CHAPTER III

METHODOLOGY

Title of the study

The title of the study is Causes and Consequences of Suicide: A Case Study of Kerala

Statement of the problem

Suicide is immoral because it denies social responsibilities in an effort to resolve personal crisis which changes it as a social problem independent of personal grief. It also represents a measurable loss to the society.

Everybody at least one time should have thought of suicide. Suicidal act is not an isolated event as it is always related to the vest of an individual life. Suicide is not even a reaction of external pressure, it is the outcome of many forces in the life of individual. Usually the idea of committing or attempting suicide shows emotional disturbances, loss of wealth, status, prestige, breaking up of family ties, isolation and rejection. Social pressure tensions and individualization have increased the rate of suicide. Socialization, education and religion are conditioning to a certain fixed pattern of behaviour and thinking. Many suicidal persons have deeply manipulated behaviour or they tend to view their situation with tunnel vision.

Kerala, the suicidal capital of India witness a wave of suicide mania sweeping over the entire population. It is noted that in this "Gods own country" when a person commits suicide ten attempts and hundred has suicidal thoughts. Another fact is that more women try to commit suicide but it is men who do it successfully. Suicide is now regarded as an act whose empirical and theoretical distribution can be

investigated scientifically. The suicide is recognizable, predictable and preventable. It simply is not true that suicide cannot be recognized before the tragedy.

Why does an individual go for self destructive behavior and destroy himself? What are the material, psychological or sociological causes that drive individuals to go for the breaking point of destroying himself? What does suicide really indicate? Can the modern civilization do something positive to stop of self destruction? Very few systematic studies have been conducted in India to seek answers to the questions posed above.

One should always think that behaviour with devastating characteristic affects the cohesive fabric of society. The impact of this can be seen at the individual. Familial and societal level. Millions of persons who for reasons of social and emotional suffering and loss of hope, commit or attempt suicide which in turn affects innumerable others such as family members, friends, colleagues and care-givers. It produces among relatives and friends of the deceased, feelings of guilt, shame, anger and doubt.

Natural deaths are taken by survivors relatives calmly and deaths due to accidents upset them, but suicide always leave them guilty as they feel they are responsible for the act. Death from physical disease, on the other hand, is more easily understood and accepted. But it is difficult, for professionals and layman alike to face and admit that a person died deliberately, by himself. Often questions are asked by the society about a person committing suicide. These questions varies from “How was it possible to do this act?, How can he/she leave the family shell-shocked and guilt ridden? Why did he do it? Why didn’t he open to us about his problems?” At the same

time the family members doubt themselves by asking questions like “Are we responsible for his/ her death?, Could we prevented from him/ her committing suicide?” etc. A host of such questions keep on nagging them and makes their lives miserable.

If one is emotionally or mentally disturbed or ill in the family of committed suicide, instead of understanding that family or lending all kinds of help, it is not uncommon on our part to brand such families as anti-social which further aggregates the problem. In many cases, instead of receiving total understanding, the affected or disturbed family may be exposed or subjected to harsh language and threats in the family being alienated.

The religious and philosophical views have tended to colour the popular ideas on and towards suicide. Prejudices, fears, censure, condemnation and shame are some of the attitudes displayed by society toward the act of suicide, the suicide attempters and the survivors. The void created by the deceased cannot be easily replaced. The emotional and material support offered by the deceased is gone with his/her suicide. There may be financial difficulties and a steep fall in social status and reputation. There may be one or more persons or situations responsible for creating an unpleasant atmosphere for the peaceful existence or survival of the family members of the decreased. It is a concept of human nature in which the individual is fragile and weak to face of crisis. What is considered to be appropriate after death ceremonial behaviour? Once death takes place the living must make some adjustment to it, and disrupted systems must be re-established. The loss of any member requires adjustment

by the surviving members. The problems faced by the family members of the deceased include social, financial and psychological.

God's own country, the blurbs hail Kerala. The setting is picturesque, the mood apparently upbeat. Despite low levels of income, Kerala society has successfully engineered a fall in fertility, a rise in life expectancy at birth, and a decline in birth, death and infant mortality rates. In development terms Kerala is something of a model. Indeed, its achievements on the health front are considered to be comparable to those of developed countries. Yet, for some time now, Kerala has been reporting one of t he highest suicide rates in the country. The main thrust of this research is to study and to assess the major factors responsible for suicide among suicide attempters in the state of Kerala – which according to Amartya Sen is the model of development- and its effect on the survivors. Also the study tries to understand how the respondents manage to tide over the crisis and how they adjust to the situation. Taking into consideration the above situations the objectives of the study are framed as follows.

