depression which can lead to suicidal behavior when adolescent face adversity in everyday life (Wilson, Stelzer, Bergman, Kral, Inayatullah and Elliot, 1995, Yang and Clum, 2000). The association between life events such as inter-personal losses, conflicts with parents and boyfriend/girlfriend and school problems, has been recognized as risk factors for the suicide ideation in various western studies (Woodward, Fergusson and Horwood (2002), Borowsky and Ireland (2001),King and Apter (2003).

- **Support for help seeking behavior:** Those societies in which thought of suicide is accepted as a common human feeling and no social stigma is present in receiving psychiatric help is also a defensive factor. Strong campaigning in contrast to suicide and promotion of help seeking behavior in Sri Lanka has been proved in the reduction of suicidal rate.
- **Strong bonds with family and society:** Those individuals who are well integrated in their community and families have a well support structure to fall back on in the period of crises. Healthy relationships with family and community and enriching experiences are considered as an important protective factor concerning suicide. Attachments with family members, schoolmates and peer groups have constantly been related with reduced harmful behavior. A study done by Anteghni, Fonseca, Ireland and Blum (2001) in Brazil found that having healthy family relationships and feeling of being likened by friends and teachers among both boys and girls have proved to be the protective factors. Similarly, in a survey on adolescents by Blum, HalconBeuhring, Pate, Campell-Forrestor and Venema (2003) in nine Caribbean countries found strong evidence that relations with family and schoolmates have proved to be the best protective factors.

- **Support through ongoing medical and mental health care relationships:** There is a lower suicide rate among constant support for people who tried to commit suicide. It consists of emotional care at individual as well as group levels and also includes working with the attempters families. It is also revealed in studies that there have been reduced rates of suicide due to the implementation of interventions in societies and continuous touch between the health care providers and families. This ongoing and regular support provided to families and individuals is also a protective consequence. Way of resolving disputes in a non-violent manner, adequate skills in solving the problems and conflict resolution greatly reduces the risk of suicide. A study on adolescents conducted by Apter, Gothelf, Offer, Ratzoni, Orbach, Tyano and Pfeffer (1997) in Israel stated that people using sublimation as a form of ego and self-defense method had less aggressive tendencies and utilize of it was recognized as a protective factor against suicide and suicidal ideation. In Sri Lanka life skills guidance is given to children in schools. This type of training or guidance leads to a better life and also reduces attempts of suicide.

- **Cultural and religious beliefs:** Strong traditional and spiritual belief that reduces suicide or suicidal ideation and support self-protection is perceived as one of preventive factor to protect from suicide. In many religion suicide is not acceptable and considered as a sin i.e Islam and Christian especially Catholics banned on taking one’s own life which have a greater inhibitory influence on suicidal behavior. Manian (2003) analyze that Islamic and Latin American countries which is mainly Catholic seems to tolerate with no ambiguity.
Suicidal rates in Islamic countries are extremely low such as in Kuwait the incidence of suicide is 0.1 per 100000. A study conducted by Alem, Kedede, Jacobson and Kuwait (1999) in Ethiopia showed that lifetime suicide attempt among Christians was 3.9% as compared to Muslims that is 2.9%. This data recommended that due to strict prohibitions in Islam for suicide has a strong protective effect on its supporters and is capable to inhibit suicidal ideation. Daradkeh (1992) in Jordan studied the effect of religious festivals on the suicide rate in the month of Ramadan during 1986 to 1991 and reported low rate of suicides. It was confirmed by the findings that religious actions reduce the Para suicide rate, but the protective effect does not persist into the month of Ramadan. A study in India by Vijay Kumar (2002) reported the religiosity as a strong protective factor against suicidal behavior. It was also showed that there was less belief in god among suicide attempters, also changed their religious association and hardly joined the place of worship as compared to controls.

- **Presence of community institutions and intervention centers:** Social organizations such as spiritual place, adolescents centers for people to meet and resolve their conflicts and problems and presence of crises intervention centers in which people can move during their hard time reduces the rate of suicide. It was shown in a study by Marecek and Ratnayeke (2001) in Sri Lanka where intervention was given as emotional support, financial help, and a platform for women to meet and support each other. After four years of intervention a fall in the suicidal rates was noticed in the intervention accepted villages as compare to other regions where 6% of increment was reported at the same time. Similarly in India where 2.1% of suicides are committed by students due to failing in exams, availability of helpline centers leads to lower the suicide rate. The facility of 24 hour helpline at the time of annual exam results declaration also resulted in lower the suicidal rates.

- **Social policies:** Efficient performance of social and public strategy that pertain to alcohol use. All these factors such as family regulations, urbanization, use of pesticide, social security and welfare all contribute in reduction of suicidal incidence in the society.

From above mentioned risk and protective factors it is clear that these factors play an important role in suicide and suicidal ideation.
On the basis of above conceptual framework, it is clear that suicide and suicide ideation is a major issue in society especially, in young population. So by bearing the theme in mind, we may now pass on to the next chapter dealing with review of literature.