

CHAPTER - II

LITERATURE REVIEW

Literature regarding both causes and consequences of suicide is not numerous. The chapter begins with “Life is stage with one entrance but many exits” remarked Will Durant. Among these various exits suicide has a long history and philosophy. Suicide was not heroic enough to be mentioned and was looked upon as a weak man’s act. This chapter simply analyses the available literature on causes and consequences of suicide.

Age:

Age is the one of the important factor determining the suicide. Suicide prone highest in the age group 25-45. Studies shows Shah (1960) in Maharashtra that suicide ranges from 13-30 years. Rao 1972 reports highest number in the range of 25-44 years group and Khan and Mahesh (1972) studied 378 suicide in Meerat for the period between 1966 to 1970. They found that male suicides and more than half of the group were in the age range of 15 to 24 years. Varma (1972) studied 400 cases of suicide in Lucknow and reported that about 58% those were in the age group of 15 to 24 years old. Sathyavathi (1973) studied 144 teen age suicides worked out to be one fifth of the total suicide during the period and again Sathyavathi (1975) studied 144 teen age suicides worked out to be one fifth of the total suicide during the period and again Sathyavathi (1973) examined younger age of 14-25 also as more risk group. Weisman (1974) attributes 50% of all attempted suicide to those under the age of 30 and also points out that the model age in dropping.

Petzel (1978) points out that the ratio of the rates in married individuals to those in single person 15-19 years age group being approximately 1:5 for males and 1:7 for females.

Sainbur et al (1980) found significant correlation between the suicide rate and social variables, suicide related family cohesion. The proportion of the population aged less than 15 and birth to women ever 30, rate of divorce and illegitimacy birth to women below 20. Fewfile (1989) reveals that suicide in Jordan peak rate among age group 15-34. Two third of males who committed suicide were single and over half were employed. Another study designed to assess the suicide potential of youth 14- 18 years of age who are at high risk for suicidal behaviour.

Eggert, C.L. Thompson and A. Herting J.R (1994). Riggs J.E. Mc Graw Keefoner R. W (1996) considered an age specific suicide rate on united states between 1951 and 1998, and have shows in cohort cross sectional and age group formats, considerable variation among women and younger and older men, suicide rate among 40-44 years old men have remained stable suicide is strongly influenced by psychological stress and constant suicide rate. Sha (1973) 13-30 years had highest number of suicide. Sharma, Gopalakrishna (1978) and Rao (1972) a study conducted in union territory of Goa, found that Highest number was in the 25-44 years group he opined data derived from the Government of India Statistics, from suicide prevention centers, suicide autopsies, geropsychiatric clinics, and survey studies indicate that suicide in the elderly is increasing. Depressive disease is the leading cause for suicide, followed by physical diseases and poverty. Family integration and social integration were found to be more important than "living in the family" or "living alone."

Sex

In 1998 the researchers Silvia Sara Canetto and Isaac Sakinofsky called this phenomenon the gender paradox of suicidal behavior. The literature regarding studies of India and United States has showed completed suicide more among men but non fatal suicide more among women .In the view of Canetto and Sakinofsky (1998) Men die by suicide about three or four times as often as women. It is useful to note that, overall, more women engage in suicidal behavior resulting in injury or a non-fatal outcome. Men as a sex are more vulnerable to death from conception onwards. Some argue that men are socially reared to be more alone and independent, and to have more difficulty seeking help when in distress .Others still suggest that the coping conditions and styles of men are more aligned to fighting, violence, anger and modification by acute substance abuse. Aiyappan and Jaydev (1956) a study conducted in Madras revealed that higher number of female suicide than males. Shah (1960) studied in Sourashtra revealed that Female suicide were more than male. Sharma, Gopalakrishna (1978) & Rao (1972) a study conducted in union territory of Goa, found that there were more male suicides than females In Bangalore, India, women are often accused of being the cause of suicide as shown in a 1998 survey conducted by Michel Tousignant, Shekhar Seshadri, and Anthony Raj. If women commit suicide, they are said to be ashamed of having transgressed a rule; if men commit suicide, they are thought to have been the victim of some form of abuse at the hands of a woman.

Suicidal behaviour are similar to those found in other English-speaking countries, such as Canada and Australia. They are different, however, from those

observed in a variety of other countries. For example, in Finland and in India, men have similar rates of nonfatal suicidal behavior as women. Furthermore, in China, women typically die of suicide. China accounts for 21 percent of the world's population, 44 percent of the world's suicides, and 56 percent of the world's female suicides. Exceptions to the male predominance among those who die of suicides are also found within some ethnic communities in the United States. Lester, David (2001) studies shows Suicide rates in U.S. adolescent males exceed those of their female peers by a ratio of five to one. The gender difference in mortality holds across ethnicity, although suicide rates vary greatly from group to group. Native-American boys have higher rates of suicide than Native-American girls, although the latter have higher rates of suicide than European-American boys. He explains for women, suicide rates remain low throughout the life span, with a small peak around forty-five years of age. For men, on the other hand, rates of suicide increase after sixty years of age. This is particularly true among males of European-American backgrounds.