Objectives

1. To study the influence of socio-economic background on people who commits and attempts suicide
2. To analyze the relationship between socialization process and suicide
3. To examine factors responsible for suicide
4. To analyze the long term and short term effect of suicide on the members of family vis- aˆ-vis
    i. Religion

ii. Family and

iii. Society

5. To make comparative study of attitudinal transformation of the family of those who have committed suicide
6. To construct the typology of suicide using Durkheim's model.

Hypothesis

1. Female members are prone to suicide than the male members.
2. Socialization process has direct and indirect influence on suicide.
3. Religion plays a vital role in suicide.
4. Economic factors are main cause of suicide.
5. Suicides have long term and short term effects on the family.
6. The attitude the members of the family changes once a member in the family commits suicide

Definition of concepts:

Suicide

(Durkheim 1857) The term suicide is applied to all causes of death resulting directly or indirectly from a positive negative act of the victim himself, which he knows will produce this result

E.Shneidman (1996) defined of suicide as – a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution

However the concept of suicide is defined in this study as any death committed

by an individual knowing very well it will produce the result as he expected.

Committed suicide (Operational definition)

Committed suicide is an event of suicide where the individual dies either immediately of after of few days because of the attempt he/she has done.

Attempted suicide (Operational definition)

Here the person will try to commit suicide it will be an unsuccessful attempt there it is termed as attempted suicide.

Socialization (Operational definition)

Socialization in this study mean the style or ways of brought up of an individual by the family members, peer group and the society.

Impact of suicide on family members (Operational definition)

In this study two types impacts are addressed short term and long term

Short term impact can be operationally defined effect of suicide on the survivor within three months

The long term impact can be defined as the effects of suicide on their rest of life

Family (Operationally)

Here family is defined as close kinship network of the person who committed suicide

Society (Operationally)

Society is defined as those people residing nearby or friends who are directly or indirectly associated with family or have some knowledge the happenings in the family.

Attitude (Anderson, 1983)

An attitude is a predisposition to respond cognitively, emotionally, or behaviorally to a particular object, person, or situation in a particular way.

Theoretical framework

Broadly the theories of suicide can be divided into two academic domains namely, social sciences and bio-sciences. Those belonging to the social sciences as well as bio-sciences can be further grouped in terms of disciplines and sub-disciplines of academic specialization. Some are indeed, multidisciplinary and holistic while a few are interdisciplinary. One of the earliest theories of suicide appeared probably in sociology. Then other theories came up in various disciplines, sub-disciplines and super specialty areas. For the convenience of discussion we classify them in terms of the following approaches, viz., socio-economic, psychological and interdisciplinary.

Among the suicide theories, the most prominent is Emil Durkheim's social anomie theory. To Durkheim, men were creatures whose desires were unlimited. Unlike other animals, they are not satiated when their biological needs are fulfilled. "The more one has, the more one wants, since satisfactions received only stimulate instead of filling needs." (Thompson, Kenneth. 1982. Emile Durkheim. London: Tavistock Publications). It follows from this natural insatiability of the human animal that his desires can only be held in check by external controls, that is, by societal control. Society imposes limits on human desires and constitutes a regulative force which must play the same role for moral needs which the organism plays for physical needs. Durkheim classified suicide into four types in relation to the interplay of mechanism of integration and moral regulation draws on the social factors causing suicide. When social integration is at stake the first type of suicide, namely egoistic suicide occurs.

People becoming benefit of social bonds, values, norms, traditions and goals and reduced to the status of a mere assortment lacking social support or guidance, tend to commit suicide. Too much of integration also results in suicide of the second type, altruistic suicide. Individuals who are intensely bound by one another are highly sensitive and responsive to the social causes and give up their lives for the interests of fellow members. The other two types of suicide, anomic and fatalistic happen in relation to the state of moral regulation in society. Anomic suicide which Durkheim subdivided into acute and chronic economic anomie and acute and chronic domestic anomie is deeply linked to socio-economic processes. Durkheim theorizes that suicide under acute economic anomie occurs when the capability of traditional institutions such as religion decline to regulate and fulfill social needs. Suicide occurring under chronic economic anomie refers to the suicides of people with economic security and material pleasure, caused by long term impairment of social regulations without appropriate substitutes in the wake of industrialization and urbanization. Acute domestic anomie induced suicides occur when people fail to adapt themselves to sudden changes at the familial level. Chronic domestic anomie causes suicide due to lack of familial institutional regulations such as marriage regulations. The fourth type of suicide that Durkheim theorizes is fatalistic suicide that results under overregulation and coercive control, which he says without any explanation, has been an extremely rare phenomenon. His empirical study of suicide and theorization has shown that structural forces that caused anomie and egoism were the natural results of the decline of mechanical solidarity and the slow rise of organic solidarity due to the division of labour and industrialism. Durkheim's argument that these forces affected

