
THE REASONS BEHIND SUICIDAL ATTEMPTS

Xavier V K

Department of Humanities

Jain (Deemed-to-be University), Ramnagar District, Karnataka - 562112

Email Id- xavier_vk@cms.ac.in

Abstract

Suicide is a leading cause of death worldwide; however, the prevalence and risk factors for the immediate precursors to suicide – suicidal ideation, plans and attempts – are not well-known, especially in low- and middle-income countries. Suicide, taking your own life, is a tragic reaction to stressful life situations and all the more tragic because suicide can be prevented. Whether you're considering suicide or know someone who feels suicidal, learn suicide warning signs and how to reach out for immediate help and professional treatment. You may save a life your own or someone else's. It may seem like there's no way to solve your problems and that suicide is the only way to end the pain. But you can take steps to stay safe and start enjoying your life again. The prevention of suicide has not been adequately addressed due to a lack of awareness of suicide as a major public health problem and the taboo in many societies to openly discuss it.

Keywords: *Awareness, Emotionally, Idea, Suicide, Suicidal, Counseling, IPC Rules and Regulations.*

I. INTRODUCTION

Suicide is among the main causes of loss of life international. Yet, primary statistics on the superiority and risk elements for suicide and its instantaneous precursors – suicidal ideation, plans and tries – are unavailable in many nations round the arena, mainly those which might be less developed.² maximum research of suicidal mind and behaviours (hereafter ‘suicidal behaviours’) had been performed within person [1]. Western, high-earnings countries^{3–6} and it isn't always known whether or not occurrence estimates and threat elements recognized in such research generalize beyond these international locations. Recent research in several low- and center-profits nations such as China and India endorse the incidence of suicidal behaviours may additionally vary markedly from excessive-profits international locations. as an instance, this work suggests that gender and the presence of intellectual problems play less

of a function within the prevalence of suicidal behaviours in low- and middle-income nations. Information on suicidal behaviours accrued cross-nationally might offer a completely unique opportunity to evaluate the consistency of incidence estimates and hazard elements for those important outcomes, and might substantially tell research, coverage, and remedy efforts extra extensively aimed at knowledge and preventing suicide round the world [2].

The reason of the modern-day examine changed into to estimate the cross national incidence of suicidal behaviours and to observe danger elements for those consequences the use of statistics from the world health enterprise international mental fitness Survey Initiative. numerous research has provided valuable statistics about suicidal behaviours throughout numerous international locations [3]. The current observe extends previous work by means of accomplishing an extra thorough exam of suicidal behaviours, the use of more regular evaluation methods throughout websites, and represents the biggest, most representative examination of suicidal behaviours ever performed. While the link between suicide and mental disorders (in particular, depression and alcohol use disorders) is well established in high-income countries, many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses, such as financial problems, relationship break-up or chronic pain and illness [4].

In addition, experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour. Suicide rates are also high amongst vulnerable groups who experience discrimination, such as refugees and migrants; indigenous peoples; lesbian, gay, bisexual, transgender, intersex (LGBTI) persons; and prisoners. By far the strongest risk factor for suicide is a previous suicide attempt. Suicide is a complex issue and therefore suicide prevention efforts require coordination and collaboration among multiple sectors of society, including the health sector and other sectors such as education, labour, agriculture, business, justice, law, defense, politics, and the media. These efforts must be comprehensive and integrated as no single approach alone can make an impact on an issue as complex as suicide.

II. DISCUSSIONS

Symptoms:

Suicide warning signs or suicidal thoughts include:

- Talking about suicide — for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born"
- Getting the means to take your own life, such as buying a gun or stockpiling pills
- Withdrawing from social contact and wanting to be left alone
- Having mood swings, such as being emotionally high one day and deeply discouraged the next
- Being preoccupied with death, dying or violence
- Feeling trapped or hopeless about a situation
- Increasing use of alcohol or drugs
- Changing normal routine, including eating or sleeping patterns
- Doing risky or self-destructive things, such as using drugs or driving recklessly

- Giving away belongings or getting affairs in order when there's no other logical explanation for doing this
 - Saying goodbye to people as if they won't be seen again
 - Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above
- Warning signs aren't always obvious, and they may vary from person to person. Some people make their intentions clear, while others keep suicidal thoughts and feelings secret [5].

