Social Frame Work of Suicide

It is still unknown why does one commit suicide? But if a person is sane he has always a motive behind it which may be either perceptible or imperceptible. The motives may differ according to the place and the environment. Among the general causes of suicide are financial ruin, disappointment, love affairs, jealousy, family discord, loss of near relative and physical sufferings.

It is also not true that suicide is committed by a person who is less educated and is driven to commit suicide due to lack of intelligence. It has been seen that great men of letters, philosophers, poets and painters of the world fame have committed suicide. It is said that the Diogenese, the great philosopher of Greece strangulated himself; Shudark, the great writer of "the Little Cart of the Clay" burned himself in fire, the great poet Chatterton took poison to get rid of his poverty. There is mystery behind the death but some say that Maxim Gorki killed himself with his own pistol. Robert Clive twice attempted suicide but could not succeed. Thus, cause of suicide cannot be attributed to lack of education.

(A) Causes of Suicide

Medical science attributes the causes to certain cerebral or nervous disorders like Dementia precocs, Dementia paralytic, Melancholia, Neurasthenia which shatter the discretion of man, he is unable to balance himself and commits suicide. But it fails to answer why do these disorders occur in some persons only?

Morselli an ancient sociologist considered society, particularly the morals of the society as the most important cause. Durkheim considered that the "egoism" and lack of moral restraint are the main causes of suicide. Durkeims
theory is considered to be a pioneer theory so far as sociological factors are concerned. His theory assumes that for all societies there is some optimal equilibrium or integration of egoism-altruism on the one hand and anomie-fatalism on the other. Any change in the relative strength of these ideas (or forces) will produce an increase in social disintegration which lead in turn to an increase in the suicide rate and in particular type of social relation associated with the "force" that is on increase. He thereby establishes relation between suicide rates and the incidence of different types of social relations. But the great shortcoming of the theory is that there are no means of measuring these forces of egoism, anomie etc. except with reference to a change in the suicide rate. Yet Durkheim believed that one or more of these forces was responsible for the variation of suicide rates.

According to Durkheim\(^1\) - There are two main factors of suicide:-

i) Extra Social factors

ii) Social factors

These factors are clarified by the table given below:-

<table>
<thead>
<tr>
<th>Factors for Suicide</th>
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<tbody>
<tr>
<td>A) Extra - Social Factor</td>
</tr>
<tr>
<td>Psychological</td>
</tr>
<tr>
<td>Maniacal</td>
</tr>
<tr>
<td>Melancholic</td>
</tr>
<tr>
<td>Obsessive</td>
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<td>Impulsive (automatic)</td>
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<td>Imitative</td>
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Seeing the factors in above table we that in extra social factor,
Psychological factor and in social factor, economic Familial factors are more responsible for cause of suicide.

a) **Extra - Social factors:**

In extra social factors Durkheim has included three types of factor.

i) **Psychological**

ii) **Biological**

iii) **Natural or Cosmic**

i) **Psychological factor** :- Deviding suicides on psychological grounds by Durkheim we get sufficient indications of those reasons which has been included by him under mental status or conditions. He has studied in this regard in various cases of organic psychic disposition.

These factors may be classified in 5 parts:-

1. **Maniacal factors** :- These factors are related with delirium and hallucinations in which person become abnormal and a tendency like insanity develops in side that person.

2. **Melancholic factors** :- In these factors we include anxity of any person, grief sorrow or mental shock, depression etc. In this a person begins to realize retire and feeling of refrain is origineted inside him. He keeps himself alone.

3. **Obsessive factors** :- These factors frighten any person by the name or thought of death with out any reason person pre decides of death and aimlessly adopts the way of suicide.

4. **Impulsive or Autonomic factors** :- In this, man suicide with out reason and these factor are self developed. There is no intellectual event behind it. the person is inversed toward suicide on seeing any terrible thing.

5. **Imitative Factors** :- In this type of factors we may include a person is inspired to suicide by seeing other person who has performed suicide. It is a
important position of a psychological condition in which man is inspired to do work just like other.

ii) Biological factors :- Durkheim has included these factors inside hereditary and Racial factors. Beside it, a third type of factor which is related with morphology, may be sex and age.

1. Hereditary factors:- In hereditary factors, suicide may be possible in the new generation in which the effect of the tendency of suicide comming from back generation. Under this factor we include some hereditary disease which induce to person for suicide.

2. Racial Factors :- In this factor symptoms of blood of race or group and morphology are included. For example it is not wrong if we say that this symptom was vested in blood of 'Rajpoot women'.

