

Concept of suicide



1. 0 Concept of Suicide

1. 1 Background

Sir Thomas Browne originates the word “ suicide” in 1642 in his Religio Medici. It was derived from “ SUI” (of oneself) and “ CAEDES” (murder). since then, this word has caused much controversy and evoked many professionals to continuous research and debate upon its definition in various ways from every aspects: medical, social, psychological, administrative, legal, spiritual and religious purposes.

Suicide is no longer uncommon in the society and every day, there are people from many walks of life living under the same roof without us knowing what problems they are plagued with. Back centuries, suicide was a taboo subject to be discussed and yet, many are engaged in such behavior although it is believed that most suicide cases are unreported. To some, suicidal actions are glorified especially to cults and religion purposes. As time progresses, the mentality of the society changes along with time and the stigma of suicide is slowly undergoing much debate and understanding. Now, suicide is regarded more of a tragedy instead of ritual because part of the reason is that the society undergoes globalization and no longer practices scarification. Even if there is a minority of tribes who endorses scarification, the groups are negligible throughout the globe. Also, suicide in this era more often is done due to personal reasons; be it mentality, spiritual etc.

In 1763, the first attempt was done scientifically by Merian to understand the rationale behind suicide. It is believed that suicide was not perceived as a sin or a crime. Instead, suicide has been regarded as a disease of mankind. After the death of Jean Jacques Rousseau in 1822, which had sequentially and

graphically described circumstances of his death, Farlet manages to conduct a first in-depth examination on suicide. This enables better understanding on suicide with broader perspective. A famous psychiatrist, Dr R. Gaupp, says that amongst people committing suicide they possess unique and bizarre personality traits. For the past 50 years, it is concluded by series of researches that suicide begins from the state of mind, coupled with external factors, resulting in suicide. Herein, we will look in depths of suicide amongst Malaysian school students.

1. 2 Definition

A suicide idea is when one thought of ending one's own life. One thing leads to another, suicide ideas often leads to suicidal attempt and suicidal behaviour. Suicidal behaviours are thoughts or tendencies that started off a person and put them at risk for committing suicide. Simply said, suicide is an intentional or voluntary determination to end one's life, as defined by the World Health Organization (WHO). A suicidal person often closed one's options in life, and looks at another darker side of negativity. To them, dying is a pre-requisite for the end of all sufferings. A famous sociologist, Emile Durkheim whom not only proposes the theory of functionalism but also studied on Suicide, states that: " the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (1982, p. 110 [excerpt from Suicide]).

1. 3 Description

Suicide is not an uncommon issue these days and it is widely discussed in institutions although it is still condemned by the society. Much about

discussing facts and truths behind this dark sentiment of life, there are common myths about suicide which we need to eradicate in order to comprehend the problem better we are able to curb this issue. When we listened to people whom talks about suicide, we assumed that these people would not do it since they are open to discussion. To include, people who are open to discussion should not be overlooked because they might also consider the options of suicide since the minds of a person is incomprehensible. In addition, the society views the troubled ones as people whom cannot be saved and are unwilling to seek help. Since they intend to commit suicide, nothing can stop him. These misconstrued assumptions are proven wrong because they are lost and sometimes hope for care and understanding. Indeed, these are individuals whom should not be segregated. Another notion that should be avoided is that people believed that suicide indicates lack of faith in religion. This is incorrect because there are certain religions which encourage suicide in the name of faith.

Thoughts and attempts of suicide as well as committing suicide are major concerns throughout the world and it is still a growing concern amongst the society. Very much obvious, most suicidal case involves adolescents and young teens. The teenage years are one of the most difficult stages in life, as identified by psychologists. Although teenagers are thought to enjoy life without worries of financial stability and mid-life crisis, suicide seems way an inconsiderable option to them since they ought to have no problems at this phase of life besides studying. But many changes in the mind which takes place during puberty can change their identity and their vulnerable self if they may have to cope with a broad range of personal and social obstacles.

