

CHAPTER- 3

UNDERSTANDING SUICIDE

Deconstructing suicide

Humanity has always been gripped by existential anxieties and dilemmas. The purpose of life and finding meaning in human existence has been the staple of philosophers. For the non-philosophers the vortex of life hardly affords an opportunity to pause and think on the esoteric concepts of life. Out of the many mysteries of life, suicide evokes shock, despair and feeling of utter inadequacy to understand the interplay of thought and emotions in the deep recesses of the human mind. An act of suicide committed raises whole lot of questions and conjectures. A great deal has been written to understand the phenomenon of suicide.

To start with one must understand the path which leads to suicide. The starting point is stress. The term 'stress' is applied to the total transaction between the stressor and the coping resources in the interaction together, over time, so that one may speak of system being 'under stress' according to Lazarus, Averiel and Option(1970) or a particular situation being stressful as per Selye(1978) who defined stress as the non-specific response of the body to any demand. Stress in any living being is inherent and an individual is acutely conscious of this stress.

The presence of stress among policemen is felt but not recognized as the major enemy according to Mathur (1994). Social change, economic conditions, the total criminal justice system and the demands made on

policemen's time with their families, all contribute towards stress as concluded by Grencik (1975). The policies and procedures of the police organization as per Swanson and Territo (1983) and autocratic management according to Cooper, Davidson, & Robinson (1982) have been known to cause discontent and dissatisfaction among police personnel along with frequent transfer, suspension / suppression, delayed promotions, non-grant of leave on time and departmental inquires as concluded by Mathur (1995).

Studies have shown that the job of policing is an extremely stressful one (Selye 1978, Violanti 1992). According to Lester (1983) these stress experiences impair their health and result in high rates of mental illness. Stress related illnesses are of particular concern and are reflected in tragically high suicide rates, divorce, alcoholism, decreased job satisfaction and burnout.

According to Magnusson (2003) a necessary condition for the individual's survival is the capacity for mental, behavioral, and physiological adaptation to external and internal conditions. Consequently, the integrated organism strives to maintain a dynamic, functional balance and integrity under varying conditions. Effective individual adaptation processes are basically dependent on the functioning of the integrated psychophysiological system. In humans, the brain plays a fundamental role in these processes. It serves the adaptation of individuals to current and anticipated conditions by selecting, interpreting, and transforming information into mental, behavioral, and physiological responses. In doing so, the incoming information is linked to existing structures of emotions, values, and goals. Consequently, the

interpretation of external information may vary and become subjective depending on an individual's present and past experiences.

Empirical research has been mainly concerned with the aspect of the psychophysiological system, which is activated in situations that are perceived by the individual as threatening, harmful, or demanding and in which the fight-flight and stress responses described by Cannon (1929) and Selye (1976) play an important role.

The fight and flight response consists of both behavioral and physiological adaptations such as arousal, anxiety, aggression, increased cardiovascular activity, and elevated blood glucose levels. From the beginning, the fight-flight reactions were mainly supposed to be activated in situations that threaten the survival of the organism. Pain and tissue damage, cold and hunger, and environmental dangers are examples of somatic triggers that activate the defense and stress mechanisms in the hypothalamus and the brainstem and also the emotional state of fear in the amygdala.

Modern humans may, however, react with stress or defense reactions in response to a much wider range of stimuli via the cognitive-emotional act of interpretation. If a person meets a situation that he or she experiences or perceives as new, harmful, threatening, or demanding, the stress system may be activated via the amygdala-hippocampal complex. Emotional states of fear, *anxiety, or both as well as the cascade of stress-related physiological events are likely to accompany this perceptual cognitive-emotional interplay* according to (Chrousos and Gold 1992).

There is an analogous integrated psychophysiological pattern that is characterized by well-being, calm, and positive social interactions. The corresponding physiological pattern consists of relaxation of muscles, decreased cortisol levels, and cardiovascular activity, as well as enhanced activity in the gastrointestinal tract promoting digestion and anabolism. This pattern is referred to as calm and connection according to Uvnäs-Moberg (2003) and can be triggered not only by calming physiological stimuli but also by environmental and psychological triggers of analogous type.