   Rajpoot women on hearing the news of death of their husbands in war thus did 'Johar' and committed suicide.

3. Sex and Age :- Moreselli and Dublin concluded on the basis of sex that make suicides more in comparison with female. On basis of age youth suicide more than child and old.

iii) Natural or Cosmic factors :- These factor are related to natural and geographical state. In these factors there three main factor.

1. Climate:- Under the climate hot and cold environment, wind, rain etc. or included.

2. Season :- Season also effects on suicide. Mainly change in season induce suicide.

3. Temperature :- When temperature is very high rate of suicide raise.

   Thus natural factors often responsible for suicide.

b) Social Factors:-

A short explanation of these factors are given below:
Morphological Factors:- Under it the main factors for example structure of family and shape, accident occur in side family and tention arises time to time, familial depression, lack of child etc. disappointed or depressed person does not give importance’s to his life.

Religious factors :- These factor often compel to man for sacrifice for religion and he ready to destroy his life diligently. He does not feel pain such destruction of life. Only instantaneous pain has to bear.

Customary factors :- In these factor some cultures in courage such tradition in society under which the person has to sacrifice for public interest. For example defence of cantory, social interest for national problem; Army problem for solution of above problem man accept self murder.

Economical Factors :- Under it, person being dissatified to his bussiness, great loss in business, and fail to find his part during partition, or mainly poverty or lack of enough appliances mental distress and struggle are produce which competed him to commit suicide.

When a person disturb by lack of money, or when he suffer with great loss in business or when any strock on his post and status or when he is denied physical means and his security be unsure.

So economical factors are kept in a special type of social factor.

At last it may say that above factors and conditions responsible for induction and incriment of suicide all of them psychological factors are very important according to Durkheim. This is why any factor directly or indirectly effects mental state of a person. When he either by excitement or emotion or firm determination or in being compelled in some social-economical factor he move towards suicide then it must be say that these are talk first effect mind.

There is no single cause for which suicide can be directly attributed. environmental factors, childhood upbringing, and mental illness each play a large role. Sociologists today consider external circumstances, such as a traumatic
event, as a trigger instead of an actual independent cause. Suicides are more likely to occur during periods of socioeconomic, family and individual crisis. Most people with suicidal tendencies tend to suffer from some mental illness such as depression, bipolar disorder, or some degree of anxiety disorder. These diagnosable mental disorders are associated with more than 90% of suicide victims. As a result, many researchers study the causes of depression to understand the causes of suicide.

Many theories have been developed to explain the causes of suicide. Psychiatric theories emphasize mental illness. Psychological theories emphasise personality and poor coping skills, while sociological theories stress the influence of social and environmental pressures.

**Socio - Cultural Influences**

Today, most social scientists believe that a society's unity can influence suicide deaths. Emile Durkheim claimed that greater social integration translates to fewer suicides. Suicide rates among adults are lower for married people than for divorced, widowed, or single people, a statistic confirming Durkheim's argument.

Although people with suicidal tendencies do not necessarily have greater life stress, they have a more difficulty coping with the stress that results. Suicide attempts usually follow a traumatic event.

Social influences such as economic cycles with high unemployment rates, influence of religion, acceptance, and peer pressure all play a factor. For example, suicide rates were abnormally high during the Great Depression in America.

**Biological Causes**

Genetic and biological factors play a large role in suicide likelihood. Research has shown that suicidal behaviour run in families. A notable example are the suicides of the Hemingway family in which five members committed
suicide. In 1985, the American Journal of Medical Genetics studied an Amish community in Pennsylvania. The studies revealed that four families, representing only 16 percent of the total Amish population, accounted for 73 percent of all Amish suicides. Some scientists claim 10 to 15 genes account for triggering suicide attempts. Similarly how depression is linked genetically, family ties may also have a large effect on one's suicide risk.

**Psychological Causes**

In the early 1900 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.

There are a variety of reasons posited or given for suicide:

- Mental disorders
- Suffering
- Unrequited love
- Stress
- Grief
- Withdrawal or discontinuation of psychoactive substances
- As philosophically or ideologically motivated move
- To escape punishment or an abusive environment
- Guilt or shame
- Catastrophic injury
- Financial loss
Self sacrifice

As part of military or social strategy (e.g. suicide attacks)

Belief that life has no inherent value (e.g. absurdism, pessimism, nihilism)

As part of a religious or cult doctrine

Loneliness

To restore honor (e.g. seppuku)

Curiosity for post-life occurrences

Fear of aging

Unresolved sexual issues

**Suicide and mental illness**

Studies show a high incidence of psychiatric disorders in suicide victims at the time of their death with the total figure ranging from 98%\(^3\) to 87.3%\(^4\) with mood disorders and substance abuse being the two most common. A person diagnosed with schizophrenia may commit suicide for a number of reasons, including because of depression. Suicide among people suffering from bipolar disorder is often an impulse, which is due to the sufferer’s extreme mood swings (one of the main symptoms of bipolar disorder), or also possibly an outcome of delusions occurring during an episode of mania or psychotic depression. Major depressive disorder is associated with a higher than average rate of suicide, especially in men.

