



## ‘Survivors of Suicide Attempts-Post Survival Scenario’ (A Socio-Medical Study on Survivors of Suicide Attempt in Kurnool district)

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**Abstract:** *Suicide attempts are also referred to as Para suicide or as self harm behavior. Suicide attempt is sometime interpreted as a “cry for help and attention or to express despair and the wish to escape, rather than a genuine intent to die. For every suicide death, there are 25 attempts for suicides. A prior suicide attempt is the single most risk factor for suicide in the general population. The suicide attempts being cries for attention, and those who attempt suicide being so high, the question that comes up is what happens to the victims physically and mentally and how do they cope with the consequences of the attempts and what could be effective intervention strategies to reintegrate them back into life stream is analyzed in this paper.*

**Keywords:** *Suicide attempt, Para suicide, Self harm behaviour, Marital discord, Vulnerability.*

### Introduction:

South India now is world’s Suicide capital. The southern states of Kerala, Karnataka, Andhra Pradesh and Tamilnadu have a suicide rate greater than 15 per 1 lakh population, while in the Northern States of Punjab, Utter Pradesh, Bihar and Jammu and Kashmir, the suicide rate is less than 3 per 1 lakh. This variable pattern has been stable for the last 20 years. Higher literacy a better reporting system, lower external aggression higher socio economic states and higher expectations are the possible explanations for the higher suicide rates in the South States.

The predominant view of Modern Medicine is that Suicide is a mental health concerned with episode of depression, alcoholism in escapable suffering, fear and pressures. Suicide is among the top three causes of death among youth worldwide. American Association of Suicidology reports that there are 25 suicide attempts for every suicide completion. Suicide accounts for over 58 000 deaths in Europe per annum while those attempted are 20 times higher. Males exhibited lesser rate of suicide attempts but showed higher suicide rates on the other hand Females showed higher suicide attempt rate but lesser suicide rates in comparison with men.

Suicide attempt, is an attempt to die by suicide that results in survival. Suicide attempt is sometime interpreted as a “cry for help and attention or to express despair and the wish to escape, rather than a genuine intent to die. For every suicide death, there are 25 attempts for suicides. It is estimated that, suicide attempt to suicide rate is about 25 : 1 in youth and 4: 1 among the elderly. Suicide attempts are also referred to as Para suicide or as self harm behavior. A prior suicide attempt is the single most risk factor for suicide in the general population. Suicide is the third leading cause of death in 15-19 year olds. Middle and low income countries register 79 per cent of global suicides.

Every day due to the stress related to low self esteem, depressive mood, low educational achievement, financial worries, debt, alcohol consumption, a person becomes embarrassed, may consider suicide as a way to escape this desperate situation.

A number of factors are associated with the rise of suicide and suicide attempts like socio economic factors, familial and individual crisis. Traumatic experiences, victims of physical and mental abuse, Terminal illness, having chronic pains, financial stress invariably end up in suicide.

Those who end their lives leave behind problems to their loved ones, while they find solace in death. But more problems are in store for those who attempt suicides and survive. This paper is based on a study undertaken, to examine the survivors of Suicide attempts in Kurnool district of Andhra Pradesh. It aims to generate their socio-economic profile and to document their causes therein and the path of their recovery following of their suicide attempts.

The studies reviewed, most of them had studied the causes, mode and the profile of the respondents who had committed suicides and gathered data from the siblings or parents of the victims and tried to understand the problem from persons close to the deceased. It is quite possible that what really the mind of the person to take that desperate action and the exact mindset of the person at the moment of taking away one’s own life would be possible to gauge if the same person is examined. For that it was decided to study those who had survived suicide attempts in depth so that useful insights would be unearthed which can help in the prevention of suicides.



### Review of Literature:

The present paper seeks to understand the Survivors of Suicide Attempts in Kurnool district to gain an insight into the profile of the people who attempted suicide? the issues, they encounter on their way to recovery from their hospitalization and what suitable interventions that could be introduced to mitigate the sufferings of those survivors and also for their early and easy integration into the society.