Most theories of gender and suicidal behavior have overlooked the local and international cultural variability in patterns of gender and suicidal behavior. Over generalizing from U.S. national trends, theorists have asked questions like, why do women engage in more suicidal behavior and why do men die of suicide, instead of questions like, why are women in some cultures more likely than men to engage in suicidal behavior? Or why are men in some cultures more likely to kill themselves than women? As a result, most theories fail to account for the variations in gender patterns of suicidal behavior found both within and beyond the United States. For example, it has been argued that suicide in older adults is a response to the losses of

aging (e.g., reduced financial resources, widowhood, and poor health). This theory does not take into account that in some cultures rates of suicide are low in both older women and older men. It also fails to explain why in many countries, including the United States, suicide is rare in older women, despite the fact that, that older women experience more social, economic, and health problems than older men.

United States females are more likely to engage in nonfatal suicidal behavior but are less likely than males to kill themselves. The association of femininity and nonfatal suicidal behaviour may be a factor in women's high rates of nonfatal suicidal behavior. At the same time, the association of suicide with masculinity may protect females against killing themselves. Research has also shown that identification with behaviors considered feminine, independent of sex, is associated with increased risk for nonfatal suicidal behavior. For example, homosexual and bisexual males who score high on a measure of conventional femininity are more likely to have a history of nonfatal suicidal behavior.

In the Western world, males die much more often than females by suicide, while females attempt suicide more often. Some medical professionals believe this is due to the fact that males are more likely to end their life through violent means, while women primarily overdose on medications or use other methods which may be ineffective. Others ascribe the difference to inherent differences in male/female psychology. Greater social stigma against male depression and a lack of social networks of support and help with depression is often identified as a key reason for men's disproportionately higher level of suicides, since "suicide as a cry for help" is not seen as an equally viable option by men. Typically males die from suicide 3 to 4

times as often as females, and not unusually 5 or more times as often. Brockington (2001) there are higher rates of suicide in divorced women, but the evidence on widowhood is equivocal. Prosperity and employment have no effect. Sexual abuse, rape and domestic violence undoubtedly lead to suicide attempts, but the evidence on completed suicide is lacking. There are many unanswered questions, especially why rates of completed suicide for women are lower than for men

Unemployment.

Shaperd and Barran Scough (1980) found most of suicides were due to unemployment. Suicide has also occurred on changed jobs and shorter time and most of them was off works because of illness. Psychiatric disorder done to unemployment was lack of work such as loss of status of role, poverty, mental illness precipitated by stress illness and poor.

Many other studies at show (Howton 1988) and Kretman 1993, Unni Krishnan 1995, Bagadia 1996. The variation is due to the fact that the groups are forming more stressful life. Support system especially financial worries. Kposowa (2001) The positive relationship between unemployment and suicide is often stronger for men than for women. Unemployment represents a stress that may have personal meanings such as a loss of esteem and personal consequences such as depression and hopelessness.

Marital status

In general marriage, with its personal relationships seems to be one of the best protections against the desire to commit suicide, although some situation produced by

an unsatisfactory are broken marriage may be conclusive it. For Durkheim. Suicide rate is lowest among married than unmarried and divorced.

Occupation

Occupation is the one of the important factors in determining suicide. Wess man (1984) has developed a technique increase in the average length of unemployment rather than the number of unemployed as the indicators of a depressed economy and found a significant increase in suicide nine months after the beginning of an economic depression.

Corcoran. S. Daly. Crownag Akechi (2001) found that correlation between unemployment and self-poisoning date remained highly significant when the other relative variables were controlled. Sethi (1972) citing a new clinical case study of suicide in Lucknow, he highlighted the role of culture and family dynamic.

Religion and Suicide

The beginning of the modern study of suicide, the protective effect of belonging to a religious group has been noted. Not only there is the feeling of belonging, but also the faith itself offers hope and a sense of future: all of these are antidotes to suicide. The sociologist Steven Stack (2000) viewed religion and suicide has contributed to a different perspective on some of Durkheim's ideas. First, there is mixed support in the United States for the hypothesis that Catholics are more protected from suicide than people from other religions and no support for this statistic is found in Canada.

A survey conducted in seventy nations has shown that a high rate of Islamics in the country was associated with a lower suicide rate. There is some evidence that

religious commitment may be a protective factor despite the fact that many studies have refuted this hypothesis. The connection between religion and suicide is weak and most studies indicate little about the religious status of those who have committed suicide, making it difficult to analyze the connection

The French sociologist Émile Durkheim's theory about suicide which came into prominence at the end of the nineteenth century, his argument claimed that religions with the highest rates of suicide were in a relative state of anomie; that is, situations where the rules guiding a society were either absent or weak. Similarly, societies with a relative absence of social integration were considered hardest hit by suicide. One of his points was that Jews and Catholics had low rates because they formed more cohesive groups, while Protestants had high rates because their relationship to God was more personal.