Since young people are so fragile, they may experience difficulty in dealing with stress.

Children prior to puberty had hardly been bothered by suicidal behavior, probably due to their inability to envisage or execute a suicide plan. When puberty hits adolescence, risky psychiatric factors, such as depression and drug abuse become imminent and play a part in contributing to the causes of frequency in suicidal behaviour. Some children especially girls, view the transition from primary to middle school stressful. In addition, as one gets older parental supervision decreases, so teenagers are more likely to engage in unhealthy behavior without their parents' consents.

Suicide is divided into several commonly used terms to identify its symptoms and causes. Here are the descriptions provided by the World Health Organization (WHO) regarding suicidal terms that needed to be taken into account:-

- Suicide: a planned act of killing oneself intentionally. The act can be performed by the person with or without the full knowledge or expectation of any fatal outcome.
- Suicidal attempt: A medical intervention is required in this case, after the person whom intended to end his or her life committed a life-threatening act with a conscious intent.
- Suicidal gesture: A series of self-threatening behaviour on display, which may be detrimental or non- detrimental.
- Suicidal idea: The power of mind to thought or set up the process to end one's own life.

- Suicidal risk: The tendency of ending one's life depends on this characteristic, depending on its presence or absence.
- Suicidal pact: Two or more people in agreement to die concurrently by committing the act of suicide.
- Suicidal cluster: People who gather in groups to commit suicide together, usually for a common objective.
- Suicidal counters: To prevent suicide, this set of factors operates within the individual, family or society.

1.4 Facts and Figures

With many reasons believed to be the causes for suicide, facts and figures of statistics below are generally shown to highlight suicide from methods of ending life in different ethnic groups (inference is drawn from analysis of data from suicidal cases from the University Malaya Medical Centre mortuary) to why it is committed : -

- It is estimated that 450 million people suffered from mental of behavioral disorder.
- Every year, close to 1 million people committed suicide and 1 in 4 families have at least a member with mental disorder.
- There are 25 million schizophrenic patients and 50 million who suffer from epilepsy, which About 40 million or 80% are assumed to live in developing countries
- Most of them lived for 33% of the years with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).

- From 2000-2004, University Malaya Medical Centre found suicides of 164 male (65%) and 87 female (35%) victims with their ages ranging from 15 to 80 years.
- The age group with the highest total of cases between 21 to 30 (83 of 251; 33.1%)
- The highest rate of suicide was among Chinese (ethnic groups) with a total of 120 cases (120 of 251; 47.8%) by using the common method; jumping from height (41%).
- Whereas, Indians commonly commit suicide by hanging themselves (49 of 87) and poisoning (20 of 37; 54.1%); and Muslims had shown the lowest cases of suicide (18 of 251; 7.2%).

1.5 Types of suicide

“ Collective tendencies have an existence of their own; they are forces as real as cosmic forces, though of another sort; they, likewise, affect the individual from without...” (Thompson, 1982, p. 109 [excerpt from Suicide])

To separate true suicides from accidental deaths, Durkheim proposed this definition of suicide: “ the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result” (1982, p. 110 [excerpt from Suicide]). Then, Durkheim proposes four types of suicide:

1) Egoistic suicide

Minimal social integration allows outcasts and segregation of individuals who are not considered fit to be bounded to specific social groups. These individuals are left with little social support or guidance. Thus, tendency to commit suicide increases. For example, students especially girls in schools

wanted to belong in groups or so-called cliques. Most of the times, the ones whom are shunned off are the ones to be laughed at and criticized.

2) Altruistic suicide

The opposite of egoistic suicide. This type of suicide results from too much of integration. Self-sacrifice is the prominent trait and members of the group were so integrated that they lost their individuality and ever so willing to sacrifice for the group's interest. For example, black metal groups in school do underground sacrificial methods at times in their act of worshipping.

