

Escaping Life: Youth's Perception on Suicide

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ABSTRACT: The interplay between pain, anxiety and attention, and further, the experiential avoidance as the response to emotional pain marks the beginning of the paper exploring the psyche of the youth. Youth has outnumbered all other age groups when it comes to the expression of self-harm in the guise of suicide. With the COVID-19 at the threshold of the nation, this study was done in February 2020 to explore the perceptions of youth about suicide and the coping strategies they use when they are in stress. Interview schedule was used to explore the perceptions of undergraduate and post graduate students about suicide. There were 18 students from undergraduate and 32 students from post graduate from Department of Psychology, University of Lucknow. The results highlighted that most of them had at least once thought of committing suicide. However, on a positive note most of them had used positive strategies while dealing with their stress. Thus, there is a need for urgent intervention for students who are daily dealing with the ups and downs of their life and are trying to catch up with the daily stressors of their life.

Keywords: Suicide, stress, experiential avoidance, coping strategies, youth

I. INTRODUCTION

“Will we survive or would this Corona virus reach our country also and take us by its grip” was the question that one of PG student of Psychology asked and it reminded us of Victor Frankl “Do we have to suffer to get to the meaning of suffering?”

Pain is an essential part of one's life just as suffering. It all depends on how one attends to this pain. The interplay between pain, anxiety and attention makes all the difference because anxiety is a blend of emotion and cognition. How the individual attends to emotional pain is definitely different than how it attends to the physical pain. The physical pain is immediately attended to whereas emotional pain is kept in avoidance and is

known as experiential avoidance. These may be the secrets of the self, from the self, suppressed or repressed kept under the carpet, forgotten under the garb of various defence mechanisms, with self-oblivious to all what is operating at the extra sensory defensive level. It is a paradox of self-deception which operates at individual and collective level. At times we shun our own identity and at other times we divorce a part of our self from the relational selves that we belong to. Thoughts play the most important role in this deception and management of the pain.

The two primary elements which shape our life and help us survive are intention and attention. Our intentions shape our thoughts, words and actions and also explain the why of our various actions. Intentions play the pivotal role in helping us cultivate a life of happiness or make an abrupt ending of suicide. If an individual has an intention of well-being his attention is focussed on happy positive thoughts and the core of his life is centred on concepts, meaningfulness, well-being and happiness creating meaning in all aspects of life. On the other hand, if an individual has an intention of suffering, his life is centred on death, destruction, devastation, suffering and pain as is evident in the environment with COVID-19.

COVID-19 ever since its onset and subsequent spread all over the continent posed grave challenges for general public health and the global spread had its projections for both physical and mental health crisis. WHO (2020) had published brief messages related to mental health and psychological considerations during COVID-19 outbreak and had highlighted the importance of psychological first aid.

The first case of COVID-19 in India was reported on 30th January, 2020 in Kerala's Thrissur district in a student who had returned home for a vacation from Wuhan University in China (Rawat, 2020). After that, waves of apprehension about CORONA was spreading with news.

What will be, what may not be were the anxieties, fears and distress suffocating one and all. The core of self being gets choked with the feelings of confusion, anxiety, indecisiveness, uncertainty, instability and above all feeling of loss overwhelmed people at large. In such a scenario often feelings hijack the logic and inability to handle the stress resulting in ending one's life by suicide. There have been reports of suicide due to excessive fear of contracting COVID-19 as early as 12th February, 2020 even when infection was not spread across the country (Goyal, et.al., 2020) and this goes without saying that suicide is the third leading cause among young adults (Radhakrishna and Andrade, 2012).

In such a scenario when news was pouring (both print and electronic) about deaths from CORONA, community spread, social distancing, pandemic nature of CORONA, asymptomatic persons and no vaccines for treatment virus in the air, lockdown seems to be the only answer to this pandemic that would grip the world in no time. The need for such a study came up with the backdrop of apprehensions and anxieties of CORONA. The researchers felt it appropriate to explore in a brief interview the mind-set of Psychology students about suicide.