For Christian doctrine has largely held that suicide is morally wrong, despite the fact that no passage in Scripture unequivocally condemns suicide. Although the early church fathers opposed suicide, St. Augustine is generally credited with offering the first thoroughgoing justification of the Christian prohibition on suicide

The Protestant Reformers, including Calvin, condemned suicide as roundly as did the established Church, but held out the possibility of God treating suicide mercifully and permitting repentance. Interest in moral questions concerning suicide was particularly strong in this period among England's Protestants, notably the Puritans. Nonetheless, the traditional Christian view prevailed well into the late seventeenth century, where even an otherwise liberal thinker such as John Locke(1660) echoed earlier Thomistic arguments, claiming that though God bestowed

upon us our natural personal liberty, that liberty does not include the liberty to destroy oneself. In 1998 the anthropologist Karin Andriolo described how the Hindu society considered taking one's own life as a welcomed departure when a person had reached a state of perfection. In "The History of Suicide in India," Upendra Thakur documented many characters of high and low origin who committed suicide in narration of the religious texts. However, during the period of Dharmasastras, one of the sacred books, suicide was determined to be a sin and the suicide victim deprived from death rituals. In the modern period, suicide is viewed as shameful for the family.

Social status

According to Ronald W Maris Piest (1951) the most dramatic finding of our research in high suicide rate among person of lower social status, it appears that status loss is more highly related to the suicide than status position.

According to Jack. D. Douglas (1961) "Most individual suicide a complex phenomena involving the individuals role performance in several positions over a period of time. The idea about a change in social status, can lead in suicide is a very old idea and a very common one. Regarding the correlation of the state of suicide to economic status and occupation, he added although suicide occur disproportionately among those at both extreme of the socio economic range, they are more numerous among those is higher status occupational groups. Other studies show 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.

Place of residence

According to Stauls (1982) suicide is more prevalent in rural areas than urban communities, for two major reason. The possibility is that population movement in more rural areas affects the suicide by everwhelming and there by limiting the effectiveness and supportiveness of community organization.

Wilkison and Lareal (1984), the more rural or sub urban adolescent has greater social isolation and loneliness .Jack D. Douglas(1967) Suicide is more frequent in cities than in rural region it is due to cities produce more depression in individuals because they have more free time from physical labour to think.

Social change and suicide

The propensity of the Keralites to live beyond their means also has significantly contributed to the problems. The instances of suicide attributed to the “the debt trap” are common. Non availability of adequate financial stability, and mounting consumer needs prompted by the facilities enjoyed by the others have led many to seeking loans at exorbitant interest rates. The resultant financial constraints lead the victims to distress and alienation often ending up in deliberate self-harm. The changes that occurred in Kerala in this context was the proliferation of nuclear families, of which the State today had the highest percentage in the country

George a Social Scientist associated with Maithri (2004) the suicide proneness among the people of the state is definitely related to the social changes taking place in the region. This has regional, sub-regional, or district level variations as well. Some of the major social changes that have taken place in the state which have probably influenced the suicide scenario in the state are: a) the transformation in the family, b)

the changes in the educational system, c) the influence of the media, d) the gulf boom, e) women's employment, f) increased use of alcohol, and g) the consumer culture sweeping the state. It can also be viewed as the backlash of the wrong developmental strategies being followed by the state.

According to P.K.B. Nair, (1991) "From around the mid-1970s, it was a period of rapid changes in Kerala society, possibly the cumulative outcome of the revolutionary land reform measures initiated in the late-1950s, and later, the boom in employment in and remittances from the countries of the Gulf. The people of the State had always displayed a strong spirit of independence and an emotional sensitivity which were responsible for the isolating and divisive tendencies that marked Kerala society in general."

P.K.B. Nair (2000) observed "From around the mid-1970s, it was a period of rapid changes in Kerala society, possibly the cumulative outcome of the revolutionary land reform measures initiated in the late-1950s, and later, the boom in employment in and remittances from the countries of the Gulf. The people of the State had always displayed a strong spirit of independence and an emotional sensitivity which were responsible for the isolating and divisive tendencies that marked Kerala society in general." He added the most important change that occurred in Kerala in this context was the proliferation of nuclear families, of which the State today had the highest percentage in the country. He said Kerala was almost like one large village of individual families and the resultant sociological impact had been tremendous. He also commented "Kerala has become very materialistic. Increasingly, alien values replaced traditional ones and nuclear families took the place of a once-predominant

joint family system. It is today a very individualistic society, caught in a state of imperfect modernisation. Imperfect education and easy Gulf money had led to the creation of a society which has great expectations but not enough resources and other means to bring them to reality. Rapid changes have taken place in the material culture, but there has been no change at all in the State's non-material culture. Kerala society is caught in a cultural lag."

The modern Indian authors Hans Nag Paul (1996), has studied the problem of suicide in relation to urbanization and modernization, "the growth of urbanization and industrialization during the past four decades has clearly affected the traditional forms of socialization and social control. This has led to increase rate of all types of deviant behaviour. Juvenile delinquency and crime, especially in large cities. More over, violent behavior has also increased considerably through out the country. This could be one of the reasons for the high rate of suicides in Kerala.

According to Jacob P, Gibbs and A.L. Porterfield (1981) "Three variables are significant in the Gibbs and Porter field theory of station changes and suicide. They are the long (economic, prestige) status changes, relative land of strong socialites and personal crisis. In an article on the effect of globalization on the current society, Krishna Prasad Sreedhar, (2000) Professor of Psychology, University of Kerala, who is also a clinical psychologist, said: "Kerala is predominantly an 'intellectual State', not an 'emotional State', as is evident in the sober response of the people to many events. People, for instance, do not use themselves in kerosene when a leader like EMS (Namboodiripad) dies, as would possibly happen in some other States. But the flip side is that this society does not provide a release mechanism for the tensions that

could build up within an individual as a result of the rapidly changing social climate around him or her."

