

## SUICIDALITY AND RESUSCITATION – AN APPRAISAL

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The thought of committing suicide is emotional which is considered a disturbance varying in degrees in the psyche of individuals concerned. The stage of emotion pertaining to suicide cannot go beyond its perturbed state. However, if the faculty of reasons emerges into operations on the occasion, there would be indubitably some enlightening, that would set the concerned individual in the thinking process so as to eschew the extreme step of termination of one's life. In this regard, it is imperative to take cognizance of two expressions "Suicidal tendency" and "Suicidal thought" widely used in the context. The former is considered wrong because it is not and cannot be a characteristic that would incite a "tendency". The latter has variations from being "vague" to the level of being "intentional".

Proliferation of evidence brought out by scientific investigation points to the prevalence of genetic link in relation to suicide. Apart from being a social menace, suicide has its *neuro-psycho-pharmacological* implications. In an article *The Brain-Derived Neurotrophic factor Gene in Suicidal Behaviour: A meta-Analysis* Messns Clement C.Zai, MirkoManchia and others observe that suicide is a public-health problem. It's thought origin or the etiology is complicated. They found out that the brain-derived neurotrophic factor known as BDNF is responsible for the problem. Their first meta-analysis of the functionality of the Val Met Marker of BDNF in suicidal behaviour. This analysis brought to light the genotypes carried by Met and the Risks conferred by Met affirming the risk for suicide. The authors were able to affirm that, BDNF Val Met is responsible for suicidality. (*International Journal of Neuropsychopharmacology, Vol 15, Issue 8, September 2012, p 1037*).

That is, a constituent namely common single nucleotide polymorphism in the human brain known as derived Neurotrophic factor (BDNF) gave which is a methinine (Met)

substitution for Valine (Val) at codon 66 (Val 66 met) has its relationship with changes in brain anatomy (neuroplasticity) which is believed to have its association with suicidal behaviour. However, its pertinence to clinical disorder is in a state of wanting more certainty.

Coming to the next point in argument, there is to be observed two strands of existence in suicide. One is “*Suicidal ideation*” and the other is “*Suicidal thought*”. The former has its relativity with active planning to commit suicide. The second one does not necessarily involve any intention in one self to terminate his/her life. However, there are those that “*Suicidal ideation*” and “*Suicidal thought*” are complimentary to each other. Among the world countries, the USA tops the list in the case of those intending to commit suicide. As per the centers for disease control and prevention (CDC), a trusted source of governmental authority, nearly 12.02 million people were found serious in their thinking to commit suicide in the year 2020. Of these 1.22 millions went to the extent of attempting to commit suicide.

Suicide in any form – de facto death, ideation/thought etc is a kind of social deterrent. People who hear of it, those who survive it, those who witness it and those who experience agony due to suicide of their near and dear suffer psychologically, that is getting emotionally beset for a time duration that results in full to their activities. Suicide is a paradoxical phenomenon – cessation of life voluntarily sought and its preventable state. Its has been stated already, suicide is a social menace and exhibits symptoms in those that are besieged by its obsession. Naturally the question arises as to the constituents of suicidality. Those that are beset with suicidal thought suffer from the following symptoms individually or collectively.

- Self-rapprochementsuch as “I wish I had not been born”.
- Excessive drug intake.
- Biddinggood-bye to everyone.
- Agitation of mind.
- Deviation from normal habits.
- Acquiring dangerous medicines/instruments
- Emotional swings.
- Withdrawal from society.
- Feeling of hopelessness.
- Abnormal activities such as risky adventures and drives.

These are all indications. These need not necessarily come. They may lie dormant in the sufferers.

In the context of the above symptom, self-consciousness can be a sure panacea in the sense that the subject can easily understand that he needs counselling and succor with the awareness that something is drastically serious about him. In this regard self – control and self – system pertaining to behaviour assume importance, for if consciously manipulated, these techniques can extend succor to the sufferer. Particularly those beset by suicidality can find panacea through these techniques. However, before analyzing these techniques, it is essential to realize that these can be externalization, from external sources, that is from the public – dear and near or even acquaintances to the subject concerned to take steps to stay away from the extreme action and start to live to enjoy life.

In this regard, self – realization and a quantum of inward looking become imperative for the possible victim of suicide to pep oneself up. The subject needs to realize that suicide is not a necessity. Friedrich Nietzsche's views pertaining to determinism (here in this context 'Suicide' – the intention to commit it) are worth recalling. The views are counselling breaking into the nature of intricate reality.

