SUICIDE – IS IT A KILLING BY A SOCIETY?

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Abstract: This paper considers Blasco-Fontecilla et al. (2013) and the reasons causing suicides and shows a hypothetical framework for a person's induced suicidal behaviour. This paper argues that it is the society's responsibility to provide sufficient information and solution to protect suicidal attempts, due to the existing structural networks and arrangement with multiple and complex socio, economic, cultural, technological and political aspects. Hence, this study suggests that the social elements should have an encouraged commitment for a change to bring down the problem of suicides, since the society's existing structure with its social facts sometimes and/or unfairly fails to prevent suicides. In this context, this paper suspiciously questions "whether a suicide is a killing by a society?". To substantiate this question, it is indicated the intoxication of a society with many lethargic social processes, and how a person's genuine act of being a good citizen in the society/nation becomes suspicious as punishable and nullified.

Keywords: suicide, society, social intoxication, protecting suicides, social disease

Introduction:

When one kills himself/herself, it is simply and socially termed as "Suicide". In another term, one directs his/her own behaviours and actions with an intention of dying, to be away from society and to avoid being a part of the society. When one kills himself/herself, there is a reason behind it. In this context, the society fails in providing solution(s) to his/her problem(s) in his/her views, perspectives and understandings. It can also be said that the society has spelled solutions on the persons' issue with limited options; and/or the available such options have no greater impact on the thoughts and understanding of the person to give up the intention of killing himself/herself. If it is the case, the society becomes responsible for not giving solution to the victim, thus inducing the person to isolate from the society and kill himself/herself. In turn, it is possible to question: "Is a suicide a killing by the respective society?", irrespective of its size, since a suicide is the resultant of existing social facts and then becomes a social fact.

A society consists of social relationships of individuals with family, friends, relatives and other people and institutions concerned. As the social facts (namely, social norms, values, customs, structures and cultures) are for such relationships that have influence and impacts on attitudes and behaviours of every individual in a society, the society with its own limitations becomes a mean for suicidal attempts. The above question can also be further justified, since some argue that the suicide is a "public health problem", because of its impacts on others – mainly family, friends, relations and other people concerned; and they as the key elements of a social system directly or indirectly contribute to suicidal attempts.

Considering the reasons of suicidal attempts in brief, information on suicidal incidents in some countries, and Blasco-Fontecilla et al. (2013), this paper presents a hypothetical model for a person's induced suicidal behaviour. This paper mainly demonstrates that the society has to accept its failure for not providing sufficient information and solution to the problems of the people who commit suicides, due to the existing structural arrangements within the multiple and complex socio, cultural, economic, political and technological (SCEPT) environment. Hence, this study strongly urges for an encouraged aggregated commitment by the society to bring a change in the society to overcome the problem of suicides, since the society's existing structure fails to prevent some suicides. In this

context, this paper critically and strongly question whether a society makes up a person for a suicidal attempt. This paper has designed the rest to explore the above context with: suicide causations, discussion and conclusion, respectively.

Suicide Causations

Generally, depression, conflicts in family and relationships, poverty, cultural differences, alcohol/drug use, and social perceptions are some generally accepted reasons and factors to induce a person's suicidal attempt. In simple terms, when a person is mostly unable to express his/her thoughts, feelings, understandings, and behaviours that the person finds them complex and conflicting from social perspectives, he/she can be induced to commit suicide, knowingly or unknowingly.

According to HEN (Health Evidence Network) synthesis report (2012) of the World Health Organisation (WHO), suicide is the result of a complexity from a person's mental and physical sickness, isolation, abuse, family violence, previous suicidal attempts and accessibility of suicidal means. However, the severity of these factors causing suicides differs with gender, age, ethnicity, etc. from culture to culture and/or country to country; and the cause of a suicide is not identified with a single factor.

Emile Durkheim (1858-1917), a French sociologist, wrote a book on 'Suicide'. Durkheim (1897) explores that higher rates of suicides are comparatively identifiable with men in gender, singles in marital status, people with no children in families, soldiers among civilians, etc. However, there is significantly, but considerably, low

evidence of highly educated people who commit suicides. However, religion of an individual comparatively causes higher suicidal attempts in societies.