World Health Organization (WHO, 2014) estimates of suicide rates in the 194 Member States (based on data provided by those countries but adjusted, depending on 'usability' of the data), India and China account for 40 per cent or more of the 800,000 annual suicide deaths globally. Southeast Asia has been referred to as the frontline for delivering on the aspirational Sustainable Development Goal of a one-third reduction in the suicide death rate by 2030 (Armstrong and Vijayakumar, 2018). With 18 per cent of the world's population living in India, 'addressing suicides in India is imperative to making a global difference in the burden of suicides' (Dandona, Kumar, Dhaliwal, Naghavi, Vos, Shukla, et. al., 2018).

Experiential avoidance, pain are in the mind of youths and as they are very impulsive, catch things very fast, the thought of suicide also seem to be tapping their minds every now and then.

Researchers have found that suicide is the third leading cause of death among 15 to 24 years old (Anderson and Smith, 2005) and second leading cause among college students (WHO, 2019). Lot many researches are being done after the trauma that how people felt but researches prior to trauma are few in number and anxiety is apprehension about a negative event in the offing. Therefore, this particular research paper tapped the

mind-sets of the Undergraduate and Postgraduate students on suicide. With the increasing trends, it was relevant to study about what youth of today think about suicide.

II. METHOD

The purpose of the present research paper was to explore the perceptions of youth about suicide, the coping strategies they use and their thoughts about suicide. Data was gathered using Interview schedule on the undergraduate and postgraduate students of Department of Psychology, University of Lucknow. There were 18 students of undergraduate (6 males and 12 females) and 32 students of post graduate (11 males and 21 females). Their age range varied from 18 years to 22 years. All the students were from middle socio-economic status and belonged to Lucknow district, Uttar Pradesh. Expost facto research with exploratory orientation was used. Convenient sampling was used to collect the data.

III. RESULTS

With reference to the purpose of the research, participants were asked "Have they ever thought of escaping life?" The vast amount of data generated was content analysed to derive meaningful exclusive categories.

Table 1: Ever thought of escaping life

S. No.	Categrory	UG	PG	Total
1.	Yes	57.58%	46.88%	52.31%
2.	No	42.42%	53.12%	47.69%

The perusal of the table clearly reflects that most of the students had thought of taking their lives. However there is only a marginal difference between people who have a thought of taking their lives and those who does not. With reference to UG and PG students, more of the UG students said yes (57.58%) than the PG students (46.88%). For young adults, life as a student is stressful with various types of social pressures, parental expectations, comparison with siblings, high achieving friends and relatives, pressure for academic excellence, as well as, a desire for very high paying job and rich life style. Some of the young adults consider giving up life as the easiest option whenever they attach too much importance to these issues and perceive themselves as unable to cope up with them (Agrawal, Singh, and Awasthi, 2017)

Suicidal ideation is the presence of thoughts regarding suicide. These range from the

passive (e.g., “I’d be better off dead”), to considering a specific suicide method, to developing specific suicidal intent with plans to act (Posner, Brown, Stanley, Brent, Yershova, Oquendo, et. al., 2011). Suicidal ideation may be transient or chronic, with some individuals experiencing ongoing passive suicidal ideation for years without making any attempt. (Nugent, Ballard, Park and Zarate, 2019). Thus, the main risk factor related to suicide lies in a patient’s history of previous episodes of deliberate self-harm, including suicide attempts (Ghio, et.al., 2011).

Suicide ideations constitutes an important aspect of suicidal behaviour and is defined as the domain of thoughts and ideas about death, suicide and serious self-injurious behaviour (Pienaar and Rothmann, de Vijver, 2007). Researchers have identified a wide range of socio-demographic factors, external stressors and psychological causal aspects of suicide ideation and suicide (Fortuna, Perez, Canino, Sribney and Alegria, 2007; Hawton, Sutton, Haw, Sinclair and Deeks, 2005; Hintikka, et.al., 2001; Gunnell, et.al., 2004). Thus, it was relevant to ask participants about “What do you think about suicide?”