3) Anomic suicide (of moral regulation)

When means were unable to fulfill needs, an imbalance of means and needs arise.

i. Acute economic anomie

Traditional institutions such as religion and government failed to practise moral restraints on a capitalist society. Hence, the ruling of private individuals to determine one's fate in life. This type of suicide does not apply in Malaysia because it is a democratic country where everyone has the equal rights to flourish in their own ability.

ii. Chronic economic anomie

Social regulation gradually diminishes after a revolution or urbanization. As a result, traditional social rules deteriorated. Wealth and property was not enough to make individuals happy, as was demonstrated by higher suicide rates among the wealthy than the poor. For instance, richer students gain easier access to drugs because of their high allowance making it affordable for them. Later on, usage of drug substances will lead to suicide (will be

discussed later in this topic). This also explains why students in urban schools are more prone to suicide instead of rural area students.

iii. Acute domestic anomie

The inability of an individual to adapt to sudden changes in life results in this suicide. For instance, a student who could not cope the loss of his or her family members might consider suicide as an option to end the suffering.

iv. Chronic domestic anomie

The way marriage is seen in different regulations and needs for each gender. Bachelors tended to commit suicide at higher rates than married men because of a lack of regulation and established goals and expectations. On the other hand, bachelorettes are lower risk to commit suicide because without marriage, they are not confined to boundaries set by the household. This is not an issue for students in Malaysian schools unless if young girls are married off during schooling. Such cases are rare in Malaysia unless in rural areas like in Sabah or Sarawak.

4) Fatalistic suicide

This type of suicide did not receive much attention because it is a rare phenomenon of the real world. People who are over regulated and receive unrewarding lives like the slaves or childless married women might consider suicide. Their future is relies on others to determine. Cases do happened like prostitution or human trafficking, but this type of suicide does not relate much to the field of education.

1. 6 Warning signs

“ Rarely, suicide spurs a moment of intense decision”, says Dr Suarn Singh, Head of Psychiatry, Ministry of Health Malaysia.

More often, there are many clues to look out for to identify school students at risk of mental and social distress and signs leading to the actual attempt, such as:

1. A change in behavior- speech or actions – such as constantly saying that “ I can’t go on” or “ I want to end it all”.
2. Attitudes or appearance takes a toll on health and individual becomes recluse and not care of how they look usually by not grooming.
3. Behaving recklessly by not taking safety measures, e. g.: crossing the road without looking.
4. Giving away prized possessions and valuable items.
5. Individual may be accompanied with unpredictable mood swings like crying, self-mutilation and impulsiveness.
6. Identify the distress and dramatic change that affects the student’s performance in school (e. g.: attendance and behavior)
7. Lack of interest in school, overall decline in performance, misconduct in class, unexplainable absence or truancy.
8. Abuse of substance, smoking or drug (including cannabis).
9. Violent behaviour which sometimes involves the police.

1. 7 Risk Factors and Risk Situations

When accessing suicide patterns amongst students, all parties including school staffs, families and friends should be aware of the victim’s behaviour. Repetitive self mutilation should also be taken into note because distraught

teenagers tend to repeat their acts. Particular suicide behaviour under circumstances is interdependent with the environment and genetic factors. Various states or neighbouring countries that features factors of cultural, political and economic differences may play a role in risking the youth's decisions of suicide. On the other hand, risk situations are hurtful or injurious events which are experienced by the victims. These occurrences may wound the victim's personal dignity and self-image. Example, a suicidal student may encounter with peer pressure in school, bullying, disappointment and failure in academic or high expectations from parents during examination.