Generally, suicide is closely related to mental disorders, misuse of drug, personal psychological nature, culture and society, genetics, situational factors related to family, etc. Mostly from different perspectives, the vulnerability (with respect to relationships, economic conditions, etc.) induces individuals to commit suicide. For instance, social and economic issues, like poverty, social discrimination and conflicting relationships, economic non-stability, homeless nature and unemployment, can critically induce an individual for suicidal attempts.

Studies also indicate that gambling habit (e.g., Oliveira et al., 2008) and role of media (e.g., Howton et al., 2012; Bohanna and Wang, 2012) are also the factors of inducing suicides. Some individuals commit suicides (namely suicide attacks) with a rational of his/her self-philosophy and understanding of benefitting the society as a whole.

As Blasco-Fontecilla et al. (2013) presents a hypothetical model of variables that contribute to a suicide attempt, this paper shapes up and reinstates the relationships of the variables, meaningfully (see Figure 1). Compromising with Blasco-Fontecilla et al. (2013), this paper perceives the framework in general as a process that the feelings and understandability of a person in negligence, impulsivity, emptiness and affective instability typically cause the person's suicidal behavior.

Figure 1: Hypothetical model for the suicidal behavior
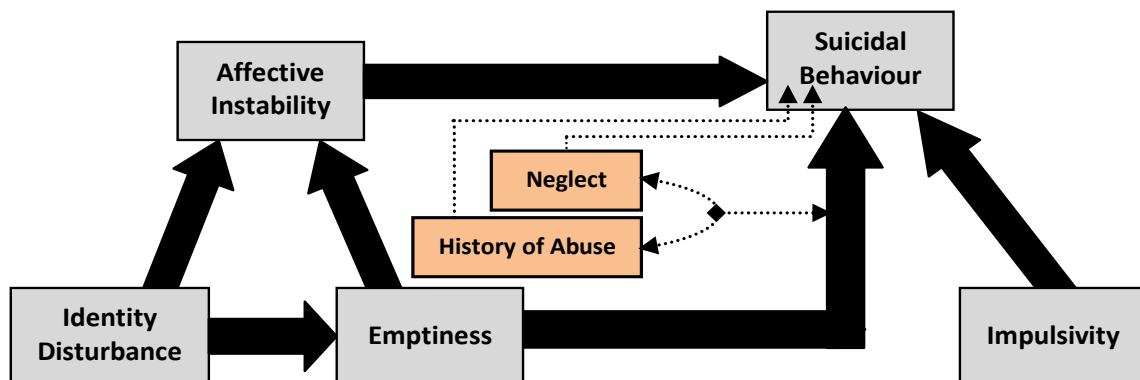
The model basically indicates that the identity disturbance and history of abuse have impactful contributions to the person's feelings of affective instability and emptiness, which then cause to suicidal behavior of the person together with his/her neglected nature and impulsivity (due to the mistreatment by family, love-partners, friends and/or other associates). Notably, Oldham et al. (1996) demonstrate significant association of suicidal behavior with the "childhood negligence" of a person, which would be revolving with the person's subsequent life styles and stages. In this context, Blasco-Fontecilla et al. (2013) argue that an individual's isolation with the association between the experiences of severe suffering and feeling of emptiness induces suicidal attempt (citing Singer, 1977); the childhood negligence has significant causal effects on feeling of emptiness (citing Oldham et al., 1996); and the relationship of abuse to childhood behavior and its impacts become the base for the relationship between suicidal behavior and emptiness, since the person's abuse and childhood negligence can revolve and evolve together possibly and frequently.

Though the process indicates a common framework, every individual however has identical, but unique, reason(s) for the self-killing; and these reasons are different in general from culture to culture and/or country to country. The suicide rates are notable across different countries with various reasoning. Generally, the recent average number of suicides in a year for every 100,000 people of a nation's population (see Table 1 for the first high suicide rates on average) indicates that a special attention should be paid to overcome such own personal killings of individuals.