Globalisation

Paripurananad Varma (1991) pointed out that suicide rates generally go up to with age, college students being a displaced landless agro related community including artisan and fisher polls, who will be doubly hit by the loss of their traditional markets as well as by loss of food entitlements. There are clear connection between the policies of globalization and starvation deaths and suicide in India.

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Causes of suicide

Jeanne Marecek (1998), the Anthropologist working in Sri Lanka, found little tolerance of suicide despite the high rate in this country. The population attributes this gesture to the conditions of life, such as unemployment or romantic problems, and people are usually ready to give support to persons who have made an attempt.

According to Kevin Caruso(2000) the major causes of suicide are, the death of a loved one, divorce, separation, or breakup of a relationship, Losing custody of children, or feeling that a child custody decision is not fair, serious loss, such as a loss of a job, house, or money, serious illness, terminal illness, serious accident, Chronic physical pain. Intense emotional pain, Loss of hope, Being victimized (domestic violence, rape, assault, etc), loved one being victimized (child murder, child

molestation, kidnapping, murder, rape and assault), Physical abuse, Verbal abuse, Sexual abuse, Unresolved abuse (of any kind) from the past, Feeling "trapped" in a situation perceived as negative, Feeling that things will never "get better", Feeling helpless, Serious legal problems, such as criminal prosecution or incarceration, Feeling "taken advantage of", Inability to deal with a perceived "humiliating situation", Inability to deal with a perceived "failure", Alcohol abuse, Drug abuse, feeling of not being accepted by family, friends, or society, horrible disappointment, Feeling like one has not lived up to his or her high expectations or those of another, Bullying. (Adults, as well as children, can be bullied.) and Low self-esteem.

Michael Haralambos and Robin Heald (1997) Analyzed suicide as in they a real finite absolute suicide rate from a given population exists. Official statistics exception constant chronic peninsor acute illness our often cited are reason for suicide. Alcoholism, several vices, drugs, gambling or other addition are characteristics found among suicidals. Lack of emotional control, mental weakness, lack of self- discipline, lack of strong makers people more, prone to suicide Loneliness or leave or be lived, , feeling of guilt, sudden schedule of feeling of revenge as major causes of suicide.

In a published article, Murphy Hulliburton (1999) remarks Kerala has the highest suicide rate in India and by a substantial margin of these times the national average and 50 percent more than the second highest state. The author called this phenomena to be paradoxical in view of the part 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’, quarried with spouse, love affairs and quarrel with parents in –law which does not help to explain why Kerala should have such a dramatically higher suicide rate than the rest of the country. The author concluded that high level of education coupled with unemployment and under employment and growth of secularism, rationalism and erosion of religious faith our some of the factors responsible. The analysis however has the defert of not being supported by empirical study.

In a study conducted on suicidal tendencies among university students by Margret T. Lawrence and John. R. Ureka (1997) it was discussed, “does the problem with the suicidal person, the society are a combination of individual 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 further to achieve that goal.

Depression is another common cause of suicide, but is 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 lead to violence against oneself. Family background plays vital role in overcoming or succumbing to suicidal tendencies. Disruptive or chaotic situation such as divorce, separation, death of a present, remarriage etc are some of the negative influences. Lack of social contents is support from the community is another vitiating factor. The rising incidence of death by suicide among adult males has become a matter of public concern. Economic condition and social changes are often identified as the main cause of suicide or at least considered as contributing factors. In some of the

industrialized countries of the region, youth employment has reached levels never previously recorded. In other societies, the transition from a traditional to modern way of life and coinciding changes in social obligations and structures bring about inter-generational conflict and pressures which appear to influence the propensity to commit suicide, especially among young males. The diversity of responses to social and economic changes is partly due to socio-cultural factors. Both pre-existing in traditional societies and developing in the modern structures. Among them are the influences of religions 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 legal considerations which may make an attempted suicide punishable offences. 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.

According to Dr. Sushila Mehta (2000) more pointed indicators of the unhappy status of women in Indian society in the rate of suicide committed by young women. A survey of suicides in Bombay state (1954-57) indicated that more women than men commit suicide rate of suicide per one thousands of population was 30 range and unhappy social condition of Indian women which impel them for committing suicide.

According to Jerry Jacobs (1999) it is not parental loss in early childhood perse that predisposes to depression and suicide in later life. The lose of love object is an impartment aspect of the process, but it must be viewed as part of a process, with a particular attention paid to when it occurred and or reoccurred, and not only to its presence or absence. Further more, it seems that it is not the loss of a love object per

see that so distressing but the loss of love, reciprocal intimacy, spontaneously and closeness a primary relationship.

Dr. C. J. John (2004) found that unpleasant feelings of shame, guilt, fright, confusion, worthlessness, hopelessness, isolation desperateness, disappointment, depression, sorrow, uncertainty, hostility, and frustration. Many of them had suicidal feelings too. Personality traits may contribute to suicidal ideation and suicide attempt in young adults.