Suicide has not attracted many scholars all over the world. Only few noted scholars like **Esquirol, J.E.D** (1838), **Emile Durkheim** (1897), **East, W.N** (1913), **S. Freud** (1917), **S. Freud** (1925) **Cavan Ruth, S** (1928), **Schmid C.F** (1930), **Lendrum, F.C** (1933), **Hopkins F**, (1937), **Menninger, Karl** (1938), **Davidson** (1941), **Dahlgren, K.G** (1945), **Faris** (1955), **Henry and Short** (1954), **Sanisbury** (1955), **Schmid, C.F. and D. Van Arsdol**, (1955), **O'Neal, et.al** (1956), **Weiss, J M.A** (1957), **Orbach, Gibbs and Martin** (1958), **Elwin H Powell** (1958), **I W.Jensen and Thomas A.Patty** (1958), **Stengel E and Nancy Cook** (1958), **A.Gibbs and Potterfield** (1960), **Tabachnick, N** (1961), **Yessler, P.G. et.al** (1961) **Schneidman, E.S and Farberow** (1961), **Satyarti** (1971), **Charles Swearinglo**, (1972), **Bonner** (1982), **Myrna Weisman et.al** (1989) **Schneidman** (1993) **Agarwal et. al Agarwal et al.** 1996, **Prasad, J et.al** (2002) **Gajalakshmi et.al** (2007), **Patel et. al** (2012), **Agarwal et. al** (2013), **Sarkar et al** (2013), **Orbach et.al** (2013), **A Gururaj et. al** (2014), **Patel et. al** (2012), **Shain, B** (2016) **Armstrong G. Vijaykumar, L** (2018), **Dandonna et.al** (2018) **Arya, V et.al** (2019) have all examined Suicide its causes and the profiles of the victims and some tried to examine the attempted suicides.

On the issue of attempted suicides or survivors of suicides not many empirical studies were made worldwide more so in the Indian context are few studies on Suicide Attempts which are scanty worldwide very scanty in Indian context where the suicide and suicide attempts have been quite frequent and widely prevalent. Most of the studies are on the Psychological dimension of suicide. After the dawn of Globalization era, the alarming suicides in the developing countries particularly in India has captivated renewed interest of social scientists, attempted diagnostic studies on Farmers' suicide and followed by weaver's suicide. Accordingly some initiatives like Helpline was established in every district headquarter to respond to the desperate calls of the farmers. Some state Governments introduced initiatives like Loan waivers, Free Electricity, etc which had brought down suicide rates considerably.

The issue that was left not examined was, what was happening to those persons, who attempted Suicide it could be the farmers or among the general public, youth yet survived, was never subjected to closer scrutiny to unearth first hand information as to what goes on in the mind of the person attempting suicide and thereby we can certainly bring forth effective strategies to prevent suicides from happening. Though it would be difficult to make them come out with the real causes which drove them suicide, it would have been path breaking research to design effective initiatives to dissuade those from ending up their lives in desperation. With this objective in mind the present research study on Survivors of suicide attempts was undertaken in Kurnool district of Andhra Pradesh

### Objectives:

1. To draw the socio, economic, profile of the Survivors of Suicide attempts.
2. To analyze the main causes, contributory causes for their suicide attempts.
3. To identify issues emerging in the post treatment Phase.
4. To suggest practical interventions to offer effective post care to the survivors of suicide.

### Method of Study:

This paper is based on a in depth study on a Purposive sample of 300 Respondents who had attempted suicides, hospitalized and recovered and survived in Kurnool General Hospital during the years 2013-2016.

### Findings and Discussion:

1. It was Females who were predominant 52 per cent over the Males who were found to be 48 per cent.
2. The classification of the respondents by age showed the age range for 81 per cent of them was between 25 to 35 years which indicates that those, who attempted to kill themselves were in their best part of their lives. The overall average age of the victims was 32. years; the average for females was 30.2 while the Male average was 33.1 years.
3. The data shows that among the victims 73.00 per cent were married and the rest 27.00 per cent were unmarried.
4. Going by caste, but a large portion of them 55 per cent belonged to Backward Classes, Forward castes 25 per cent, followed by Scheduled Castes 16.30 per cent, Scheduled tribes 3.3 per cent.
5. Educational level of respondents showed that people with Primary and Secondary level of education were about 58 per cent; next 23.30 per cent having Intermediate and Graduate level of education. There are also about 15.70 per cent illiterates among them.
6. The majority of the respondents, (66.67 per cent) hailed from Rural and Semi-Urban Areas Globalization seemed to have rendered women mentally fragile in rural areas.