From the fact that something ensues regularly and ensues calculatively it does not follow that it ensues and necessarily there one is to be reminded of suicidal ideation. That a quantum of force determines and conducts itself in every particular case in one way and manner does not make it into an "Unfree will" "Mechanical necessity" is not a fact .... We have interpreted the formulatable character of events as the consequence of a necessity that rules over events. But from the fact that I do a certain thing, it by no means follows that I am compelled to do it. Compulsion in things certainly cannot be demonstrated: the rule proves only that one and the same event is not another event as well. Only because we have introduced subjects, "doers", into things does it appear that all events are the consequence of compulsion exerted upon subjects... cause and effect- A dangerous concept so long as one thinks of something that causes and something upon which an effect is produced ....Necessity is not a fact but an interpretation. (*The Will to Power*, vintage Books Edition, September, 1968 p 297)

The passage about is philosophically and realistically dichotomizes a phenomenon of determinism and teleology which is taken to by the researcher to fix it in the case of suicidal ideation. Taking to the first sentence for analysis (in the context of suicide through the passage does not speak of suicide in anyway), it is found that suicidal ideation happens regularly in the subject concerned.

But from outer observation, it appears that the ideation does not indicate or imply any necessity for action. Applying the term and action denoted by the word "*suicide*" to the second sentence in the passage, it becomes obvious that the ideation with the possibility of action in the form of suicide is not of "*Unfree Will*". This means it is willful. The statement in the passage "*Mechanical necessity is not a fact*" does not hold water in the case of suicide, because it by being ideated dissolves and disseminates in the psyche and hence rules out "*Mechanical necessity*", The next sentence "*We have interpreted the formulatable character of events as the consequence of a necessity that rules over events*" is demonstrative of moments in the psyche due to some impact that determine the course of supposed remedial action which the subject believes will be the remedy. The next sentence "*But from the fat that I do a certain thing, it by no means follows that I am compelled to do it*", implies that there is not involved any externality that compels the subject to complete what is Willed - Suicide.

The statement in the passage only because we have introduced subjects, "*doers*" into things does it appear that all events are the consequence of compulsion exerted upon subjects - exerted by who? again by a "*doer*" goes to prove that the enemy of suicider (doer) lies within , for he is the sole reason and sole cause for the decision towards the disastrous end. Considering all these informative stances, is it becomes clear that "*Suicide*" as a phenomenon stems from a overwhelming life situation. If the subject feels deprived of hope for the future, it is thought that suicide will be a solution . In fact, suicidal ideation leads to a tunnel vision - cribbed, cabined and confined.

## **Fallibility to suicide**

Investigations bring to fore severalfacts that are liable to prompt suicidal action in subjects suffering from despair. These facts point out that those who attempted suicide before are liable to commit it, people who feel the isolation , alienation, hopelessness and mental agitation of the most acute kind run the risk of daring to attempt to commit

suicide. Further, those undergoing trammels due to Army, Navy, Air Force service, loss of dear ones, financial, legal and stressful problems, drugs intake and the eventual withdrawal syndrome, accessibility to fire arms, psychiatric downtrodden, physical and sexual abuses, chronic/ terminal diseases, being lesbian /gay/ transgender with no family support, run the risk of committing suicide.

As regards to children and adolescents it is observed that they take to the extreme step of committing suicide owing to life events very stressful unto them, from the perception of adults, their problems may not be gargantuan. However the following factors have been found causative for the tragedy in youngsters :

- Threats
- Drug intake or liquor addiction
- Gender abuse
- Sexual diseases / pregnancy
- Depression due to poor academic performance or others of such a kind.
- Arguments of antagonistic nature by friends/family members.
- Knowledge of suicide / worry about known person who died of suicide.

These apart, many reasons prevail for their drastic decision. Rarely it does occur, that those beset with suicidal ideation, in frenzy murder Others before committing suicide, . Reasons ascribed to this phenomenon are The Same as marshaled in the case of children and adolescents.

## Remedies

As regards remedies, from the medical perception, they lie in antidepressants. These are Considered Safe. However, the safety is not at all wholly believed by the international food and Drug administration. It insists on these drugs to be sold with the imprint of "*black box warnings*". It has been observed that those with suicidal thoughts under twenty- five years of age are prove to undergo intensification of such thoughts while taking these drugs. ([Mayo Clinic.org/diseases-conditions/suicide/ Symptoms causes/ Syc- 20378048](http://Mayo Clinic.org/diseases-conditions/suicide/Symptoms causes/ Syc- 20378048)).