According to Uvnäs-Moberg (1997), in contrast to the immediate reactions of the fight and flight and response, the physiological expressions and the subjective feelings of calm and connection appear with some delay. The subjective signs are subtle and sometimes more easily defined by their absence than by their presence. However, it has a distinct psychophysiological pattern, and its expression has been experimentally demonstrated in a number of behavioral and physiological model systems. Behaviorally reduced arousal and the development of calm prevail. Positive, social interaction is promoted. Subjectively, this state might be related to a sense of well-being and relaxation. This state should not, however, be confused with euphoria, which is a more intense feeling of joy and reward.

The interpretation of environmental stimuli differs between individuals, because it is dependent not only on factors such as constitution but also on previous life experiences. Memories colour the interpretation of present environmental stimuli and hence the consequent reactions to these stimuli and may trigger reactions by themselves. Just as experiences of fearful

situations in the past may influence the interpretation of current events, good memories may do so and make the experience of life more pleasant. Furthermore, the likelihood of friendly reactions, rather than defensive ones, is increased.

Taylor et al (2002) demonstrated that men and women may react in different ways to stress. Women are less likely than men to react with aggression and defense and instead they use and strengthen their social ties. In this context, Taylor has proposed the term "tend and befriend" for the female type of stress reaction. The calm and connection response, is not a stress reaction, it is the opposite. It is an active situation related to mental calm and physical relaxation, which occurs in both women and men. However, it shares some traits with the tend-and-befriend response in the sense that it is associated with increased social interaction.

It is well accepted that stressful events that occur in infancy tend to have a greater impact than those met with in adult life. Data from the field of neurobiology in rats and humans have shown that stressful experiences in early life, even *in utero* reset the activity of the neuroendocrine systems involved in stress in such a way that stress reactions are more easily triggered in these individuals for the rest of their lives. In addition, the risk for cardiovascular and metabolic disease is increased according to Uvnäs-Moberg (2000).

A central role in the holistic integration of the fight-flight and stress system, on the one hand, and the calm-connection system, on the other, is played by the brain. During infancy, the brain is particularly open for and dependent on

stimulation from the social and physical environment. Under optimal conditions, the individual brain develops in such a way that adequate positive and negative emotions are attached to the information offered by the environment as well as to conscious and unconscious mental activities.

While the extrovert, gregarious and mentally tough individuals are able to successfully cope up with stress and lead normal lives, the introvert, reclusive and sensitive individuals are not able to deal with the stress. Inability to deal with stress leads to further reclusiveness in their behavior pattern and prolonged period of such stress leads to impatience, irritability, anxiety, depression and various kinds of psychological and physiological ailments.

The 'suicide ideation' or the thought of committing suicide is preceded mostly by such extreme prolonged stress leading to mental illnesses according to Pienaar & Rothmann (2007) who highlight that 'suicide ideation should be considered as the first warning sign of more serious suicidal behaviour. Suicide ideation constitutes but one aspect of suicidal behaviour, and is defined as the domain of thoughts and ideas about death, suicide and serious self-injurious behaviour. It includes thoughts related to the planning, conduct and outcome of suicidal behaviour, particularly as the last relates to thoughts about the response of others'. Thus there seems to be a relation between stress and suicide, though there are other causes of suicide independent of mental illness.

Definitions of Suicide:

As Cutter (1983) puts it: 'The word suicide has at least three distinct meanings. It refers to the wish to die, as in suicidal pre-occupations and

fantasies. It also describes the act of self-injury, as in suicidal behaviour. Third, it refers to *vital outcome*, in the form of the more familiar suicide attempts or commits.' Hence Beck, Resnik & Lettieri (1974) write: 'Suicide is the end result of a process, not the process itself.' According to Green (1992) suicide is 'the act of killing oneself intentionally... suicide is the deliberate human act of self-inflicted, self-intentioned death.'

According to Battin and Mayo (1980), 'Suicide is doing something which results in one's death, either from the intention of ending one's life or the intention to bring about some other state of affairs (such as relief from pain) which one thinks it certain or highly probable can be achieved only by means of death or will produce death'.