Many studies measuring incidence of psychiatric disorder in suicides employ after-the-fact diagnosis. Such studies are often criticized for lack of objectivity. The main argument is that a decision of the psychiatrist is biased if he believes that suicidal people must be mentally ill. This bias is indirectly confirmed by statistics: "the highest estimate of mental illness when a sample had been diagnosed before suicide was 22 percent. Afterward the highest estimate was 90 percent." \(^5\)
Use of after-the-fact diagnosis may lead to a kind of tautology. In simple words, "We say, in essence, 'All people who attempt suicide are mentally ill.' If someone asks, 'How do you know they are mentally ill?' the implied answer is, 'Because only mentally ill persons would try to commit suicide.'

**Suicide due to defeat in Battle**

In ancient times, suicide sometimes followed defeat in battle, to avoid capture and possible subsequent torture, mutilation, or enslavement by the enemy. The Caesarean assassins Brutus and Cassius, for example, killed themselves after their defeat at the battle of Philippi. Insurgent Jews died in a mass suicide at Masada in 74 CE rather than face enslavement by the Romans.

During World War II, Japanese units would often fight to the last man rather than surrender. Towards the end of the war, the Japanese navy sent kamikaze pilots to attack Allied ships. These tactics reflect the influence of the samurai warrior culture, where seppuku was often required after a loss of honor. It is also suggested that the Japanese treated Allied POWs harshly because, in Japanese eyes, by surrendering rather than fighting to the last man, these soldiers showed they were not worthy of honorable treatment. In fact, the Japanese unit in Singapore sentenced an Australian bombing unit to death in admiration for their bravery. In modern times, suicide attacks have been used extensively by Islamist Militants. However, it is important to note that suicide is strictly forbidden by Islamic law, and the Muslim clerics who organize these attacks do not regard them as suicide, but as martyrdom operations. Clerics argue the difference to be that in suicide a person kills himself out of despair, while in a martyrdom operation a person is killed as a pure act.

Spies have carried suicide pills or pins to use when captured, partly to avoid the misery of captivity, but also to avoid being forced to disclose secrets. For the latter reason, spies may even have orders to kill themselves if captured - for example, Gary powers had a suicide pin, but did not use it when he was captured.
Social Protest and Suicide

The Kaiowas tribe in the South American rainforest committed a mass suicide to attract attention to their claim that their government was taking away their land. Their efforts successfully attracted massive international and national attention to their cause.

In the 1960s, Buddhist monks, most notably Thich Quang Duc, in South Vietnam gained Western praise in their protests against President by burning themselves to death. Similar events were reported in eastern Europe, such as Jan Palach following the Soviet invasion of Czechoslovakia. In 1970 Greek Geology student Kostas Georgakis burned himself to death in Genoa, Italy to protest against the Greek military junta of 1967-1974.

During the Cultural Revolution in China (1966-1976), numerous publicly-known figures, especially intellectuals and writers, are reported to have committed suicide, typically to escape persecution, typically at the hands of the Red Guards. Some, or perhaps many, of these reported suicides are suspected by many observers to have, in fact, not been voluntary but instead the result of mistreatment. Some reported suicides include famed writer Lao She, among the best-known 20th century Chinese writers, and journalist Fan Changjiang.

In old Europe, law and practice were very strict for the persons committing suicide. The dead body could not be buried in any Christian burial according to the religious rites. The corpse was buried under the heaps of garbage near the highways and monstrous portraits were displayed so that the deceased may be condemned; his properties were confiscated posthumously, all this was done to discourage suicide. Great philosophers David Hume, Voltaire and Rousseau spoke against it and advocated that one should get right to die just like right to live. Their efforts succeeded in mitigating the harshness of these rules in Europe. The Quoran considers suicide as more condemnable a sin than the killing of others. In Jews religion also there is prohibition on mourning and prayers for making the should to rest in peace.
In Japan, the custom of seppuku (hara-kiri), or ritual of self-emboweling was kept reserved for the nobility and members of military caste and was considered as a form of altruistic suicide. Voluntary hara-kiri as ex expiation for defeat or as self sacrifice is still praised in Japan.\textsuperscript{9}