all irrespective of class differentiation is very important, because it accounts for adoption of his theory as the central framework of comprehension for the present study.

A few other theories of suicide have come up from sociological and socio-economic perspective, stressing the collective aspect of the act of suicide. About three decades after the study by Durkheim, an economic explanation of suicide was put forward by D. S. Hamermesh and Neal M. Soss. A combination of the economic theory of suicide and Durkheim's interpretations of religion has been pursued by some scholars. There have been attempts at explaining suicide among the aged people against their micro level socio-economic background and the macro level demographic factors. They analyzed the role of faithlessness in pushing helpless individuals into self-destruction and come out with the argument that in communities with strong bond of religious faith, the rate of suicide is very low. The expansion of market economy and urbanization brought the lower middleclass under the grip of consumerism. Sharing the content, values and passions of the middleclass, the lower income group has been straining at the leash to afford the expensive consumer behavior and often encountering failure with great shame. Personal shame is a characteristic feature of the middleclass individuals and often many of them commit suicide under circumstances of humiliation. Sometimes suicide is a form of dissent and protest too.

With the advancement of liberalization and privatization in the wake of globalization, the economic background of suicide in the villages of developing countries received a closer attention in several studies. Social processes constitute the

focus of several scholars in explaining suicide as a social phenomenon. The nature of relations, institutions and bond in social groups of shared cultural practices has been focused at the macro level by some of them. Several social scientists have focused on the bearing of social systems involving relationship of domination, structure of control, and institutions of stratification, hierarchical ordering, displacement, marginalization and exclusion on the problem of suicide trend. Often their studies held closer focus of specific situation of exceptional nature for illustrating their links with suicide. Gender based relationship of domination, structures of control, and institutions of subordination, marginalization and exclusion are universal in social systems across cultures.

Psychopathological conditions or mental disorders do create severe depression and mental pains that drag the patients to suicide. There are many students in this line, mostly based on cases of suicide attempts from those suffering from psychiatric or neuro-psychological problems. Generally, the European and American studies focus on the psychiatric and psycho-pathological dimension of suicide attempts by individuals with mental health problems. Psychiatrists have identified instances of suicide attempts in patients of mood disorders and schizophrenic depression. Such studies and their psycho-pathological explanation of suicide have made it more or less a widely accepted fact that the tendency to commit suicide is a behavioral abnormality. This has led to the institutionalization of behavioral therapy as a very common means resorted to in the western countries for preventing cases of suicide. There are various institutional arrangements for identifying persons of behavioral abnormalities leading to suicide and preventing the attempts of self-destruction by

such people through psychotherapy. This person-centered approach has its own methods of therapeutic intervention and strategies to treat as well as prevent suicidal behavior. Several works deal with the therapeutic methods of treatment and strategies of prevention. Psycho-analysts have ascertained aspects of diverse childhood and mal-adjustments causing suicide mentality.

The basic presumption of psychologists in the Western countries is that the individuals committing suicide owe the act to their psycho-pathological behaviour, either inherited or circumstantially contingent. The behavioral argument stressing the aspect of abnormality holds the presumption that the normal people do not commit suicide. The argument will then get into the trap of ambiguity about the normal-abnormal divide. Though the behaviour element may be a significant factor, the psychological or psychiatric behavioral causation of suicide is not enough to explain the suicide phenomenon. Psychological theories of suicide (Freud, Sigmund and Ronald Maris) are social sometimes and focusing on problems such as anomy, guilt, despair or exclusion, but even then hardly do they go beyond the personal dimensions. Psychological theories ponder over stress, hopelessness, despair and depression induced not only by family circumstances but also by developmental issues. Some scholars have stressed the bearing of interpersonal factors on suicide and the rational dimensions of the act.