Suicide has become an intense debate, yet, it still remains as an ambiguous subject to fully grasp. A normal person will never understand to what extent these youth will do just to end their lives. Researches were done and found that major risk factors are linked to young people who are plagued with these causes that might have been the reasons leading them to suicide. The major risk factors to include are:

1. Cultural and sociodemographic factors
2. Family pattern and negative life events during childhood
3. Cognitive style and personality
 - Anxiety disorders
 - Substance abuse
 - Eating disorders
 - Psychotic disorders
4. Current negative life events as triggers of suicidal behavior

Cultural and sociodemographic factors

Different countries are linked to different cultures and demographic structures. In the third world countries, low socioeconomic status, lack of education system and unemployment are risk factors for suicide. Although Malaysia is a developed country and cannot be compared to third world neighbours, suicide still happens rampantly in urban areas, which is developed and suicide rates are expected to be lower instead of a drastic statistics to show. When urbanization enforces competitions, psychological impact of torture may lead to self-conflict between oneself and the society. One is expected to perform to the standards of society's customary demands. Likewise, in Malaysian schools, students are very academic inclined. This is a powerful risk factor for students to be depressed and may resort to self-destruction. Also, students and adolescents whom lack of self-identity and cultural roots may opt for this choice of suicide under stressful environment. That said, " Each individual young person's growth is intertwined with collective cultural tradition", as stated by World Health Organization (WHO). Since Malaysia is a multiracial country, there are more than one race that plays a greater attribution of gender nonconformity and identity issues. Imagine an Indian girl being placed at a Chinese school with the majority of Chinese, she is hardly accepted into the culture of the majority. When a student begins to fear a serious acceptance problem, they will lack of support in order to experience an optimum growth during that phase of life.

Family pattern and negative life events during childhood

Personal loss and conflict, associated with parents or romantic attachments are one of the commonest reasons for suicide amongst students. Physical or <https://assignbuster.com/concept-of-suicide/>

sexual abuse, family feud played a part in suicide contemplation as well. Usually, suicidal youth will leave a note or tracks that they are about to suicide. Like the diary, short notes of apologies, so on and so forth. More often, suicidal students want to escape the pressure from demands of the environment or from psychological aspects that the truth is a painful unbearable fact to handle. Broken families and traumatic experiences e. g. rape, mental torture, etc. leave a scar for life in the child especially when the child is unable to manage with the aftermaths of trauma. There are evidences that suggest suicidal students often come from destructive families with more than one factor risks. The effects are cumulative and these problems are usually not known because suicides are more likely to refrain from seeking help from others. Here are a few negative aspects to take note of a dysfunctional family that often characterizes cases of suicidal students:

- Family with the history of suicide.
- Alcohol and substance abuse member in the family.
- Abusive family (physically, mentally or sexually).
- Divorce and separation of family
- Very high or very low demands of standards from the parents.
- Lack of attention and care from family members.

Cognitive style and personality

It is arguable between the relationship of a certain suicidal trait and an array of cognitive style and personality that risk suicides amongst young people. It is generally equivocal and ambivalent because suicidal patterns vary

amongst different individuals. The following traits are observed in a suicidal youth, particularly students during adolescence:

- Instability in mood.
- Aggressive and needs anger management.
- Anti-social
- High impulsiveness
- Inability to grasp realities and rigid mentality, often in their own world of illusion.
- Great feeling of worthlessness and despair.
- Anxiety and inferiority.
- Provocative behaviour towards others including family and classmates.
- Ambivalent relationships with the society (family, friends, people).

Suicidal behaviour is overrated amongst school children and adolescents with the following psychiatric disorders:

Anxiety disorders and Depression

It is known from studies that have proven the connection between anxiety disorder and suicide. Whilst traits of anxiety appear to be independent of depression, its effect always leads to psychosomatic symptoms if not treated. Unlike depression, anxiety disorder is prominent to detect and victim will always shows signs of worries and unhappiness with themselves.