7. The debt accumulated in agriculture and the loss incurred in business and agriculture is the major reason for 25.67 per cent of respondents. The next major cause for is Marital discord for 20.00 per cent. Maladjustment in family life, dowry issues frictions in spousal relationships and the disappointments in marital life caused due to childlessness, husband's extramarital relations, dissatisfaction in marital life and in forced marriages were cited by these people. Shame and frustration being stopped from education, defeat in election, failure in exams not getting married and unemployment were the major reasons for attempting suicide by 11.33 per cent of respondents. On the whole, Inter Spousal issues seemed to have affected 28.67 per cent followed by Debt and loss in agriculture and business for 25.67 per cent sudden death of spouse for 4.33 per cent respondents, while sudden illness for 11. Per cent of them. Due to one or the other significantly tragic events throwing them off balance has made 21.66 per cent experience alienated feelings of Isolation, Hopelessness, frustration and stress which drove them to end up their lives.
8. If we analyze the accentuating factors, we can see that Agrarian distress, crop loss and the debt that it resulted in accounted for 14 per cent, while the conflicts in marriage and marital maladjustment has worsely affected 32.3 per cent of respondents. On par with economic distress, the disharmonious conflict ridden family relations accounted for more havoc prompting the youngsters to suicide. Whether economic distress or the marital maladjustments produced mental derailment of 43.67 per cent of these respondents to seek solace in death.
9. The reason we can see that these people who are predominantly rural have a very sensitive nature and a fragile mental makeup easily gullible at the face of volatile emotional nature. Any jolt to their day to day relations, they see as the threat and erosion of their prestige and social esteem. The recurrent loss and agrarian distress has triggered suicidal efforts among rural people.
10. It was observed that 79.33 per cent of Suicides were attempted inside their houses while 20.67 per cent attempted outside their homes.
11. It noticed that 50.33 per cent said that it was their spouses, who rushed them to the hospital, while for the unmarried, their parents or relatives rushed them to the hospital
12. It has been found out that in 68 per cent of the respondents were predominantly medium statured people are predominant followed by the tall statured.
13. The responses indicate that 91 per cent of them had given the response as self perceived and self derived based on their knowledge and exposure to various sources of information available.
14. Only one person out of the 300 respondents had left a suicide note, which gives us an indication that those who wanted to die surely would have prepared themselves firmly both physically and mentally and would have certainly left a note for their loved ones. For many the attempt was made quite abruptly, at the spur of some emotional moment that drove them to die or to appear to end their lives only indicates the absence of a strong intent to die.
15. It was found that 89.70 per cent of them led a normal life any other normal person but only after beset by problems did they dwindle down mentally and attempted suicide. There were about 8.30 per cent told that they led a very carefree life.
16. It was observed that 96. Per cent of them opined suicide as the solution to the problem they were entangled in, while only 4 per cent said they did not perceive so but attempted as they were desperate.
17. It was observed that 5 per cent of the respondents had some permanent disability while, 95 per cent did not get any deformity, though they had some temporary injury or discomfort resulting from their attempts.
18. It was alarming to observe that 93.67 per cent of the respondents said they were not counselled at all as part of their treatment. Only .67 per cent said they were counselled by their close relatives. The rest 5.67 per cent said they were advised by a friend or a well wisher.
19. It was revealed by the respondents that 93.7 per cent are not getting such negative thoughts while the rest 6.3 per cent said they are getting such thoughts.
20. It was heartening to note that in 55 per cent of the respondents' families, the victims could say with confidence that they are being provided with extra care while 42.70 said there was no difference in their treatment.
21. Among the respondents, 91.33 per cent opined that they are not able to resume their work life as usual. It was only 8.67 per cent, who said they may be able to resume work life. It is quite natural that after a major jolt to their everyday life, they have guilty feeling of having done something against the family so much that after all these find it difficult to bounce back to normality
22. It was seen that 51.70 said they get very angry while 42 per cent said they turn a deaf ear whenever others around them talk of their suicide attempt.
23. It was only 29.33 of the respondents who said that they will not attempt suicide at all, while 70.67 per cent on the whole expressed uncertainty regarding attempting suicide again indicating a position of vulnerability. This uncertainty or lack of confidence is the result of the lack of counselling as part of treatment or after the treatment by some trained professional to



gain confidence to face any similar situation in future. There are theories which state that a person once attempted suicide will certainly attempt within the first month or before 1st year of attempt.