Table 2: Conception about suicide

S.No.	Category	UG	PG	Total
1.	Normative Prescription (Judgement)	47.22%	47.06%	47.14%
2.	People who commit	25%	35.29%	30%
3.	Shortcut, Crime	8.33%	11.77%	10%
4.	Suicidal ideation and working on it	13.89%	-	7.15%
5.	Life is important and should be prevented	5.56%	5.88%	5.71%

The conception of suicide brought forth 5 major categories namely normative prescription, people who commit, shortcut and crime, suicidal ideation and working on it and life is important and should be prevented. Significantly it is the normative prescription (47.14%) which have overwhelmed all other categories. There were almost equal distribution among both UG and PG students. Some of the verbatim were- “It is not the solution as every problem has a solution”, “It is painful for the family members”, “Extreme condition of any external circumstance”, “Foolishness” etc. These verbatims were somewhat close to the conceptions of Ram, Singh and Sharma (2013) where they see suicide as an intentional determination to end one’s life, an unexpected way of death, where the willingness to die originates within the person and there is the presence of known or unknown causes to end one’s life.

This was followed by the category of people who commit (30%). More of postgraduate students (35.29%) have responded in this category than undergraduate Students (25%). Some of them said that “option for losers”, “Coward people do it” and “those who are unable to cope with their problems”.

10% of the students view it as a crime or shortcut by which they are able to get rid of their life and problems. For young adults, life as a student is stressful with various types of social pressures, parental expectations, comparison with

siblings, high achieving friends and relatives, pressure for academic excellence, as well as, a desire for very high paying job and rich life style. Some of the young adults consider giving up life as the easiest option whenever they attach too much importance to these issues and perceive themselves as unable to cope up with them (Agrawal, Singh, and Awasthi, 2017).

Some of the undergraduate students (13.89%) have focussed on the suicidal ideations also, there were no responses in this category from the postgraduate students. Many factors may contribute to suicidal ideation or suicidal behaviour, including stressors in the work situation, factors outside the work situation and personality dimensions, as well as, the interaction between these variables (Schmidtke, Fricke and Lester, 1999). For youths depressive symptoms, low social support, effective dysregulation and father child conflict is intently associated with suicidal ideation (Arria, et.al., 2009).

O-R theory conceives suicide as an attempt, in fantasy to destroy bad internal objects-introjects (Kernberg, 1975) - or unwanted aspects of the self. Winnicott (1958, 1960) depicted suicide as involving a fantasy of destroying bad aspects of the self or destruction of the entire self when the true self is threatened with exploitation. In a relational context, suicide may be seen as the deflection of aggression towards the self to restore

a threatened relationship in terms of self-punishment (Rado, 1951).

Lastly, the students said that life is important and should be prevented (5.71%). Some

of them said that ‘we need to live our life fully’, ‘life is important and should be given importance’.

As most of the students said that they had a thought of escaping life. It was essential to ask about the coping strategies they use when stressed?

Table 3: Coping with stress

S.No.	Category	UG	PG	Total
1.	Positive Active (Yoga, Move away from that place)	37.93%	44.68%	40.95%
2.	Positive Passive(Listen to songs, watch TV)	39.66%	36.17%	38.10%
3.	Negative Active (Ignore, Isolation)	10.34%	10.63%	10.48%
4.	Negative Passive (Sleep)	12.07%	4.26%	8.57%
5.	Synonym	-	4.26%	1.90%

It was very reassuring that an overwhelming percentage of respondents indicated that they use positive strategies while coping with stress than the negative strategies. 40.95% of the students use positive active strategies. A marginal difference was found in this category where higher number of PG students (44.68%) gave positive active responses than the undergraduate responses (37.93%) Some of them responded that “Talk to people”, “Do exercise, yoga” or “move away from that place”. The next category for coping with stress is positive passive strategy (38.10%) i.e. students “listen to songs”, “Read books”, “Watch TV”.

In contrast to the positive strategies, some of the students also use negative strategies to cope with their stress. A marginal number of 10.48% use negative active strategies where “they go in isolation”, “ignore the problem” and “eat a lot”. While 8.57% use negative passive strategy that is they do nothing and “Sleep”. Here again higher percentage of undergraduate students (12.07%) gave this response in comparison the postgraduate students (4.26%).