The Six Reasons People Attempt Suicide:

- I have known a number of people left behind by the suicide of people close to *them*, however. Given how much losing my patient affected me, I've only been able to guess at the devastation these people have experienced. Pain mixed with guilt, anger, and regret makes for a bitter drink, the taste of which I've seen take many months or even years to wash out of some mouths [6].
- The one question everyone has asked without exception, that they ache to have answered more than any other, is simply: why? Why did their friend, child, parent, spouse, or sibling take their own life? Even when a note explaining the reasons is found, lingering questions usually remain: yes, they felt enough despair to want to die, but *why* did they feel that? A person's suicide often takes the people it leaves behind by surprise (only accentuating survivor's guilt for failing to see it coming).
- People who've survived suicide attempts have reported wanting not so much to die as to stop living, a strange dichotomy, but a valid one nevertheless. If some in-between state existed, some other alternative to death, I suspect many suicidal people would take it. For the sake of all those reading this who might have been left behind by someone's suicide, I wanted to describe how I was trained to think about the reasons people kill themselves. They're not as intuitive as most think [7].

In general, people try to kill themselves for six reasons:

1. They're depressed. This is, without question, the most common reason people die by suicide. Severe depression is almost always accompanied by a pervasive sense of suffering as well as the belief that escape from it is hopeless. The pain of existence often becomes too much for severely depressed people to bear. The state of depression warps their thinking, allowing ideas like, "Everyone would all be better off without me" to make rational sense. They shouldn't be blamed for falling prey to such distorted thoughts any more than a heart patient should be blamed for experiencing chest pain; it's simply the nature of their disease. Because depression, as we all know, is almost always treatable, we should all seek to recognize its presence in our close friends and loved ones. Often, people suffer with it silently, planning suicide without anyone ever knowing. Despite making both parties uncomfortable, inquiring directly about suicidal thoughts, in my experience, almost always yields an honest response. If you suspect someone might be depressed, don't allow your tendency to deny the possibility of suicidal ideation prevent you from asking about it [8].

2. They're psychotic. Malevolent inner voices often command self-destruction for unintelligible reasons. Psychosis is much harder to mask than depression, and is arguably even more tragic. The worldwide incidence of schizophrenia is 1 percent and often strikes otherwise healthy, high-performing individuals, whose lives, though manageable with medication, are often derailed from their original promise. Schizophrenics are just as likely to talk freely about the voices commanding them to kill themselves as not, and also, in my experience, give honest answers about thoughts of suicide when asked directly. Psychosis, too, is treatable, and usually must be treated for a schizophrenic to be able to function at all. Untreated or poorly treated psychosis almost always requires hospital admission until the voices lose their commanding power [9].

3. They're impulsive. Often related to drugs and alcohol, some people become maudlin and impulsively attempt to end their own lives. Once sobered and calmed, these people usually feel emphatically ashamed. The remorse is often genuine, but whether or not they'll ever attempt suicide again is unpredictable. They may try it again the very next time they become drunk or high, or never again in their lifetime. Hospital admission is, therefore, not usually indicated. Substance abuse and the underlying reasons for it are generally a greater concern in these people and should be addressed as aggressively as possible [10].

4. They're crying out for help, and don't know how else to get it. These people don't usually want to die but do want to alert those around them that something is seriously wrong. They often don't believe they will die, frequently choosing methods they don't think can kill them in order to call attention to their challenges, but they are sometimes tragically misinformed. For instance, a young teenage girl suffering genuine angst because she feels lonely or has gotten into a devastating fight with her parents, may swallow a bottle of Tylenol—not realizing that in high enough doses, Tylenol causes irreversible liver damage. I've watched more than one teenager die a horrible death in an ICU day after such an ingestion when remorse has already cured them of their desire to die and their true goal of alerting those close to them of their distress has been achieved.

5. They have a philosophical desire to die. The decision to die by suicide for some is based on a reasoned decision, often motivated by the presence of a painful terminal illness from which little to no hope of reprieve exists. These people aren't depressed, psychotic, maudlin, or crying out for help. They're trying to take control of their destiny and alleviate their own suffering, which usually can only be done in death. They often look at their choice to die by suicide as a way to shorten a dying that will happen regardless. In my personal view, if such people are evaluated by a qualified professional who can reliably exclude the other possibilities for why suicide is desired, these people should be allowed to die at their own hands.

6. They've made a mistake. This is a recent, tragic phenomenon in which typically young people flirt with oxygen deprivation for the high it brings and simply go too far. The only defense against this, it seems to me, is education.

The wounds suicide leaves in the lives of those left behind by it are often deep and long lasting. The apparent senselessness of suicide often fuels the most significant pain. Thinking we all deal better with tragedy when we understand its underpinnings, I've offered the

preceding paragraphs in hopes that anyone reading this who's been left behind by a suicide might be able to more easily find a way to move on, to relinquish their guilt and anger, and find closure. Despite the abrupt way you may have been left, guilt and anger don't have to be the only two emotions you're doomed to feel about the one who left you.

III. CONCLUSION

There is cross-national variability in the prevalence of suicidal behaviours, but strong consistency in the characteristics and risk factors for these behaviours. These findings have significant implications for the prediction and prevention of suicidal behaviours.

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