



EXPLORING ACTUAL CAUSES OF SUICIDE: LIVED EXPERIENCE OF SUICIDE SURVIVORS IN KOLKATA, INDIA

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ABSTRACT

Background: An increasing rate of suicide by different age groups of people is a grievous social problem in the world. India is not an exception. This study aims to identify the actual causes of suicide by analysing the lived experiences of suicide survivors and explore the preventive strategy. **Methodology:** A phenomenological approach was used. As study participants, nine suicide survivors selected through snowball sampling were face to face interviewed. **Results:** The lived experience of suicide survivors is summarized into four themes: the first theme is feelings during suicide attempts, the second theme is the perception of triggers, the third theme is behavioural changes and the fourth theme is expectations. At the time of attempting suicide or before it if people get support from society, and feel desired and loved they won't attempt suicide. **Conclusion:** Strong informal social connectedness to prevent suicide is not only relevant but essential to prevention efforts.

KEYWORDS : Suicide, survivors, Kolkata, causes of suicide, lived experience

INTRODUCTION

We often get to know through news and social media about people of different ages, various professions; sometimes even two or more individuals, committing suicide. We see that the World Health Organization estimates that about 8,00,000 deaths by suicide every year (World Health Organization, 2021). According to India's National Crime Records Bureau (NCRB), the suicide rate per 100,000 population increased from 6.3 in 1978 to 8.9 in 1990, increased to 11.25 between 2006 and 2011, and finally increased from 2015 to 2019. This decreased to 10 and then rose again to 11.3 in 2020 (The Print, March 8, 2022). Lots of suicide is forcing people to think about its prevention. Decades of research in medical science, public health services and psychiatry aim at its prevention. Many countries have national suicide prevention organizations, such as the American Federation of Suicide Prevention, and have adopted specific approaches. But only person-centred research does not provide a satisfactory solution to the problem. The US Centers for Disease Control (CDC) stated in 2008 that suicide can be controlled through social connections. The main purpose of our study is to explore the actual causes of the suicide attempt of the people by analysing their lived experiences and trying to make practice implications to prevent it.

Methods:

Research Approach and Design:

This is a qualitative-exploratory study, underpinned by phenomenology as a way to understand the causes of suicide.

Subjects:

Suicide attempted survivors were invited to participate in this study.

Sampling:

Purposive snowball sampling.

Sampling Criteria:

Persons, who had an experience of minimum of one attempt of suicide.

Table 1. Characteristics Of The Study Participants

Study Participants	Age	Sex	Education	Occupation	Marital Status
1	14	M	High school	Student	Unmarried
2	25	F	Graduated	Model	Unmarried
3	32	M	Graduated	Banking	Married
4	54	M	High school	Grocery Shop keeper	Married
5	45	F	Graduated	House maker	Married
6	30	F	Graduated	Office job	Married
7	34	F	Graduated	Housemaker	Married
8	22	M	Graduated	Politician	Unmarried
9	52	F	PhD	Academician	Married

Sample Size:

Our sample size was determined by data saturation that is to the point where no new experiences were shared and the same experiences were repeated.

Inclusion Criteria:

1. At least one attempt of suicide.
2. Suicide survivors who volunteered to participate in this study.

Exclusion Criteria:

Persons who were not able to participate in the interviews like serious mental illness, or violent.

Research Question:

What is the exact cause of your suicide attempt? Kindly share your experience of the suicide attempt.

We have conducted face-to-face interviews and observations.

Study Procedure:

Interviews were conducted in one sitting and in Bengali language (duration was 20-30 minutes for each interview) in September 2022. Consented audio recordings were performed, and the researchers also took observational notes during the interview. We took the first interviews in the local cafeteria of each participant's locality. Then we visited each participant's house to observe the actual situation. Each interview was an active interaction between the researcher and the participant. We used some unstructured lead questions as an interview guide. In all cases, the interview began with, 'Please, share your feeling at the time before and during attempting suicide. Then, 'How you survived?'

The study participants were made aware of the objective of the study and were assured of the confidentiality of their identity and data. We assured them that they can withdraw from the study if they feel awkward. We made them aware that they will not get any direct benefit from the study but after the publication of the article people will be more aware of the situation which may lead to prevention. Study participants signed a consent form after getting all this information (Richards & Schwartz, 2002).