Table 1: Number of suicides in a year for every 100,000 people

Rank	Country	Number of Suicides
1	Greenland	108.1
2	Belgium	53.5
3	South Korea	31.7
4	Lithuania	31.6
5	Guyana	26.4
6	Kazakhstan	25.6
7	Belarus	22.9
8	China	22.2
9	Slovenia	21.8
10	Hungary	21.7
10	Japan	21.7
12	Sri Lanka	21.6
13	Russia	21.4
14	Ukraine	21.2
15	Croatia	19.7

Note: Ranking is made by this study based on the statistics available on
http://en.wikipedia.org/wiki/List_of_countries_by_intentional_death_rate
(total number of countries considered in the Wikipedia is 107).

Notably, Greenland accounts a remarkable high rate of suicides (108.1) as ranked at the top, followed by Belgium (53.5). However, South Korea and Lithuania fall around 32; and Guyana and Kazakhstan show the rate about 26. Other (9) countries including China, Japan, Sri Lanka and Russia (see Table 1) fall in the range of 20-23.

The Forbes (2014) has orderly ranked Iceland, Denmark, New Zealand, Austria, Switzerland, Japan, Finland, Canada, Sweden and Belgium as the World's 10 most peaceful countries. Remarkably, among these countries, Belgium, Japan and Finland account the suicide average rate of 53.5, 21.7 and 16.8, respectively, while New Zealand and Austria fall around the suicide rate of 13 per year. However, the rest of the peaceful countries account the suicide rate between 11 and 12 annually. Though these countries are termed as

the first most peaceful countries in the world, they also have some social issues that cannot be resolved and cannot be away from suicidal incidents in them. This implies the importance of paying crucial attention to devise ways and methods for overcoming suicidal incidents in the countries, since the respective societies/communities in those countries also fail to resolve one's personal issues reasonably to a certain extent, and that indirectly induces the person to kill himself/herself.

Discussion

The CDC (Centers for Decease Control and Prevention, 2014) terms suicide as a severely affecting public health problem, since it has considerable subsequent adverse effects on every individuals in families, and then families and communities as a whole. Many countries like New Zealand, Australia, Japan, etc. have rigorous concern for overcoming suicidal attempts as a social problem. The report by the Ministry of Health, New Zealand (2003) on assessing and managing people at risk of suicide indicates in accordance with the survivors of suicide attempts that the main reason for such suicide attempts was to stop and be away from intolerable and unbearable heartfelt adverse consciousness and/or pain, but not fully the intention of death. This implies that the people who attempt to die themselves seem not aware about alternative solutions for the problems they face. If the solutions for their problems are not available and/or are hidden as not directly accessible in their social network, the society (or community) should bear the responsibility for such suicidal incidents for not providing required and sufficient information to the people who attempt suicide over their problems and issues. In this context, it is possible to argue that the suicide is a killing by the society. This argument can also be extended with some other implications of suicides too.

A disease in our body is attracted and existed, when our body becomes weak, lack of required nutrition and other inputs, and/or unhealthy in general. When the disease spread over entire body, it can affect some of the healthy organs as not permitting them for proper functioning. Since the suicide is considered as the social disease, it is the weakness or something lacking in the society to overrule the infectious disease of suicide that affects certain

people with no information or solution from the society for their problems. Thus, the society has to accept that due to the existing structural systems, arrangements and networks with multiple and complex socio, cultural, economic, political and technological aspects, it sometimes fails to provide sufficient information to the problems of people who commit suicides. Again, this validates the argument and question of this paper whether suicides are the indirect social killings.

Durkheim (1897) identifies four different types of suicides from a sociological point of view in general, namely Egoistic, Altruistic, Anomic, and Fatalistic suicides. According to Durkheim (1897), egoistic suicide is the resultant of "excessive individuation" from decreasing and/or breaking the links of social integration (e.g., due to social discrimination); altruistic suicide occurs due to the overwhelming concern about societal needs beyond the preference of individual needs (e.g., suicides for the aspiration of communities); anomic suicide is a consequent of moral disorder of suicidal individuals, where they do not know how to fit them into their social arrays (e.g., due to the disappointments and complexity of social lethargic processes, such as cast, economical disorders, non-good governance, etc.); and fatalistic suicides are due to the overstated limitations and regulations imposed on individuals (e.g., suicides in prisons).

