CHAPTER- 2

LITERATURE REVIEW

There is prolific literature available on the various facets of suicide in western thought. Suicide as a study started with sociologists who approached the issue from an aggregate societal point of view. Psychologists turned their attention on suicide much later when the individual behavior became the focal point of their study. Indian thought on suicide is still to catch up with the volume of academic writings on suicide.

'*Suicide*' one of the groundbreaking books in the field of sociology was written by Durkheim. It was ostensibly a case study of suicide, a publication unique for its time. In this book he says "Social suicide- rate can be explained only sociologically. At any given moment the moral constitution of society establishes the contingent of voluntary deaths. The victim's acts which at first seem to express only his personal temperament are really the supplement and prolongation of a social condition which they express externally" (Durkheim 1897).

Durkheim explores the differing suicide rates among Protestants and Catholics, arguing that stronger social control among Catholics results in lower suicide rates. According to Durkheim, Catholic society has normal levels of integration while Protestant society has low levels. Despite its limitations, Durkheim's work on suicide has influenced subsequent thought on suicide.

Durkheim's conclusions about individual behavior (e.g. suicide) are based on aggregate statistics (the suicide rate among Protestants and Catholics).

Explaining micro events in terms of macro properties, however, is often misleading.

Gibbs (1968), has claimed that Durkheim's only intent was to explain suicide *sociologically* within a holistic perspective, emphasizing that "he intended his theory to explain variation among social environments in the incidence of suicide, not the suicides of particular individuals."

More recent authors such as (Berk, 2006) have also questioned the micro-macro relations underlying Durkheim's work. For instance, Berk notices that Durkheim speaks of a "collective current" that reflects the collective inclination flowing down the channels of social organization. The intensity of the current determines the volume of suicides. Introducing psychological variables such as depression, an independent cause of suicide, overlooks Durkheim's conception that these variables are the ones most likely to be effected by the larger social forces and without these forces suicide may not occur within such individuals.

Thus, to understand Durkheim's position on suicide we have to appreciate that his book *Suicide* was produced in a precise social context using pioneering methodology typical of earlier sociology.Basically he saw suicide as an external and constraining social fact independent of individual psychopathology. In today's society, suicide has to be re-contextualized. The study of suicide in the last hundred years, since Durkheim wrote, has shifted into the domain of psychology from sociology. However both streams have substantially contributed to our understanding of suicide.

Edwin S. Shneidman known as the father of contemporary suicidology has influenced the thoughts on suicide by subsequent authors . According to him "*Suicide is caused by psychache* . Psychache refers to the hurt, anguish, soreness, aching, psychological *pain* in the psyche, the mind. It is intrinsically psychological – the pain of excessively felt shame, or guilt, or humiliation, or whatever. When it occurs, its reality is introspectively undeniable. Suicide occurs when the psychache is deemed by that person to be unbearable. This means that suicide also has to do with different individual *thresholds* for enduring psychological pain" (Shneidman, 1985,Leenaars1999a).

The view of the psychological factors in suicide, the key element in every case is psychological pain: psychache. All affective states (such as rage, hostility,depression, shame, guilt, affectlessness, hopelessness,etc.) are relevant to suicide only as they are related to unbearable psychological pain. If, for example, feeling guilty or depressed or having a bad conscience or an overwhelming unconscious rage makes one suicidal, it does so only because it is painful. No psychache, no suicide (Leenaars 1999a).

There is a huge body of literature about suicide in general population and fewer studies for specific occupational categories like the armed forces and the police. We do find in literature some studies of suicide by armed forces and police in western countries but similar studies can be counted on fingers in the Indian context.

"Earlier studies Loo(1986), Kim Q.Hill (1988), Violanti (1996) have all established that suicide rates for police, have indicated higher rates than the

general population, though these increased rates often vary considerably" (Barron2007).