These drugs are likely to be positive changes of mood if taken regularly over a period. However, a sense of guilt, grief, funny, depression and anger are found to be aftermaths

during survival after unsuccessful attempts and eventual prevention of lovery due to external forces. The unsuccessful attempts to suicide have the likelihood of leaving victim with Organ-failure of kinds.

Those suffering from suicidal thoughts are necessarily to be self-conscious, for the treatment of the suicidal cause the underlies is indispensable. If not treated, the thought is likely to occur again. Anyhow, appropriate treatment will facilitate the feeling of betterment and safety in life.

Self-consciousness is a contributing factor that will aid the Sufferers to confide in their friends and other dear ones the factor that suffocates them. Apart from these, help from communities such as support groups, religious places and community resources can also be made Use of for counselling. It is imperative that those beset with suicidality realize that the reasons for their dismal psychic State are just temporary.

## **Psychological Factors as Routes to Panacea**

While looking into various reparative measures that can prevent suicide and offer advisory, The psychological factors known as self-system and Self-control emerge as regulatory features, a self-system is defined as Cognitive structure which aids an individual to exert control over his/her thoughts, feelings, emotions, motivating factors and action. Calvin S. Hall and Gardner Lindsey distinguish between "*The good-me -self*" and "*the bad-me self*" which Constitute the self-system.

These are forms of behaviour and are identified with security measures. Therefore, the self-system is the Sentinel of an individual's security. Calvin S . Hall and Gardner Lindzey proceed to say : "*since the self guards the person from anxiety, it is held in high esteem and is protected from criticism. As the self-system grows in complexity and independence, it prevents the person from making objective judgements of his or her own behaviour and it glosses over obvious Contradictions between what the person really is and what the self-system says he or She is. In general, the more experiences people have with anxiety, the more inflated their Self-System becomes and the more it becomes dissociated from the rest of the personality. Although the Self-System servesthe useful purpose of reducing anxiety, it*

*interferes with one's ability to live constructively with others" (Theories of personality, wiley Eastern Limited. Reprint July, 1989, P 185).*

The observation quoted above serves as an eye opener in the sense that it lends singularity to the "Self-System" for serving the useful purpose of reducing anxiety. what is noticed in sufferers of suicidal thoughts is their anxiety which is a product of inter personal relations. The mother transmits it initially to the child and later it is Contributed to the subject by threats to its security. people in normal course of life take different types of protective measures.

But those beset with anxieties or gloom of the severest kind do not realize that they can have succor from their parents or near and dear and wallow in emotional waters. In such an intricate Situation, it is worth remembering that in a normal and mentally healthy person, it is not to "discharge tension", but to equalise it. The thought of suicide here is to be substitute with "tension". To quote Calvin S.Hall and Gardner Lindsay again:

*The level at which tension becomes balanced represents the centering of the organism. This center is one that enables The organism to perform most effectively its work of coping with the environment and of actualizing itself in further activities according to its nature. Full centering on Complete balance is an ideal holistic state and is probably rarely achieved (p249).*

What emerges from the passage above is the upshot of the efficacy of "self-actualization" which is required in those beset with suicidality, It may be argued whether in the minds of those with Suicidal morbidity, actualization is possible. It is possible in the educated by means of inward looking. In the case of not well informal, Counselling Can be efficacious in making them realize Self- actualization. This pertains to one becoming what one is capable of becoming.

Thus, self- actualization aids in the making of a new person in the sense of learning, substituting ignorance . This means there is realization of desire to exist and sustain. It has been observed that individual self-willed efforts are rare in the case of suicide Ideations. However, non-profit organizations work to incite awareness and render service to avoid Suicide.

The Diagnostic and Statistical Manual (DSM) provides a marshalled list of psychiatric conditions responsible for Suicidal ideation. They are Body Dysmorphic, Gender Dysphoria, Anorexia nervosa, Borderline personality, Dissociative Identity, Schizophrenia, Panic Bipolar syndrome, Post-Traumatic Stress and so on. However, the society at large has to necessarily take cognizance of the therapeutic effect of both self -system related support and also medical treatment known as psychotropic medication.

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