In ancient Greece and Rome, attitude towards suicide was not clear, it was a mixture of admiration and condemnation. Some philosophers approved it and some like Pythagoras and Plato disapproved. Cicero did not approve suicide but expressed admiration for Cato, who killed himself, rather than live under Caesar's dictatorship. Old testament mentions only four cases of suicide, the best known being those of Samson and King Saul, both of whom killed themselves to avoid torture and death by the enemy.\textsuperscript{10}

It is said that anti-suicide thinking developed in Europe and in the church due to high rates of suicide among slaves who thus deprived their owners of valuable property. Christian church considered suicide condemnable and as interference with the prerogative of God. Criminal law was used against suicide.

After the French revolution, some eminent philosophers advocated man's right to his own life and were against the indulgence of the State. As a result, anti-suicide legislations were repealed in European countries, England being the last to follow suit in 1961.\textsuperscript{11}

In Hindu religion if a person under the influence of passion or anger, or a woman infatuated by sin, were to commit suicide by means rope, a weapon or poison, he shall be dragged with a rope on the public road by a 'chandala'. There shall be no cremation rite for them nor obsequies by kinsmen. Any relative who performed funeral rites of such person shall meet the same fate afterwards and shall be abandoned during his life time by his kith and kin. Whoever associates himself with: such persons, who perform forbidden rites, shall forfeit within-s year the privileges of conducting or superintending a sacrifice, of teaching and of giving or receiving gifts, so does other, having dealing with these.\textsuperscript{12}
In India we also find certain instances where ending one's life has been justified or even glorified. Customs of suttee and johar were in popular use in the medieval India and were socially approved practices though justified only on account of compulsion of situation and time. Ending one's life voluntarily for the liberation of the soul was permissible and also applauded under Hindu and Jam religions. Budhism also encourages self-destruction under certain circumstances. Thus, destruction was not considered bad if sanctioned by the religion or society. Social approval was accorded to a self-destruction if it was the betterment of the self or the society. Martydom has always been encouraged and applauded because it is in the interest of the society.

B) Issues behind Suicide

Socio-Cultural Attitude

Suicide is an irrational desire to die. I use the term "irrational" here because no matter how bad a person's life is, suicide is a permanent solution to what is nearly always a temporary problem. Suicide is a symptom and sign of serious depression. Depression is a beatable disorder, but often the treatment takes time, energy and efforts on the part of the person who's feeling depressed. Sometimes, as a person who is a depressed feels the energizing effects of an antidepressant medication, they will still feel depresed, but have more energy. It is during this time is treatment that many people turn to suicide and suicided acts. It is a burning issue of our society.

(i) East Asian views

(a) China

Chinese culture has historically taken an ambivalent view on suicide. It has been commonly mentioned throughout Chinese history and frequently tolerated, if not explicitly sanctioned. It is frequently used as a means of escaping tragedy and shame, an especially strong pressure given the collective aspects of traditional Chinese culture. Ritual suicide has historically been relatively
common, particularly as a form of political protest.

Nonetheless, many moral systems dominant in traditional China prohibited or looked disfavorably upon suicide, including Buddhism and Confucianism. However, even in these cases, exceptions were often made.

Suicide has been closely tied with gender in Chinese culture, both historically and today. There are countless examples of females committing suicide in pre-modern Chinese history usually as a result of oppression or misfortune, such as family members (particularly husbands and mothers-in-law) looking upon them in condemnation, or when women fell into shame. In the latter cases, it was viewed as an honorable way to escape shame - especially because the repercussions of shame typically fell not merely on the individual, but to an immense degree upon the individual's extended family.

Suicide was also glamorized by popular stories among the people, in which lovers unable to be together in life because of various reasons, were joined together in death. An example is that of the Butterfly Lovers, and also Pan Yu-Ann and Su Qi in "A Dream of Red Mansions", one of the four great works of Chinese literature. In these stories, death by suicide was the only way that they could be together.

During the Cultural Revolution in China (1966-1976), numerous publicly-known figures, especially intellectuals and writers, are reported to have committed suicide, typically to escape persecution, typically at the hands of the Red Guards.

Some, or perhaps many, of these reported suicides are suspected by many observers to have, in fact, not been voluntary but instead the result of mistreatment. Some reported suicides include famed writer Lao She, among the best-known 20th century Chinese writers, and journalist Fan Changjiang.