These results are in contrast to the other researches where researchers find people using more of negative strategies than positive strategies. Maladaptive coping skills and poor interpersonal skills limit adolescent’s ability to solve problems, thereby increasing the likelihood that suicide may be considered as an ultimate solution (McBride and Siegel, 1997). Empirical evidences also highlight the substance use also increase the risk of suicidal behaviours (Swahan, Bossarte, Ashby and Meyers, 2009) which is not found in this research.

Most of the responses are positive in coping but some of them also hold on to negative strategies. Thus we need some hand holding to take

out negativity from the life’s of adults on issues which are unresolved. When you had no control for CORONA like problems you feel like ending your life rather than spreading it to other people. One of them said “It is better to end of my life than passing on such virus to people whom I love”.

IV. DISCUSSION

Thus, in the end we can say that hope and hopelessness are two distinct factors but are correlated. Hope can act as a resilience factor that buffers the impact of hopelessness on suicidal ideation. Inducing hope in people may be promising avenue for suicide prevention. (Huen, Braian and Paul, 2015; Chang, 2017).

Suicide is a social evil which requires to be tackled at different levels. While many discussions and studies point to breaking down of joint family system, poor interpersonal relationship within families, broken families, busy parents/spouses, financial crisis as the various triggering factors, the law, in a bid to prevent suicides has declared attempted suicides as an offence deserving punishment and the law also considers abetment of suicide as a serious offence. Yet, the core strategy to overcome this problem still requires serious attention (Rajagopal, 2013). Even in this difficult situation of COVID-19 students have not responded anything in reference to this pandemic problem as their stressor. Although suicide is the third leading cause of death among youths, however, our present findings have contradictory results in this regard. As the students were from Psychology background most of them had reflected on the positive coping strategies by both the undergraduate and postgraduate students. Your thought patterns help you to come out of any traumatic experiences and

pandemic crisis situations as that of CORONA virus.

Psychotherapeutic interventions have also been investigated, with evidence supporting the efficacy of cognitive behavioral therapy and dialectical behavioral therapy (Gotzsche, Gotzsche, 2017; Brown, Ten Have, Henriques, Xie, Hollander, Beck, 2005; Linehan, Comtois, Murray, Brown, Gallop, Heard, et. al., 2006), in addition to other suicide-targeted therapies (Michel, Valach, Gysin-Maillart, 2017). It should be noted that these treatment strategies could be considered both secondary and tertiary prevention strategies, designed to prevent both relapse and recurrence of suicidal ideation or behaviour.

Conversations with counsellors revealed that young people find it difficult to cope with failure in examinations and careers and neither families nor other social institutions offer adequate support or solace. Professional help is difficult to find because India endures an 87% shortage of mental-health professionals. The situation is exacerbated by low public spending on mental health — India spends less than Bangladesh on mental-health services. (Hindustan Times, 2017)

India does not spend enough on mental health. Currently, it spends 0.06% of its health budget on mental health, which is less than Bangladesh (0.44%). Most developed nations spend above 4% of their budgets on mental-health research, infrastructure, frameworks and talent pool, according to a 2011 World Health Organisation (WHO) report.

Universities in India still lack counselling centres, where trained counsellors and psychologists can assist students at the onset of emotional and mental problems so they do not spiral into full-fledged clinical depression and lead to suicide. There are 3,800 psychiatrists, 898 clinical psychologists, 850 psychiatric social workers and 1,500 psychiatric nurses nationwide, according to a reply by the Ministry of Health and Family Welfare in the Lok Sabha in December 2015.

Adolescents in their late stage are likely to experience more stress and emotional turmoil as they face the threshold of adulthood. In this period, many stressors, to name a few, poor scholastic performance, rising expectations from parents, getting involved in relationships much before they are mature enough to handle them, and ensuing frustrations when it is rejected by either side or by their parents, employment status, marriage issues, and so on might create pressures on them.

A National Imperative was published by the Institute of Medicine, in which the prevention

programmes were organized at three different levels; (i) universal (addresses the entire population irrespective of the level of risk of the individuals in the population), (ii) selective interventions (address at-risk groups with the goal of preventing the onset of suicidal behaviour), and (iii) indicated (interventions address individuals deemed high-risk by virtue of a prior suicidal attempt or suicidal ideation). (Goldsmith, Pellmar, Kleinman, Bunney, 2002).

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