Discussion about depression should be taken seriously. Depression is often beyond recognition. Students may seem fairly disappointed or angry at minor disturbances and may never considered suicide. But if the symptoms

of depression last for more than a week or so without improvement, help is needed. The signs of depression noticed amongst students or youth include:

- Utter degree of sadness
- Gradual withdrawal from everything.
- Student becomes recluse and isolated.
- School performance dropped with no apparent reasons.
- Loss of interest in activities that student used to enjoy.
- Feelings of worthlessness, hopelessness, helplessness
- Lack of motivation.
- Differences in sleeping habits and fatigue.
- Change in appetite and eating patterns.
- Self-neglect and self-hatred.
- Physical complaints, sad thoughts or death.
- Anger management needed for reckless attitude and temper.
- Substance abuse.
- Restlessness and agitation with one self or others.

School students with depression symptoms oftentimes present anti social behavior and both are precursor to suicide. It is noticed that depressed female student will be more silent and withdrawn from others, whereas on their male counterpart, students of that gender becomes aggressive and disrupted and seek a great deal of attention. Prior to that, students can kill themselves too without having to be depressed and they can also be in a state of depression without killing themselves.

Substance abuse

Students who abused alcohol and drugs are often linked to suicide.

Teenagers are oftentimes found to have committed the act of suicide after consuming the substances. Sometimes, students used these substances to ease their stress and depression. In another case, youth whom have never thought of suicide may have done so after taken alcohol because alcohol suppresses rationale thinking. Simply, their actions are based on an impulsive act which leads them to ending their lives even so they might never have contemplated suicide when they are sober.

Eating disorders

Eating disorders happen mostly to the female genders whom are dissatisfied with their own bodies. In the eye of the society, thin slender girls are objects of desire. The media often portrays catwalk models, who are skinny and scrawny. In schools, fat students are always being sneered and jeered as well as being outcast. Anorexic and bulimic girls are susceptible towards depression and suicide risk for anorexics are as much as 20 times more than youth in general.

Psychotic disorders

Albeit, we hardly heard of Malaysian students suffering from severe psychiatric disorders like the schizophrenia or manic-depressive disorder, those affected are still in jeopardy with suicide risks. But most psychotic youths started off with other risk factors, such as excessive smoking and substance abuse.

Current negative life events as triggers of suicidal behavior

As aforementioned due to inherited genetic factors, destructive families and negative aspects in life, students of this age find themselves susceptible towards suicide because when current negative life events happen in concurrent with their condition they find it difficult to cope furthermore. This susceptibility makes it difficult to cope with negative life events adequately, and that said, stressful life events precede suicide. They reminds of the student of sense of hopelessness and despair.

2. 0 How Schools can Prevent Suicide

Usually, suicidal students hardly attempt suicides within the school compound. But when the outbreak of a student's suicide takes place, even off school's territory, the news will shock others, causing extreme emotional distress amongst students, staff, and parents whilst school activities will come to halt for weeks before it is resumed. Hence, schools play an important role for preventing suicides. Many young students whom are affected by mood disorders or substance abuse later on contemplate suicide. Whilst the other emotional setbacks linked to suicide includes conduct disorders, aggression, split personality disorder, and intense feeling degree of hopelessness (Berman, Jobes, and Silverman, 2006).

Here, the school's responsibility and roles to play are summarized by the National Association of School Psychologists (NASP) (Poland and Lieberman, 2003):

2. 1 Detection/ Awareness

School administration and staff personnel should take note of students' behaviour for signs of suicide. Interaction on a regular basis is encouraged

amongst the school and students. School counselor must play his or her responsibility in helping problematic students before any occurrence of suicide.

2. 2 Parent notification

When awareness is created, any changes in attitudes or suspicious acts arise the school should update the parents or guardian of student's. Face to face discussion is recommended to come about ways of preventing the student from suicide, which includes close supervision or referral to professionals. Also, a record of victim's parent and victim should be kept confidential.

2. 3 Support for students at risk of suicide

The school, psychologists and counselors, should monitor and support suicidal students. Counseling and follow-up services shall be recommended.