Anyone committing suicide is in unbearable mental stress and behaves like a psychiatric at the time of the act. Neurologists explore the brain processes behind the stress, which finally culminate in suicide. But the mental stress that makes him or her commit suicide has nothing to do with neurosis or psychosis. Therefore, psychiatric

explanation hardly helps us understand the suicide trend in time and place. However, there is a fairly large body of literature by way of contributions from psychologists, psychiatrists, biologists, neurologists, and geneticists, analyzing the problem of suicide from the point of their respective specialization. Geneticists report the genitival transmission of suicide tendencies from generations to generations among those who share the genetic coding. The multidisciplinary dimension of suicide studies has acquired a lot prominence today with collaborations cutting across the barriers between sciences and social sciences.

Multidisciplinary studies on suicide in spite of their collaborative nature, tend to coverage finally on clinical psychology. Socio-economic studies of multidisciplinary scope have also been seen ultimately turning to one discipline or the other. It is not accidental because a multidisciplinary project is basically discipline based in academic practice. Though different disciplines collaborate, the collaboration seldom goes beyond the usual approach for each discipline, for the effort is only to surround one and the same object of study but in each one's perspective.

Interdisciplinary approach transcends the disciplinary contours and boundaries at the very research design itself through the constitution or identification of an object of inquiry that hardly belongs to any of the established disciplines. The studies of hermeneutic phenomenology enabling critical interpretation of the phenomenon in focus have demonstrated the methodological possibilities of interdisciplinary approach. One of the significant analyses in this line transcending the usual sociological method probes the structurational aspect of suicide. The contemporary sociologists belonging to the various schools of constructivist structuralism, unlike

their predecessors, integrate the central psychological and micro sociological aspects with their structural counterpart in interdisciplinary perspective.

Among the conceptual tools of interdisciplinary nature, those developed by Michel Foucault (discourse) and Anthony Giddens (structuration) need special mention here, for they have great relevance to both the theoretical understanding of suicide and the practical intervention for its alleviations. The concept of discourse gives insights into the constitution of suicidal mentality, that of habitus, structurally engendered attitude and that of structuration, the nexus. It appropriates to briefly state here the concepts and their applied context.

Discourse, central to Foucault's readings of social situations, relates to material practice rooted in historicity and operates through the body. Multiple discourses regulate and control individuals as subjects. Each individual is discursively enmeshed and it is the discursive conditions that determine whether he or she should live or die.

Structuration is the theory developed by Anthony Giddens to explain and integrate agency and structure. For Giddens, human agency and social structure are not two separate concepts or constructs, but are two ways of considering the social action. There is a duality of structures so that on one side it is composed of situated actors who undertake social action and interaction, and their knowledge activities in various situations. At the same time, it is also the rules, resources, and social relationships that are produced and reproduced are the social interaction. Structuration means studying the ways in which social systems are produced and reproduced in social interaction. Human social activities, like some self- producing items in nature,

are recursive. That is to say, they are not brought into being by actors but continually recreated by them via the very means whereby they express themselves as actors. In and through their activities agents reproduce the conditions that make these activities possible. The structuration perspective can be distinguished from the external and coercive social facts. Structure is not outside social action, but exists only because of social action. While we may abstract these structures, and refer to them as large-scale structures that affect us, Giddens forces us to consider how practice maintains and reproduces these structures. But if these enacted forms of conduct change, either because individuals make conscious decisions to change, or through less conscious forms of adjustment, adaptation, and practice, then this can result in structural changes as well. Social movements, collective action, or parallel changes by many individuals could have this result.

The above theories show the relationship between the individual and society from different perspectives. Individual's relationship with the society determines his life style and its future course. Durkheim showed four kinds of relationships of individual and society where as Hamermesh and Soss emphasized economic base of relationship between the individual and the society which in the course of time take different forms and end up in strained relationships. Psychological theories directly approach the suicidal behavior of the individuals in terms fluctuation of the mind. Foucault dealt with the discourse content of the individuals and the changing patterns of the society. Anthony Giddens' structuration theory dealt about social action and interaction and the activities of individual actors in various situations. After analyzing these theories it is found out that the best theory suitable for the present study is that

of Durkheim's suicide of categories given by Durkheim is seen in different context in the present study.