Today, suicide among females in China is at an extraordinarily high rate, reckoned to be the highest in the world. This typically occurs among poorly educated rural women. Because of the difficulties in transportation in the rural
environment, women who attempt suicide are frequently successful in ending their lives because they cannot be brought to medical care early enough to be treated successfully. Some researchers, such as Canadian physician Michael Phillips have called to light this tragic phenomenon, and authorities in China are gradually awakening to the problem.\textsuperscript{13}

\textbf{(b) Japan}

Similarly to China and India, Japanese culture takes a view that, in comparison to European and American cultures, is relatively tolerant of suicide. However, recent events in Japan and some of the highest rates of suicide in the world among younger people have forced the Japanese government to take a more critical view of suicide as a "problem". As in China, suicide is traditionally viewed as a means of maintaining one's honor, perhaps more so - a ritual self-disemboweling known as Seppuku was in common use in Feudal Japan, and while this tradition largely faded out with the demise of the Samurai and the introduction of a western-style society, many young Japanese people of today still perceive suicide as an acceptable means to avoid bringing shame or dishonor upon their family. By 2008, an average of 30,000 Japanese had killed themselves every year for 10 years, according to the Yomiuri Shin bun; in 2007 274 Japanese school children took their own lives.

It is a common misconception that the act of kamikaze also belongs to Japanese culture. However, it was a tactic devised during the Second World War by the Japanese air force and was used neither prior to nor after the war. The term "Kamikaze" has no such connotation in Japanese, instead meaning "divine wind", which originated after not one, but two storms protected Japan from invasion by destroying the invading fleets of Kublai Khan from Mongolia in the 13th Century.

\textbf{(c) India}

Like the contemporary Asian cultures of China and Japan, Indian culture has historically taken an ambivalent view on suicide. It has been commonly mentioned throughout Indian history and frequently tolerated.
Heroic suicide, for the greater good of others, is often celebrated. For instance, Gandhi went on a hunger strike to prevent fighting between Hindus and Muslims: if they had not stopped when they did, he may have indeed killed himself. For this, he earned the respect of many.

(ii) European views

(a) Ancient Egypt

In ancient Egypt people considered suicide a humane way to escape intolerable conditions.¹⁴

(b) France

During the Napoleonic era, suicide was seen as an acceptable way to release oneself from a dishonorable circumstance (such as bankruptcy).

(c) The Netherlands

The decline of religion and the rise of individualisation in the Netherlands over the course of the latter half of the twentieth century contributed to a relatively open-minded culture around the turn of the millennium regarding the subject of suicide changed society's view of suicide to the extent that old views (based on Christian religious views), which strongly condemned it, started to fade. Although usually experienced as a tragedy by those who are left behind, the consensus towards the deceased tends to be vastly similar to that in case of a natural death. Feeling everybody has a right to live, as well as a right to die, the Dutch will usually respect the decision made by the deceased even if they don't understand the reasons behind it (or don't even have knowledge of them).

(iii) Medical Views:

Modern medicine treats suicide as a mental health issue. Overwhelming or persistent suicidal thoughts are considered an emotional crisis. Mental health professionals advise that people who have expressed plans to kill themselves be encouraged to seek help. This is especially relevant if the means (weapons, drugs, or other methods) are available, or if the person has crafted a detailed plan for executing the suicide. Medical personnel and mental health
professionals frequently receive special training to look for suicidal signs in those designated "as at risk" within that system. Individuals suffering from depression are considered a high-risk group for suicidal behavior. Suicide hotlines are widely available for people seeking help anonymously.\textsuperscript{15}

In the United States, individuals who express the intent to harm themselves are automatically determined to lack the present mental capacity to refuse treatment, and can be transported to the emergency department against their will. An emergency physician will determine whether inpatient care at a mental health care facility is warranted. This is sometimes referred to as being "committed". A Court hearing may be held to determine the individual's competence. In most states, a psychiatrist may hold the person for a specific time period without a judicial order. If the psychiatrist determines the person is a threat to himself or others, the person may be admitted involuntarily to a psychiatric treatment facility. This period is usually of three days duration. After this time the person must be discharged or appear in front of a judge. As in any judicial proceeding this person has a right to legal counsel.\textsuperscript{16}

Switzerland has recently taken steps to legalize assisted suicide for the chronically mentally ill. The high Court in Lausanne, in a 2006 ruling, granted an anonymous individual with longstanding psychiatric difficulties the right to end his own life. At least one leading American bioethicist, Jacob Apple of Brown University, has argued that the American medical community ought to condone suicide in certain individuals with mental illness.\textsuperscript{17} Conservative writers, most notably Wesley J. Smith, have argued that this approach would likely lead to compulsory euthanasia for those with intractable mental disease.
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