24. The majority of the respondents seemed to have recovered physically to appear normal. It was good to see that 85.67 per cent of the respondents looked normal by their physical appearance, while on the other hand, .67 per cent look abnormal and 2 per cent looked slightly affected.
25. The psychological status of the respondents showed that 54.67 per cent was having guilt and stress, while 19.33 per cent were having stress. It was found that 18 per cent are depressed and 6.67 per cent had only guilt feeling. It was only 1.33 per cent who looked quite normal. More than the physical harm, the harm caused to their mental psyche seems to be considerable. The restoration of their normal life is dependent more on their confidence building and restoration addressed through counselling by professionals.
26. In majority of respondents ( 98. per cent) , a sense of guilt feeling pervades in their mind of having eroded the trust their loved ones had in them. They seem to feel that they survived the attempt but will have to bear the shame till they overcome it.
27. It was heartening to note that 97.33 per cent of the respondents do not want to change their jobs and 2 per cent who want to shift to doing business, which is a welcome sign to their path of recovery indicating their resolve. In the light of the above findings the study recommends the following:
  - a. Pre and Post marital counselling Centres to cater to growing incidence of marital maladjustments leading to suicides. NGOs can be encouraged to run these Centres at the Mandal level to offer Premarital and Post Marital Counselling to stop problems pertaining to Marital adjustment among spouses.
  - b. The Survivors should stay in a Mid way Home before integrated into their families for prolonged sessions of counselling before they are sent to their families. Prolonged sessions of counselling at Hospital may not be possible but a midway Home by NGOs can play a key role in this.
  - c. Counselling should be given by Trained Professionals.
  - d. Life Skills and Surviving skills should be taught as part of School and college curriculum to imbibe confidence in Students and in Youth to face problems in life.
  - e. Media Reporting of Suicide and suicide attempts should be careful not to educate people to copy suicidal behaviour.
  - f. Religious leaders have a major role to play in suicide prevention since all religions discourage the act of suicide. In this context, especially support provided by religious values, are a strong protection to shield against suicidal thought and behaviour.

### Conclusion:

This paper draws the conclusion that the suicides and the attempted suicides, in the Kurnool district have shown a declining trend over the years due some initiatives like 'suicide help line'. Those who had attempted suicides were driven by emotional state of mind and tried take away their lives in a fit of emotional frenzy, stress triggered by inter spousal conflicts due to maladjustments , familial feuds or financial loss or debt. The accentuating factors which acting on their psyche, drove them with alienating feelings like helplessness, isolation, hopelessness to end up their lives. In spite of their attempts their precious lives have been saved, thanks to the support given by family and friends but their mental condition with stress and guilt is a cause of concern because in the absence a strong counselling post their suicide attempts, they are once again in a state of emotional vulnerability and with the fragile mental condition they are likely to buckle under pressures and end up in suicides.

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**Table No. 1**  
**AGE WISE DISTRIBUTION OF SUICIDAL SURVIVORS**

Sl. No	AGE Group	No. of Respondents	Percentage
1.	25-30	165	55.00.
2.	30-35	78	26.00
3.	35-40	30	10.00
4.	40-45	15	5.00
5.	45-50	6	2.00
6.	50>	6	2.00
	Total	300	100.00

**Table No .2**  
**LITERACY LEVELS OF THE RESPONDENTS**

S. No	Level of Literacy	No. of Respondents	Percent
1	Illiteracy	47	15.70
2	Primary	41	13.70
3	Secondary	133	44.30
4.	Intermediate	24	8.00
5.	Degree	46	15.30
6.	Post Graduation	6	2.00
7.	Professional	3	1.00
	Total	300	100.00



**Table no. 3**  
**PLACE OF BIRTH OF RESPONDENTS**

Sl. No	Place of Birth	No. of Respondents	Percentage
1.	Rural	150	50.00
2.	Semi-Urban	50	16.67
3.	Urban	100	33.33
	Total	300	100.00