According to researchers at Douglas Hospital in Montreal, Quebec (2006) investigated the association between personality traits and vulnerability to current suicidal ideation and suicide attempt history in 1,140 adults aged 21-24 years taken from the general population. In all, eight per cent of participants had a history of suicide attempt, and about 60 per cent reported some degree of suicidal ideation. Nine per cent had experienced serious suicidal thoughts. Of 10 personality traits in the analysis, three contributed significantly to suicidal outcomes. Conduct problems were associated with suicide attempts and suicidal ideation. Impulsivity also contributed to suicidal ideation, but was moderated by gender, with impulsive women showing a lower probability of reporting absent-minded suicidal ideation compared with impulsive men. The three personality traits correlated moderately with one another and with psychiatric co-morbidity measures. They were also associated with emotional deregulation. The strongest predictor of concurrent suicidal ideation was history of previous attempt, at an odds ratio of 3.18, but the researchers suggest that for the particular age and cultural group in the study, personality traits may be more useful in predicting current suicidal thoughts than past suicide attempts. The authors call for

more research to assess whether these traits are actual risk factors or proxies of a more global risk dimension, which may involve genetic susceptibility or gene-environment interactions.

De Leo and Ormskerk (2000)) the particular factors affecting suicide in old age, such as retirement, relocation, social support, bereavement, depression, hopelessness, mental disorders, and alcohol abuse are described. Physical illness, especially attendant on depression and feelings of hopelessness, also plays an important role.

K. Trivedi (2006) noted major causes of suicide among adolescents are biological (mental disorders, alcohol or other substance abuse), psychosocial (poor personal problem solving ability, impulsive or aggressive tendencies, family history of suicide, history of trauma and abuse), environmental (difficulty in school, a drifter and death of a family member) and socio-cultural (lack of social support and violence at home).

Sreedhar (2000) opined the suicide-prone is well-known. People attempting suicide have been found to be suffering from unbearable emotional pain caused by pent-up emotions. The majority of them are those who, at a particular time, feel isolated, desperately unhappy and alone because of pressures which they believe they cannot cope with, but in fact can."

Leela gulathi, (2004), however believes that the so-called proliferating "nuclear" families in Kerala are not "nuclear" at all in the strict sense of the term as used in Western countries. "Here it is really a loose form of nuclearisation. There is nuclearisation as far as sharing economic resources and staying together are

concerned. The kitchen is nuclear. There might not be inter-dining, perhaps. But members of the larger family still have very strong links, they come and go and there is still a lot of socialisation," she said. So in Kerala today, a different kind of joint-family system is in place, where people do not stay together, cook and eat together, but still depend on others of their family for emotional and social support. She believes, therefore, that it would be premature to conclude that 'nuclearisation' is a major reason for the increasing rate of suicides.

Family History

Adolescents who wick themselves as with thin adult counter parts (Dorpat 1965) are from either broken home of families when there is unhappy relation between parents. Another study of suicide in the general population found that 6/100 suicide also had a parent who committed suicide.

Shaffers (1974) 70% of the suicide had experienced broken homes by the time they died. Adan Canthy suicidal, behaviour was minimal in the early loss group when family stability was maintained. The association between completed suicide among adolescents and broken homes and unhappy family background.

Suicide Attempt

According to Susan Calvert to Peter Cahert (1985) "It is possible to argue and many now accept that unsuccessful suicide and cries for help rather than serious attempts too. But some no doubt are genuine cases only prevent by third party intervention, similarly some of the suicide may not be intended to succeed".

Alcoholism

It is point out that Delirium Tremens (Medical condition of a person suddenly stopping using of alcohol or other narcotic substances, which he/ she used to take habitually). Many caused by the protracted in ordinate use of alcohol patients with delirium tremens are often violent and prone to commit suicide or murder

Reports from different countries show that between 6% and 20% alcoholics and this lives by suicide.

Schmidt and Lint (1972) found the association between alcoholism and suicide is well established. Alcohol use and alcoholism are high risk factors for suicide. The casual relationship understand the interaction of intervening variation such as personality disorders, depression, other substance abuse, unemployment, recent loss, gender, age, physical illness due to alcohol use. The relationship is abuse reliably delineate natural history of depth or depressing mood and accuracy of classifying the event and hidden self- destructive behaviour.

Many filed (1997) found that alcoholics derived the least benefit from alcohol intoxication in term of affective improvement, while depressed patient suggest that alcohol in alcoholics may be more palliative that euphoric. Non-alcoholic drinkers may also enhance depression while drinking. Translation of these types of laboratory studies to natural environment with different causes and stimuli may be problematic.

Selzer et al (1997) found that MMPI classically has impulsive and low frustration tolerance in accident victims. He reviewed several studies which indicated that 50% of accident and suicides were alcoholic related.

Namee's (1968) study showed that alcoholic subjects experienced and increase rather than a decrease in anxiety and depression during intoxication.

Symptoms of depression, suicidal behaviour and substances abuse were studied by median on Gefound and Stefains (1992). This study aimed at investigating the relation between the use of unprescribed and illicit drugs and problematic drinking with reported depressive symptoms and suicidal behaviour.

Marttunen and Henrikoson (1994) indicates psycho- social stresses may be critical for suicide in the substances abuses, particularly interpersonal problems, separation and family support disruption in the adolescents, interpersonal relationship excess accumulation of stress and lacking support from the family may be warning of suicide potential.

Noreman and Marle's (1992) study in suicide risk associated with drug and alcohol demonstrates that the association of alcohol with suicide thinking and behaviour in causal and alcohol drugs are influenced in providing a feeling of hopelessness by manipulating neurotransmitters responsible for the mood and judgement and by disrupting interpersonal relationship and social support.