2. 4 School-Based Suicide Prevention Programs

Schools should train teachers and staffs to help recognize students at risk of suicide. This can be done through training and appropriate mechanisms necessary. These mechanisms include a series of programs specially designed to counteract suicidal risks. Schools must heed these vital steps to control suicide among their students:

Ø School-based suicide prevention program and school-based mental health services

Health screening, mental health survey and educational activities are carried out at school level to help students recognize and seek help when needed. Programs like health promotion program and risk prevention can be effective if made comprehensive to students.

Ø Suicide prevention gate keeping program

People who have regular interaction and contact with students in school are teachers. They need to know how to recognize students' behavioural patterns and warning signs. Also, teachers need to be actively involved in dialogue to explore the risk of suicide amongst students and to ensure that the victim must receive proper guidance and treatment when it is necessary. Records must be kept up to date and problematic students must be scrutinized.

Ø School crisis preparation and response plan

This prepares the school in the case of emergency, from natural disaster to violence within the school. The school crisis preparation plan should include procedures of preventing self-destructive students as well as students in the midst of contemplation. Also, guidance must be taken into account as a reference for teachers and staffs to respond such cases when such tragedy arises.

Ø Postvention

Such term is used to measure preventions to be implemented after a tragedy takes place. The purpose of this program is to lessen the risk of those witnesses to be affected directly after the incident. Suicide or unexpected death of another student can result in a traumatized individual. This program includes grief counseling for students and school party. Postvention helps to identify other students whom may be at risk after a trauma, and to support students. Sometimes, school works with the media to ensure such coverage of news does not lead to additional risks of suicide.

3. 0Suggestions: A guide for Teachers and School Staffs

It takes time for a student to attempt suicide. Rarely, suicide occurs out of sudden with no warning. Most cases, teachers and members of the society who observe the victim on a daily basis is able to distinguish a behaviour of norm and suicidal. The following are three (3) steps of prevention: before, during and after a suicide:

3. 1 General prevention: before any suicidal incident

Early recognition helps save lives. Experts advised that it is not a wise approach to teach about suicide explicitly. Rather, they recommend tackling this problem by replacing issues of suicide with a positive mental health approach.

a) Mental health of schoolteachers and other school staff

Teachers are the role model in any causes. A positive teacher is able to change the outlook of a person's perspective in a brighter light. Hence, strengthening the mental health of a teacher only can he or she guides the students into the correct path in life.

b) Students' self-esteem

Positive self-esteem is vital to protect students against suicide. One with topnotch of esteem will cope better with stress even how difficult one's situation may be. To nurture positivity amongst the students, a few rules should not be taken lightly. Firstly, students must never been pressured constantly to fare better than other students. They must always look on the brighter side of life experiences in order to forge a positive identity. Every student should be cherished as who they are and be accepted for what they are. In addition, the school should work on introducing life skills by having

experts giving talks and later on assimilate a positive workshop as part of the curriculum.

Most importantly, the programme is able to send out messages of knowledge to peers on how to be supportive and seek help if necessary. Plus, the school should revise and review the education system to enhance the development of every student holistically.

c) Emotional expression

Students should learn on how to express their emotions appropriately and to take charge of how they feel seriously. When things go awry, they should confide in parents, teachers, adults, doctor, friends or even religious advisors.

d) Bullying and violence at school

Issues on bullying have been a serious matter for ages since bullying makes suicide seem more pleasant to students to escape from humiliation and personal dignity. Because the victim could not determine what others had done to him/her, the victim had only his own life to control. Thus, specific skills should be taught in schools to prevent bullying and violence. This way, only the school can provide a sanctuary for safety and intolerance of the negative aspects.

e) Information about care services

In Malaysia, Befrienders are not unfamiliar to the society these days. Students should be aware about the availability of these services and by making it accessible to the young people, so that they can utilize the help lines in the case of crisis and psychiatric emergency. To include, there are

over 240 Health Centres nationwide in Malaysia that have psychiatric units and also counseling unit for help. The latest news up to date, Prof Hu