Loo (2003) undertook meta-analyses of studies examining suicide rates for police officers, and commented on the large variability found in some studies. Whilst the access to firearms may partially explain this variability, there were other explanations, including cross-national and cross cultural differences in the results found in international studies.

Violanti (2004) found that the suicide risks for police were similar to those found in the general population - depression, family dysfunction or conflict, personal stress, alcohol abuse, occupational work trauma and the availability of firearms.

Other authors Allen (1986) ,Lester (1990) have generally agreed that though police officers report high levels of stress, alcoholism, divorce, and other risk factors for suicide, arguments that the occupation has significantly higher levels of suicide than the general population are difficult to support.

A similar problem in studies of police suicide is the use of appropriate comparison groups. In his research into military suicides Hourani (1999) has raised the issue of the 'healthy worker effect', which would suggest that police suicide rates, when compared to the general population, should be expected to be much less than has been found in many of the reported studies.

As mentioned above, some researchers like Aamodt and Werlick (2001), have concluded that when adjusted for sex, age, and race "law enforcement

personnel are 26% less likely to commit suicide than their same sex, race and age counterparts not working in law enforcement".Yet in some of the literature it is stated that police suicide is an 'epidemic' Violanti (1996), perhaps because of the public exposure such deaths attract in the media and amongst police generally.

Aamodt and Werlick's (2001) conclusion may appear reasonable when the 'healthy worker effect' or the 'healthy worker selection effect'is taken into account, according to (Agerbo 2005). Armed forces and police personnel are drawn from a population where mental and physical illness are minimal (at least when recruited via psychological and medical testing), they are supported by training, employee health benefits, and are employed and engaged in meaningful work. The general population mortality figure includes the young and old, those with a range of physical and mental illnesses, unemployed, the uneducated, contain many in the lower socio-economic group, in short, many with much higher risk factors than police officers according to Violanti, Vena, Marshall & Petralia (1996). One would then reasonably expect police and other occupational groups such as nurses, fire-fighters, and medical practitioners to have far lower rates of suicide than the general population. But this appears not to be the case, making suicide figures for police all the more concerning as pointed out by Stack & Kelley (1994).

Ivanoff (1994) based on a review of documented police suicides, concluded that the important contributors to police suicide are depression, relationship problems, financial problems, substance abuse, alcohol abuse, and access to

firearms, organisational issues such as corruption and management decisions. This is largely supported by the literature on suicide generally, apart from the availability of firearms.

Other risk factors for police suicide include: one or more diagnosable mental or substance abuse disorders, impulsivity, history of alcohol abuse, adverse life events, family history of suicide, physical and sexual abuse, a prior suicide attempt, and exposure to other suicidal events (contagion effect), similar for those found in general population studies of suicide according to Violanti (2001).

Suicide by police officers is similar in almost every respect to suicide by those who are not police, the differences lie in the characteristics of those who seek employment and remain as police, in their psychological adaptation to the demands and stressors within the occupational and social environment and the range of organisational and professional expectations of the police department according to Slosar (2001).

Shneidman (1995) emphasised the importance of lethality of means as a factor in completed suicide, the ready availability of firearms in policing, leaves officers in a constant state of potentially high lethality re-suicide ideation, attempts and completed suicide. Although suicide causation is multi-dimensional, availability of means remains an important factor and part of the explanation as to why the rate of suicide for police officers remains higher than for many occupational groups.

Cantor et al (1995), in an Australian study, found that the police suicide rate was similar to that in the general community (about 20 per 100,000), and that factors which were identified in their study included: alcohol problems (found in more than 50% of cases), psychiatric symptoms, domestic problems, associated physical injuries/illnesses, and police disciplinary issues were represented in the majority of the suicides examined.

Suicide studies involving police and non-police share considerable overlap in relation to the social stressors, psychological factors, biological factors, risk factors and demographic characteristics. Shneidman (1996) suggested, all suicides have common factors, the presence of more than one of these factors may constitute a suicidal crisis, the key is reaching a critical mass of predisposing factors, which as a 'suicide threshold' would be different between individuals and within occupational groups. The influence of life-style and life events considerably impact on the presence of this suicide threshold.