Burge et al (1995) examined the inter relationship of drug use and suicidal behaviour. Result revealed that there are positive relationships between during use and severity of outcome of the suicide attempt.

Burge et al (1995) Alcoholic with a history of Para suicide has a poor prognosis and this may represent further reflection of his impulsiveness and impaired capacity to cope with stress, recurrent feelings of failure, isolation, hopelessness, depression, separation and little orientation to future.

Durkheim (1980) found that the evidence of an association between alcohol abuse and attempted suicide is not as consistent on the evidence for an association between alcohol abuse and completed suicide.

Janson, Hoffman and Chastek (1983) found higher incidence of alcohol abuse in patients with affective disorders who attempted suicide than in those who did not.

Smith (1986) found, there was no association between alcohol use and suicidal involvement in a sample of young adults.

Nau, Sanon and shore (1983) found an excess of attempted suicides only among those alcoholics who also were diagnosed concomitantly as having borderline personality disorder.

David Lester, Blank wood, New Jersey Wihelmsen, Elmfeldt, and Wedel (1983) found correlation between an excess of alcoholics among Swedish and completed suicide.

Even in South India where alcohol is difficult to find, Laskmi Rajkumar (1999) found in the city of Chennai (formerly Madras) that 35 percent of suicides showed signs of alcoholism.

In the Finnish study,(1993) half of the suicides with alcohol dependence also had a depressive disorder and almost as many had a personality disorder that entailed difficulty in curbing impulsive behaviour.

In a survey sponsored by the National Institute on Alcohol Abuse and Alcoholism in 1992, Deborah Dawson found that those who had frequently become inebriated were more likely to experience suicidal thoughts or to actually try to kill them. One out of seven persons who were frequently intoxicated reported suicidal

thoughts or attempts compared to 4 percent for other current drunkards. George Murphy (1992) has analyzed the issue of alcohol and impulsivity in a series of ten cases where the person had committed suicide within hours of a very stressful life event. In only two cases was there evidence of an unexpected impulsive act. In six other cases the person had communicated some time before the event his or her intent to die. However, even if the person had considered suicide before, we cannot rule out the possibility of the alcohol triggering an impulsive act. Long-term consumption of alcohol leads to depression, which in turn increases the probability of suicide,

A Finnish study by Heikkinen (1993) found that family discord (38%), financial problems (28%), and marital separations were the chief precipitants of suicides among alcoholics. Persons with an alcohol or drug problems who die by suicide have often alienated friends and family and therefore have little social support.

Stress and self esteem

Family expectation and failure in meeting them which result in the loss of self – esteem, may lead to suicide (Nathuwal, 1994). Interpersonal stressors and substances abuse in suicide studied by Paul (1993) significantly more attempted suicide alone stressors than non-stressors.

Hopelessness

Hopelessness repeatedly emerged as a more powerful correlate than depression for suicidal intent. The intensity of hopelessness displayed during one depressive episode. Hopelessness is an important clue that should alert clinician to long-term suicide potential.

Beckle (1967) concludes that life is hopeless and that suicide may be an appropriate solution for this problem. Among hospitalized suicidal patients, hopelessness or pervasive negative expectation, have been found to be significant predictors of suicide.

Bedrosian and Beck (1979) have supported the presence of strong positive relationship between hopelessness and depression and a variety of suicidal behaviour.

Depression

According to J.M J. Sethuraman (1999) the cause 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 many results in out of suicide on his part. Apart from depression, the schizophrenic especially of the paranoid type, many attempts are commit suicide. In any serious physical or mental illness, the patient may attempt suicide done to despair that to may never be well.

Suraraj Mani, (2000) said. "But most of the time people who try to kill themselves suffer from depression or one of the other types of depressive illnesses, which, they and those close to them fail to realise are treatable."

Andrew. E. Hentry and James F.(2001) short have made an attempt to study the correlation between the rate of suicide and business cycles. According to their suicide trends to rise during periods of depression and fall during periods of prosperity. But the negative reactions of suicide to depression are stronger than the negative reaction of suicide to prosperity.

The evidence is that a high proportion of suicide has primarily depressive illness.

Dorpat and Ripley (1960) diagnosed 30% of the suicide having depressive disorder. The expected number of depressed suicides when the life span of a depressive is assumed to be 66 years Ottmen (1962) Poleorny (1962) found that the risk is greatly in period immediately following discharge from hospitals. (Ottmen) the experted number of depressed suicide when the life spaces of depressive is assumed to be 60 years.

Paule et al (1994) found that depression may lead to suicide; it also provides fertile ground for development of other social psychiatric complication that may increase the risk of suicidal behaviour.

Passik et al (1998) study was performed at the level of depressive symptoms and suicidal attempts. Decreased cognitive symptoms such as anhrdonic, guilt suicidal thinking and hopelessness make patients more vulnerable for suicidal behaviour.

Biro Keyxnaelizijer (1999) examines the role of depressive disorder the genesis of suicidal behaviour of alcoholism

Major signs of depression are behavioral changes, mood change, loss of previous interests risk taking behaviour, changes in appearance, drug and alcohol use, loss of interest, decrease sexual desire.