Shneidman (1985) opines that 'suicide is a conscious act of self-induced annihilation, best understood as a multi-dimensional malaise in a needful individual who defines an issue for which suicide is perceived as the best solution.'

Leenaars (1991) says that 'Suicide is probably best understood as a multi-dimensional malaise. It would seem most accurate to define suicide as an event with biological (including biochemical), socio-cultural, interpersonal, psychological, and personal philosophical/existential aspects'. 'Suicide', to Violanti (1996) is 'a personal act, brought about by conscious action...suicide is initiated by "what makes sense" to a person at its time. In Everstine's opinion (1998): 'Suicide is a natural product of the incapacity of human beings to interact with each other, for any extended period of time, without conflict

...suicide is either a singular response to a wide range of differing motives, or the response to a singular motive with many differing forms of expression.

Many commonalities can be gleaned from the above mentioned definitions. It is evident that suicide is personal because the individual personally commits the act to himself. Suicide is self-inflicted because the injury/pain is consciously inflicted to self by self. Suicide is an act of own free will because the individual has a choice to either commit suicide or not. Suicide can be prevented because those who are close to the suicidal person can play a vital role and save life. It can be argued that since suicide is the end result of a process because suicide doesn't just happen without a process, early detection of suicide signs and behaviors can avert the self-destruction. It can be also be argued that since it starts somewhere and is a conglomeration of many aspects with an aim of seeking a solution, relevant suicide intervention strategies can be implemented to curb it.

Theories on Suicide Types/Classifications and Common

Characteristics:

Different 'suicidologists' have come out with interesting theories. Heiman's (1977) claim that, 'Suicidal events have been observed in almost all the cultural, religious, and political settings in spite of the diversity of attitudes and the variety of feelings enshrouding these settings,' carries weight. The general theory of police suicide is, according to Violanti (1996) its association with the 'availability and expertise of firearms, continuous duty exposure to death and injury, shift work, social strain, criminal justice inconsistencies, and a negative police image.'

Sheindman who is regarded as the father of suicidologists coined a unique term explaining the psychological pain. He writes "As I near the end of my career in suicidology , I think I can now say what has been on my mind in as few as five words: Suicide is caused by psychache. Psychache refers to 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"(Sheindman 1985,1992a,Leenaars1999).

In his theory of the etiology of suicide, Everstine (1995) maintains: 'no psychache, nosuicide'... implying that 'psychache' is a necessary condition for suicide to occur. He defines the term 'psychache' as 'pain in the psyche.'

Friedman (1968) in his analysis of 93 NYC police suicide says that 'the law officer, even the most serene and conscientious, carries with him a complicated psychological structure: while defending the integrity of society and its citizens, he, like the soldier, must do it through extreme mobilization of inner powers of aggression which he always keeps available to work. In time, he gets disciplined... and must submit instead of punishing others into submission; aggression becomes damned up and turns upon the individual's self.'

In their studies, Violanti (1996) as well as VandenBos and Bulatao(1996) touch on the following various theories of police suicidologists:-

According to Nelson and Smith (1970) it appears that the law enforcement officers often become alienated from others because of their particular work situations and social exclusion from those who want nothing to do with police and seem they bear almost all hatred from them... If this be so, the presence of suicide potential in an occupational group of this orientation may be understandable. Heiman (1975) says that a common sense approach would be to view police suicide from a psychological basis, emphasizing the unique and multi-determined aspects of suicide patterns, while at the same time being cognizant of the role of societal influences... at the individual social interface.

Bonifacio (1991) proposed a more recent psychodynamic approach to police suicide. He agreed with other theorists that the effects of police work may be more than simply allowing aggression via a 'license to kill.' He hypothesized that feelings of helplessness may be brought on by the officer's exposure to crime, human misery, and death. These feelings may in turn exacerbate feelings of inadequacy that were already present in the officer's personality, causing overwhelming feelings of self-loathing. Suicide may be the officer's attempt to restore feelings of strength and adequacy.

Suicidal Aspects:

Shneidman (1985) highlights six aspects of suicide as well as their ten common characteristics:-

Situational Aspects of Suicide

Common stimulus in suicide - Unendurable psychological pain.

Common stressor in suicide - Frustrated psychological needs.