Population and Sampling

The people who have attempted suicide but failed and the family of those who committed suicide in the Thiruvananthapuram district form the population of the study. The entire list of population could be not be obtained from one single source. The list of the respondents who have attempted to commit suicide, but failed was obtained from Trivandrum Medical College. Hundred suicide attempters were thus selected from Thiruvananthapuram Medical college hospital using convenient sampling method. The families of people who have committed suicide were selected from State Crime Records Bureau using stratified random sampling method. The zones Nemom, vattiyoorkavu, petta, kattakada, Neyyattinkara and Nedumangadu showed highest incidence of suicide in Thiruvananthapuram District from which hundred samples were selected using random sampling method.Fifty percentage of the committed families from each zones were selected on the basis of availability of the members. After a preliminary study of the respondents, certain cases were dealt in detail using case study and in depth interviews. For the last objective Durkheim's study of suicide model is used by using Weber's tool of ideal type. The cases which are studied are grouped in to various types of suicide as given by Durkheim. Construction of the suicide model is used for constructing the typology of suicide

Pilot Study

Pilot studies were conducted in Thiruvananthapuram Medical college hospital among the and family members of committers. The data were collected using

interview schedule for suicide attempters from psychtric O.P and State crime Records Bureau for studying committers families. Very often short interviews with psychiatrists were also made to get insight into the details of the problem. For pilot study only the suicide attempters were interviewed but later it was felt that to get a correct picture it is essential to interview family members also, which helped the researcher to understood controversy of answers and to pick up correct answers. All the limitations, which were detected during pilot study were taken into account and rectified in the final study.

Tools for Data Collection

The study employs both qualitative and quantitative methods for data collection.

Quantitative methods

Primary data were collected using an interview schedule. In the interview schedule most of the questions were closed and some questions were open ended to provide more freedom of answering to the respondent.

Secondary data were also collected from State and National Crime Records Bureau' several publications, journals, articles, books, paper cuttings, and newspaper and research papers. Data were also collected from experts who had already worked in the field and from the crime report bureau.

Qualitative methods

Case Studies were made to support some inferences arrived through quantitative analysis. Frequent visits were made to collect more information and to make an in depth analysis of the cases. The major factors responsible for suicide and long and

short term impact on family after one commits suicide were clearly brought out through respective cases.

Key Informant Interviews with religious leaders, revealed the importance of religion and how religion act as an instrument for personal well-being. Relation between religion and suicide is also studied.

Scaling techniques To study the social support including the depression, scaling technique was used and measured the degree of support suicide attempters are having.

a. A seven point scale was used religious attachment of the attempters studied

b, By another scale having seven points to understand relation with family members

Scales were prepared using the experts in the fields of religion and sociology.

Research design

The study used descriptive and diagnostic design as it describes major factors responsible for suicide and problems faced by committers family and diagnosed the relation between the various variables and socio-economic and psychological factors responsible for suicide

Pretest

A pretest was conducted among 20 respondents, who included ten attempters and remaining were family of committers. Pre test helped to understand the questions carefully. After the pretest many questions were deleted and necessary changes were made to other questions. The duplications in questions were also identified. From this experience qualitative methods like case studies, and key informant interviews were used in the final study.

Variables

As the study is on suicide, it required three types of variables namely independent, dependent and intervening variable were used here. Dependent variable is suicide where as the intervening variable are the economic crisis, strained relationships between the family members, isolation ,death of a spouse, failures in love, lack of social support and depression .

Independent variable namely age,sex,religion,place of residence ,income ,education and type of family are interwined with intervening variables to study the dependent variable namely suicide. To study the long term and short term impact of suicide and attitude of family before and after one committing suicide the same independent mentioned above are used. They are age, sex religion, place of residence, income, education and type of family

Analysis of data

The data were analyzed using SPSS programme 11.5 version. Frequency tables and cross tables were prepared to arrive at inferences. Further, pie charts and bar diagrams were prepared to present the data and for making the finding clearer. Indices were prepared to measure relation with family members and role of religion and the data collected using scales were measured through quantitative techniques. Qualitative data were analyzed by content analysis this include the data collected through interview schedules and case studies.

Limitations

1) The researcher failed to concentrate entire Kerala because ethical committee of Thiruvananthapuram Medical College alone gave sanction to interview suicide attempters.
2) The topic was very sensitive and so the study is not an exhaustive one. More over there were some respondents who refused to discuss the matter initially and then agreed to co-operate with the study and there were others who, although they did not refuse an interview, made it clear that they would prefer to forget the matter altogether. Interviewing these cases were quite tedious, strenuous and time consuming.
3) Statically tools were not used since the number of respondent were not sufficient to use statistical tools

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