Data Analysis:

The interviews were transcribed verbatim and translated into English. After transcription, textual description (What they experienced) and structural description (How they experienced it) was made. Combining both such descriptions helped the researchers to understand the essence (underlying structure) of the phenomenon through common experience. The significant statements are highlighted subsequently. Researchers developed relevant themes of the cluster of meanings from these statements. With the relevant themes, textual and structural descriptions were prepared. The 'essence' was written by the researchers as recommended by Moustakas (1994) and Creswell (2007). The codes were clustered and then thematised according to Colizzi's (1978) phenomenological method.

Data Validation:

For data validation transcribed interview materials are read by the respective study participants (Cresswell & Miller, 2000).

RESULT AND DISCUSSION:

Significant statements with the participants' formulated meaning into

clusters resulted in four themes: feelings during suicide attempts, perception of triggers, behavioural changes and expectations. The findings were integrated into an in-depth and exhaustive description of the phenomenon.

Feelings During Suicide Attempt:

Feelings during suicide attempts were basically the same. Whatever the person-specific causes they felt some common like 'I cannot overcome the situation', 'there is no way out to solve the problem' and the 'world will be better without me', 'my loved one will live better without me', 'I can not live without my loved one'. Other in-depth studies of suicide survivors also support these facts (Schlichthorst et al., 2020; Shamsaei et al., 2020).

Perception Of Trigger

The loss of honour or identity, job, a loved one, acceptance by society triggered suicide attempt. It leads to the mental situation that 'I cannot survive anymore' or 'what is the meaning of life.. I should quit'.

Behavioural Changes

Triggered person behaviour was like withdrawn or desperately seeking help. Withdrawn people reflect sadness on faces, avoid eye contact, avoid talking with people, complete shut emotional exchange and always become irritated. People around them misunderstand that behaviour and widen the gap from these withdrawn people.

The people who desperately seek help always talk about death, suicide, quitting life, sad posts in social media.

Expectations

People actually expect that problem may be withered away magically or unexpected help may come. Nobody actually wants to die. Some people recognise the problem but they do not want to interfere because of a lack of intimacy with those people.

People actually want genuine help, and care from other people to prevent a suicide attempt. They do not want dry advice like 'you should not suicide', 'you will get somebody to help you', 'your problem will be solved wait for a solution' etc. Rather they need to hear from somebody 'Don't worry, I am with you, I care for you, I shall help you to solve your problem'.

But, majority of the people won't get such assurance at the time of attempting suicide. They told that even if only one person told them those words they would not attempt suicide.

To get such support people to need close and intimate people around them. But maximum people do not have such a circle to support, they have only give-and-take relationships with other people even with family members and so-called friends. They actually do not know how to create informal relationships by exchanging mutual emotions.

The implication of the study:

People can deliberately develop harmonious relationships and cooperation with other society members. They must also learn to make informal relations with an intimate circle by exchanging emotions, feelings and validating others persons' emotions, feelings. Developing relationships is an art and can be developed through socialisation. People should practice this art to a healthy exchange of emotions and get support when needed.

Limitation

Only a few people from Kolkata city were studied. So, generalisation is difficult from the result of this study. Even though, a glimpse of the cause of suicidal attempts in Kolkata was received from this study.

Future Scope

Future research may be performed to identify the strategies for strengthening social relationships and bonding to prevent suicidal attempts.

CONCLUSION:

The actual cause of suicide attempts is not receiving support to live from the community or family. The person attempted suicide when they felt a lack of love, acceptance and mental support from family, friends and community. To get this support in the required time people have to maintain the social relationship. We need to give more importance to our social connections and relationships and have a mindset of strengthening them. We need to be effectively connected

with the people and groups around us and, self-centred thinking, hatred, and sick competition should be avoided. If you want to have a harmonious relationship with people, you have to learn to exchange feelings and cooperate through proper socialization. Only then the members of the social group will provide support of a social network in times of personal crisis, which will restore enthusiasm for life and prevent suicidal tendencies in many cases.

The statements implicit in the above discussion are strongly social in nature and depend on human interaction, social structure, and the mutual importance of the two. Therefore, discussions of social connectedness to prevent suicide are not only relevant but essential to prevention efforts.

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