Notably, Durkheim's (1897) egoistic, anomic and fatalistic suicides are related to disintegration on an individual with the society concerned; and all these implicate the society's inabilities to timely restore the individual's integration with the society. Hence, system reformulation as a change in the society is necessitated to protect this type of suicides. On the other hand, though Durkheim (1897) indicates altruistic suicide as the resultant of a social common need, this reflects the society's inability to overrule such suicides, where it accepts fulfilling its aspirations at the cost of an individual's self-death. All these again validate the argument of this paper.

Social facts are, by nature, intangible and invisible, but are directly observable. In fact, in every suicidal attempt, the contributions of social facts cannot be negligible. Even though they can be external from an individual's perspective, they have radical influence and impacts on attitudes and behaviours of an individual as a part of the society.

As the social facts somehow contribute to every action of the individual, a suicidal attempt by the individual is an action as the resultant of the social facts.

As the society draws lines and sets limits for its protection with possible norms, values, customs, structures and culture, they do possibly contribute to suicidal attempts. Hence, it is important to verify the extent to which such social facts cannot be the causes of suicidal attempts. In this context, this study appeals for extended investigations to explore the degree of influences by the social facts on suicidal attempts, in association with the human behaviours that critically govern such suicidal attempts.

Some argue that though the suicide of a person is determined by multiple and complex factors, preventing suicide is simplest with reducing the risk factors and increasing the resilient factors of suicide (CDC, 2014). These are alternatives, not the exact solution to the person who intends to suicide. Further, in many countries, the continuous studies and implementing prevention strategies on suicides also explore the nature of the socio, cultural, economic, political and technological systems and networks that do lack in providing information and solution to overcome suicidal attempts, from the perspective of people committing suicide. Hence, these studies urge the requirement of encouraged commitment of the society to bring a change to overcome the problems of suicides, where the society's existing structure critically fails to prevent suicidal attempts.

One can deviate from social systems, when the socio, cultural, economic, political and/or technological environments do not support his/her own perspective, regarding an issue. Societies have their own cultural values, norms and traditions, together with differing degrees of socio, cultural, economic, political and technological boundaries and limitations. If a person is separated outside the social systems, his integration with the society from his/her perspective becomes questionable. As the person is bred and born as a social element in a society, its social system itself makes him/her to deviate from the society. As the person is an individual and the society is at a large in size, it is possible to argue that the society itself indirectly isolates the person by reasoning out his/her incompatible behaviour, expectation and

perspective. However, the society expects the person to be compatible with the existing social norms, values, expectations and perspectives (even some of them are wrong with its lethargic activities), but fails to realize that something is lacking in it from the person's point of views. Notably, when a person commits suicide, his/her mind can possibly think and struggle about the society's cruel roles in the last minutes of his/her dying how such roles make killing himself/ herself. This becomes subjective to argue whether society induces a person for a suicidal attempt, directly or indirectly. These imply that the social system does not support the person to be with the society. Rather, the system has induced the person to isolate from the society. The society, after the suicidal event, terms this as a person's self-destruction of life, blames the individual as a craven, and fails to accept its process of isolating the person, with its own limitations and justification.

Oldham et al. (1996) spell significant relationship between suicidal behavior and childhood negligence of a person. Explicitly, the childhood negligence would be revolving with the person's subsequent life styles and stages, and specifically be drawing self-attention at a peak, when the person experiences with social difficulties and destructions. An interview with a person in Sri Lanka revealed that he was frequently remembering the ways he was abused and neglected, and how he was punished without considering his childhood understandings and perspectives within his circle of family, friends and society, though all societal elements had accepted him only for their own benefits. This made him for gradual isolations from his family, friends and society. It can be an example of a society's negligence as not providing importance to the childhood development of its individuals. The negligence of childhood development is mostly observable in third world (developing) countries, like India, Pakistan, Sri Lanka, Kenya, Thailand, etc. These countries should pay crucial attention for protecting childhood negligence and abuses in consideration of a model country like New Zealand, if they have genuine concern for protecting the suicidal attempts.