Social Support

Social support denotes the existence or availability of people on whom one can rely and people who let us know that they care about value and love. . In Western countries, men often commit suicide after the end of their marriage, sometimes after a long period of alcoholism when they have alienated their friends and relatives by their

conduct. Here, they are the ones who are estranged from their children and who find themselves in a state of solitude and low social support. (Sarason et al. 1983). Social support system has also been conceptualized as an enduring pattern of social ties that play hopelessness magic role in maintaining psychological and physical integrity of control.

Social support primarily comes from family mainly from the parents on the spouse. The social support provided by the family has the components of emotional as well as physical support. Social networks and other social bounds are rich sources of social support.

Media effects

In 1774 the German poet Johann Wolfgang von Goethe's "The Sorrows of Young Man Werther", a novel where the hero commits suicide due to a failed love affair, was banned in many European locations. It was perceived as responsible for imitative suicides in such places as Italy, Leipzig, and Copenhagen. Systematic scientific investigations on copycat suicide began with the work of the doctor David Phillips of the University of California in the 1970s. The largest possible copycat effect found was for Marilyn Monroe. During the month of her suicide in August 1962 there were an additional 303 suicides in the United States alone, an increase of 12 percent. In general, however, highly publicized stories increase the U.S. national suicide rate by only 2.51 percent in the month of media coverage. There is one study from Vienna, which confirms the reduction of subway suicides, when two major newspapers of that country curtailed their coverage of Subway suicides. Similar report has been reported in a study from Toronto also. If the news papers in Kerala take this

insight and impose a voluntary restraint that minimize the present prominence given to the family murder suicides, there will be a reduction in the rates in Kerala, that ranks first among states in suicide rate.

He found that this peaking phenomenon similar incidents after the first front page report of a murder suicide combination is a consistent observation and the response fades away as the prominence comes down.

Suicide, as noted by Schemeidman, (1985) is best understood as a multidimensional malaise. The effort here is to focus on the role of the media in cultivating the desire for self extinction in vulnerable person. Research in behavioral science has emphasized how visual media triggers aggressive impulses in society. Similar research studies substance media role in suicide also.

The press (2003), A series of family suicide received a lot of press coverage as it appeared in the front page. A number of family suicides followed like a ripple effect. The new items gave a lot of emphasis on the miseries, which pushed these persons to suicide. At a very subtle level the narration gave an impression that the out of suicide war and escape route from poverty and stress. Suicides prove beyond doubt that prominent news coverage of suicide has the effect of increasing suicidal behaviour with in the relationship area of the newspaper. It is quite possible that a few of the episodes of suicides derived its inspiration from the newspaper. Sematised news coverage represents can effort to whip up public interest in the story through headlines sometimes – grotesque details about the suicide wide publicity of suicides may produce a familiarity and acceptance of the idea of suicide may remove the taboo for these who have suicide ideation.

Social learning theory suggests explanation of suicide focuses not on story characteristics but on audience mood. Although this is the most understudied explanation for copycat suicide, the central thesis is that stories that appear when suicide-like conditions are high in society (e.g., high unemployment, high divorce, and low church attendance rates) have more of a copycat effect because more people are on the verge of suicide. Further, stories that appear in periods when suicidogenic conditions and moods are low will have less of an impact on copycat suicide.

Stack's (2000) analysis found that studies based on real suicide stories are 4.03 times more likely to report copycat effects than studies based on fictional suicides. For example, the several works on the four television movies about teenage suicide that aired in 1984 generally found no imitative effect. People may identify with true-to-life suicides rather than make-believe suicides in movies or daytime television dramas.

Unlike televised suicide stories, newspaper suicide stories can be saved, reread, displayed on one's wall or mirror, and studied. Television-based stories on suicide typically last less than twenty seconds and can be quickly forgotten or even unnoticed. Detailed studies of suicides occurring during media coverage of suicide have often found copies of suicide news stories near the body of the victim. Stack's analysis found that research based on televised stories was 82 percent less likely to report a copycat effect than research based on newspaper stories.

Widespread coverage of a suicide in the media has long been thought to be capable of triggering copycat suicides in the mass public. Dr. C.J. John (2004). A comprehensive review of around ninety studies addressing the issue of media effects

in about twenty countries indicate that media portrayals can and do lead to imitative suicidal behaviour in the vulnerable group. There is compelling evidence for increase of suicidal behaviour after the appearance of news reports and fictional drama presentations on television. Various studies indicate that newspaper reports of suicides correlated with subsequent higher suicide rates. The ripple effects of the reports of a front page report of the murder suicide cluster are evident in Kerala by the spurt of similar incidents. Further incidents, though reported, do not get such prominence, and fail to evoke copycat effects. The author has counted five incidents in a span of seven days, after a front page report of a family murder suicide incident at Cochin on September 2002. While the models in suicide stories are almost always completers, Stack's analysis found that studies based on completed suicides as the dependent variables were 94 percent less likely to find a copycat effect than studies based on suicide attempts as the dependent variable. Possibly those persons most susceptible to copycat effects are those who are less determined to die.

Research has been based on three principal historical periods: 1910–1920, 1929–1939, and 1948–1996. Research based on the 1930s is 93 percent less likely than 2001 research to find a copycat effect. This may be due to the lack of television to echo the stories covered in the radio and print media. However, it may also be due to the presence of massive social movements for social and economic change (e.g., labour movement) that may have distracted otherwise suicidal people from thoughts about suicide.