The general mental conditions which constitute risk factors in the general population are likely to be found in police officers, since they are recruited from the community. The prevalence and severity may be reduced due to the screening process that many recruits undergo in the first stage of training and probationary duty. The presence of occupational factors/stressors and availability of firearms provide many of the differences which exist in the literature for what is believed to be an elevated level of risk for suicide amongst armed forces and police according to Harris & Barraclough (1997). A specific study by Fear, et al (2009) for the UK Armed Forces had statistically significantly fewer suicides than expected compared with the UK general

population. This was evident for each of the three Services (Naval, Army and Royal Air Force).For each age group, the number of suicides in each Service was lower than the number expected based on UK general population rate

Suicide incidence and methods were analyzed in a retrospective, case-control study conducted byMahon, Tobin, Cusack, et al (2005). The study comprised all deaths of regular-duty military personnel in the Irish Defence Forces between 1970 and 2002. Using pair-matched military comparison subjects, the study was conducted to determine occupation-specific risk factors for suicide, particularly by firearm, among military personnel. They concluded that occupation-specific studies of suicide and evidence based, occupation-specific risk reduction strategies are required in the military and other occupations where access to lethal means is a factor in suicide risk.

According to Chakraborty (2002) the Indian Armed Forceswith a closely knit community, life of their own, provides a unique opportunity to study the adaptive and maladaptive characteristics of their actions. According to him thirty two percent of attempted suicide in the Armed Forces achieved discharge from service is a testament to the urgency and intensity of the need to get out of the service. Twenty-two percent of control psychiatric in-patient who sought environmental change also achieved premature discharge from service, further highlights the intensity of the need of these patients to change their environment. The intensity of these patients' need to change their environment is coupled with a marked sense of isolation. They find themselves not only friendless but also incapable of making friends. In this study he also provides guidelines as to who can be returned to duty and who

should be discharged from service. The critical factor seems to be the absence of good peer relation and the inability to form some relationship in the individual's immediate social contact.

In a study of the Central Industrial Security Force (CISF) which is one of the CAPFs of Union of India, Rao, Moinuddin , Sai, et al (2008) have done an epidemiological survey into the prevalence of psychiatric morbidity and stress in the Central Industrial Security Force. The study reveals thatthe CISF persons are facing considerable amount of stress and the various factors operating in the family and at work are considered as their causes of stress. Among the other stressors most of them are related to work such as 'having no regular timings of work' and 'having to work excess time in need', 'having no well defined roles' , 'getting no appreciation from seniors' and 'having no close or personal relations'.

In his study of the Border Security Force (BSF) Chhabra (2011) says that there is considerable evidence now that the police and paramilitary forces are suffering from abnormally high levels of stress which is taking a heavy toll. There are many undesirable effects which include poor health, low satisfaction, anxiety, depression and low self esteem. The rising number of suicide cases is extremely disturbing as it shows the extent of helplessness felt by the force personnel. The situation cries out for immediate attention.

No study on stress or suicide was found in the literature specific to CRPF. The studies referred to above however have broad applicability in understanding stress and suicide in CRPF. This Force faces an unique and challenging work

environment different from the Army, other CAPFs and the civil police. To that extent the study of suicides in CRPF provides both a challenge and opportunity to a researcher to gain new insights in advancing and contributing to the body of literature.

The literature thus covers a wide array of studies mostly from western countries. These studies delve into various aspects of suicide, its epistemology, epidemiology, etiology, risk factors, reduction and preventive strategies etc. Compared to western academic studies fewer studies on suicides have been conducted by Indian authors.

After a general review of literature on suicide, a deeper understanding and nuances of suicide, in its various forms, is essential. The next chapter will focus on this aspect.