Further, if a society is intoxicated with many lethargic social processes, like fraud, stealing, abusing, cheatings, inequality, economic imbalance, brutal and inappropriate recognition,

favourism, misuse of resources and authority, improper governance of society, etc., a person's genuine act of being a good citizen in the society/nation becomes questionable, and mostly punishable, directly or indirectly. In this context, the version of human behaviour by Socrates (469-399 B.C.E.), as cited by Heisman (2010), is strongly validated, i.e., "Ordinary people seem not to realize that those who really apply themselves in the right way to philosophy are directly and of their own accord preparing themselves for dying and death". Consistently, another interview has demonstrated a kind of intoxication in an institutional community, when its genuine actors have no concern or power in protecting the genuine social actions of individuals. The person endorsed his personal experience how his genuineness was accounted for null. Basically, he had been accepted by all elements of the community for his knowledge and intelligence with respect to their own benefits. When the institutional elements at power felt that he became problematic with his genuine actions and behaviours, those elements had no hesitation to immediately react and throw him away, irrespective of the current and future social benefits from him. Besides, social-based genuine actors were also either inactive or powerless to bring back the expected societal benefits as a whole. This had made him once thinking of a suicidal attempt to be away from such a community. This again substantiates the argument of this paper how a society contributes to his isolation and makes up his mind for a suicidal attempt.

However, some studies on protecting suicides still emphasize and necessitate the requirement of critical investigations on the behaviours of people who commit suicides, since it seems mostly difficult to identify such people's intentions of self-life-destructions before their suicidal attempts. Some experts' reports strongly suggests that suicides are preventable; and however, rapidly changing (socio, cultural, economical, political and technological) environment causes new pathways with complexity to induce suicides, thus continuing studies in this context should not be negligible and should be supported.

Notably, the studies should also be extended on the people who have recovered from their suicidal attempts, since their immediate recovery towards normal lifestyle becomes suppressed and this again

makes them socially cornered with ambiguity. Chesley and Loring-McNulty (2003) indicate this with "Feelings of sadness, depression, disappointment, and emptiness were the emotions most often experienced by participants in the period immediately following their suicide attempts". They also indicate that the actions of health care professionals with treatments against the suicide attempts make such people happy and being grateful for their survival. This process would help the people restore their lifestyle with much less complexity.

Conclusion

This paper basically attempts to explore some reasons for suicidal attempts in brief and provides information on disbursement of suicidal incident in some specific countries. Considering Blasco-Fontecilla et al. (2013), this paper shows a hypothetical framework for a person's induced suicidal behaviour.

This paper mainly demonstrates that the society has responsibility to provide sufficient information to solve the problems of people who commit suicides and to protect them from suicidal attempts, due to the multiplication and complexity of existing structural networks, systems and arrangement in socio, cultural, economic, political and technological environment. Hence, this study suggests that the social elements should have an encouraged commitment for a change to bring down the problem of suicides, since the society's existing structure fails to prevent some suicidal attempts. In this context, this paper suspiciously questions "whether suicides are the killings by the respective societies?". To substantiate this question, it is indicated the intoxication of a society with many lethargic social processes, and how a person's genuine act of being a good citizen in the society/nation becomes suspicious as punishable and/or nullified, directly or indirectly.

Finally, this paper suggests that continuing studies on preventing suicidal attempts should be widely extended in a broader perspective of human behaviours, compatibly with dynamically changing environment, if it causes new pathways with complexity to induce suicidal attempts. Hence, this study substantiates the needs for investigating the degree of influences by the social facts on suicidal attempts, in association with the human behaviours

that critically govern such suicidal attempts. The study also emphasizes extended studies on aftermath activities and processes over suicidal attempts to keep the respective people not to feel or experience immediate sadness, depression, disappointment, and emptiness.

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