Conative Aspects of Suicide

The common Purpose of suicide - To seek a solution.

The common Goal of suicide - Cessation of consciousness.

Affective Aspects of Suicide

The common Emotion in suicide - Hopelessness-helplessness.

The common Internal Attitude Toward suicide - Ambivalence.

Cognitive Aspects of Suicide

The common Cognitive State of suicide - Constriction.

Relational Aspects of Suicide

The common Interpersonal Act in suicide - Communication of intent.

The common Action in suicide - Egression i.e. a person's escape.

Serial Aspects of Suicide

The common Consistency in suicide - With life-long coping patterns.

Shneidman (1985) highlights the following three types of committed suicide: Egotic suicides are those in which the self-imposed death is the result, primarily, of an intra-psychic debate, disputation, struggle-in-the-mind, or dialogue within one's self, in the "congress of the mind." Dyadic suicides are those in which death relates primarily to the deep unfulfilled needs and wishes pertaining to the significant other - the partner in the important current dyad in the victim's life. Ageneratic suicides are those in which the self inflicted death relates primarily to the individual's "falling out" of the procession of generations; his losing (abrogating) his sense of membership in the march of generations and, in this sense, in the human race itself.

Blumenthal (1990) like Durkheim (1897) highlights occurrence for the following suicide types: "Altruistic suicide" occurs as a result of society's expectations of the individual. "Egoistic suicide" occurs when the individual has poor social supports and poor ties to the society. "Anomic suicide" occurs where the individual's relationship to society is suddenly disrupted, such as when a person unexpectedly loses a job. "Fatalistic suicide" occurs when individuals lose control over destiny, such as the mass suicide that occurred on Masada. Fatalistic suicide is due to high degree of social regulation. Lester (1997) explains: *Egoistic* suicide as a low degree of social interaction. *Altruistic* suicide as a high degree of social interaction and *Anomic* suicide as a low degree of social regulation.

Suicide Facts and Fallacies:

Shneidman et al (1994) in their study highlight suicide facts and fables or fallacies or misconceptions which need to be understood by everyone involved in effective intervention.

Fallacy-People who talk about suicide don't commit suicide. Fact – Of any ten persons who kill themselves, eight have given definite warnings of their suicidal intentions.

Fallacy -Suicide happens without warning. Fact-Studies reveal that the suicidal person gives many clues and warnings regarding his suicidal intentions.

Fallacy-Suicidal people are fully intent on dying. Fact-Most suicidal people are undecided about living or dying, and they gamble with death, leaving it to

others to save them. Almost no one commits suicide without letting others know how he is feeling.

Fallacy-Once a person is suicidal, he is suicidal forever. Fact - Individuals who wish to kill themselves are suicidal only for a limited period of time.

Fallacy-Improvement following a suicidal crisis means that the suicidal risk is over. Fact-Most suicides occur within about three months following the beginning of improvement, when the individual has the energy to put his morbid thoughts and feelings into effect.

Fallacy-Suicides strikes much more often among the rich or, conversely, it occurs almost exclusively among the poor. Fact-Suicide is neither the rich man's disease nor the poor man's curse. Suicide is very democratic and is represented proportionately among all levels of society.

Fallacy-Suicide is inherited or "runs in the family." Fact- Suicide does not run in the families. It is an individual pattern.

Fallacy-All suicidal individuals are mentally ill, and suicide always is the act of a psychotic person. Fact- Studies of hundreds of genuine suicide notes indicate that although the suicidal person is extremely unhappy, he is not necessarily mentally ill.

Thus an in depth portrayal of suicide , its definitions, characteristics, aspects, etc. by numerous theorists and practitioners in the field of suicidology gives us an understanding of suicide in its various dimensions in the general population and specific occupational groups like the armed forces and the police. For the purpose of this study we will focus on the trends and

challenges of suicide in CRPF. The study will draw from the understanding of suicide in the literature as discussed above.

The following chapter will attempt to briefly cover the trends and snapshots of suicides in the general population of India. It will, thereafter, study the various aspects of suicides in the CRPF, analyze the contents of, court of inquiries(COIs), interactions with family members of the suicide victims and discussions with the officers of CRPF.