**TABLE NO. 4**  
**DISTRIBUTION RESPONDENTS BY THEIR OCCUPATIONS**

Sl. No	Occupation	No. of Respondents	Percent
1.	Coolie labourers	138	46.00
2.	Govt. Employees	12	4.00
3.	Private Employees	58	19.30
4.	Unemployed	6	2.00
5.	Student s	25	8.34
6.	House wives	61	20.33
	Total	300	100.00

**TABLE.5**  
**IMMEDIATE CAUSES FOR RESPONDENTS' SUICIDE ATTEMPTS**

Sl. No	Immediate cause	No. of Respondent No of No of Respondents	Percentage
1	Death of Loved ones	13	4.33
2	Divorce & Separation	26	8.67
3	Debt & Property Loss	77	25.67
4	Family conflict	13	4.33
5	Marital Discord	60	20.00
6	Health Problem & Disability	33	11.00
7	Frustration & Disappointment	34	11.33
8	Lack of Parental support	13	4.33
9	Isolation Stress	31	10.33
	Total	300	100.00

**TABLE NO. 6**  
**FACTORS THAT ACCENTUATED SUICIDE ATTEMPTS IN RESPONDENTS**

Sl. No	Factors	No of Respondents	Percentage
1	Agrarian Crisis	12	4.00
2.	Debt & Loss	30	10.00
3.	Gambling & Drinking	03	1.00
4.	Onset of chronic Illness	07	2.33
5.	Inter Spousal Conflicts	41	13.67
6.	Disappointments in Family, Personal life	56	18.67
7	Loss of Status loss	25	8.33
8	Anxiety Guilt & Worry	59	19.67



8.	Hopelessness	32	10.67
9.	Loneliness & Isolation	05	1.67
10.	Separation	06	2.00
11.	Death of Spouse	04	1.33
12.	Family conflict	20	6.67
	Total	300	100.00

**TABLE NO 7.**  
**WAS THERE ANY FEELING OF ANXIETY OR STRESS**

Sl. No	Response	No. of Respondents	Percent
1	No Anxiety & Stress	13	4.30
2	Yes Stress & Anxiety	287	95.70
	Total	300	100.0

**TABLE 8**  
**ANY PHYSICAL DEFORMITY AFTER SUICIDE**

Sl. No	Deformity	No. of Respondents	Percent
1.	No Deformity	285	95.00
2.	Some Deformity	15	5.00
	Total	300	100.00

**TABLE 9**  
**PSYCHOLOGICAL STATUS AFTER RECOVERY**

Sl. No	Psychological status	No. of Respondents	Percent
1.	Depression	54	18.00
2.	Only Guilty	20	6.67
3.	Guilty and Stress	164	54.67
4.	Normal	4	1.33
5.	Only Stress	58	19.33
	Total	300	100.00

**TABLE 10**  
**FAMILY MEMBERS' TREATMENT OF RESPONDENTS NOW**

Sl. No	Type of Treatment	No. of Respondents	Percent
1.	Indifferent	7	2.30
2.	As Usual	128	42.70
3.	Extra care	165	55.00
	Total	300	100.00



**TABLE 11**  
**WILL YOU ABLE TO WORK NORMALLY?**

Sl. No	Response	No. of Respondents	Percent
1.	No	274	91.33
2.	Somewhat	1	.33
3.	Yes	25	8.33
	<b>Total</b>	300	100.00

**TABLE 12**  
**WILL YOU AGAIN ATTEMPT SUICIDE**

Sl. No	Response	No. of Respondents	Percent
1.	Don't know	154	51.33
2.	Somewhat	2	.67
2.	I can't say	56	18.67
3.	Never	88	29.33
	<b>Total</b>	300	100.0

**TABLE NO 13**  
**WHETHER THE RESPONDENTS WANT TO CHANGE JOB**

Sl. No	Response	No. of Respondents	Percent
1.	Don't want to do anything	1	.33
2.	No Changing of job	292	97.33
3.	Unable to perform any work	1	.33
4.	Want to shift to business	6	2.00
	<b>Total</b>	300	100.00