Generally speaking, research has found that the greater the coverage of a suicide story the greater the chances of finding a copycat effect. Stack's analysis

distinguished between studies based on one network's (e.g., ABC, CBS, NBC) coverage of suicides versus studies based on two or three network stories. The former were 84 percent less likely to find a copycat effect.

From the present review of empirical generalizations, social scientists believe that media guidelines should focus on the amount of coverage given to the story. The media might best control suicide by having fewer and shorter stories on the subject. Further, moving them to the inside pages of newspapers might also help reduce suicide risk. Because the suicides of celebrities are by far the most likely to trigger copycat effects, it has been suggested that perhaps the media should pay less attention to these "newsworthy" suicides. Researchers believe coverage in the print media should be reduced because it triggers more copy-cat suicides than the electronic media.

Consequences of suicide

Death for the individual means not only loss of the self but also the loss of others significant to that self. The problems faced by the members of the deceased are indeed tragic.

In the British Journal of Psychiatry on September, 1976, an article was published by D. M. Shepherd and B. M. Barraclough titled, "The Aftermath of Parental Suicide on Children". This study was primarily concentrated on how suicide affect the children's psychology. It might be thought that bereavement by suicide would be particularly disturbing with its implications of death, sometimes horrible, being preferred to life with the family and that there might result a sense of rejection

and feelings of guilt, depression and shame, or of anger, or blame towards the surviving parent.

The authors have looked especially at the stability of the family, how the surviving parent handled the immediate consequences of the suicide and the long term effects on health and on behaviour. The psychological effect of parental suicide on the children can be explained as below. The study revealed that the suddenness of death, the consequent upheaval of strong emotion, the police enquiry and the changed behaviour of adults in the family might be expected to frighten children. Anxiety, a lesser form of fear and often longer lasting, was commonly observed. The most unexpected result is the relative absence of effect. Lack of sensitivity on the part of parents in perceiving or recalling their children's responses while in their own misery may be a partial explanation, or inability on the part of the children to communicate feelings which they may not comprehend, or a relative absence of feeling, conditioned by prolonged exposure to unsettling family events. And it is likely that in some the release from sometimes-insupportable family life brought more relief than grief.

While concluding they have said that any phenomena observed may have resulted from living with a disturbed parent before the suicide, the effect of bereavement during a formative period, the nature of the death, the social and economic difficulties of living in a one parent family, or inheritance from a sick parent. The children's home life before bereavement had been abnormal because of mental illness, and family disruption and pre-suicide stresses were significantly related to present functioning. An incidence of psychological morbidity greater than that of a comparison group was observed. Some children appear to cope with the

experience of parental suicide without consequences; for a few there was relief from an insupportable situation.

Bereavement has attracted several lines of sociological inquiry, including studies of the possible lethal consequences of loss of spouse, of the nature of widowhood, of the consequences for the bereaved of different types of death and of anticipatory grief.

A surviving spouse is at increased risk of dying following bereavement—variously referred to as “the broken heart syndrome” or the “loss effect”. Lynch (1977) in a major scientific and sometimes sentimental tract wrote, “Loneliness and grief often overwhelm bereaved individuals and all available evidence suggests that people do indeed die of broken hearts”.

Another line of sociological inquiry concerns widowhood, as a process of reacting to bereavement and learning to cope with it. Helena Lopata began a series of investigations that culminated in “Widowhood in an American City” (1973) and “Women as Widow: Support Systems” (1979). Lopata in a rigorously designed study of the consequences of widowhood draw a representative sample of widows for the Population of Metropolitan Chicago. Despite the relatively small sample (301 Cases) analysis by age, race, socio-economic status and recency of bereavement enabled Lopata to differentiate among subgroups of widows. The findings were as follows:

Women over 65 were frequently found to have joined a “society of widows”. Since at that age widowhood tended to be the norm. Young widows tended to suffer from being a “third wheel” in their social networks, which were made up largely of couples. Despite their wider social networks, middle class widows tended to have

more problems than lower-class widows, since their marriages had frequently been the more satisfactory. Social interactions tended to be especially low during the first year of widowhood. While widowhood did not appear to increase relationships with the immediate family, contacts with in-laws typically were curtailed. Lopata's research also identified some positive consequences of widowhood. Many widows experienced release from a particularly unhappy marriage, or from the anxieties of a long, painful and lingering illness, and were able to express a new sense of independence.

Sheskin and Wallace (1976) opened new avenues for sociological research on the 'fit' between bereavement responses and the circumstances of precipitating death. When the death has been a 'lingering' one, as in cases of terminal illnesses and of suicides preceded by debilitating depression, the widow's recovery appears to be facilitated by the fact that she could begin to redefine her role and to assume new responsibilities prior to the death. In contrast, unexpected accidents and most suicides are found to produce the most severe bereavement reactions: Shock, despair, bewilderment and often physical illness. In such cases, where widows must make sense of a world that has suddenly lost its meaning, recovery tends to be a long process and is frequently accompanied by overwhelming sorrow and loss of the sense of personal control. The reactions of widows whose husbands had taken their own lives further compounded by self blame, thus complicating and lengthening the adaptive processes of recovery.