



REVIEW ARTICLE

IMPACT OF SUICIDE ON WIVES – A STUDY IN KERALA, INDIA

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ABSTRACT

Coming to terms with the death of a loved one is one of life's most challenging journeys. When it is suicide, family members and friends can experience an even more complex kind of grief. While trying to cope with the pain of their sudden loss, they are overwhelmed by feelings of blame, anger and incomprehension. Adding to their burden is the stigma that still surrounds suicide. The present paper tries to analyse the impact of suicide on the life of the wife who is left behind. Qualitative study has been conducted in 10 families in Thiruvananthapuram, Kerala, where the husbands committed suicide. The paper brings to light the grief, the guilt of the women who have lost their husband, their fear about the future compounded with the stigma attached by the society. It ends with a few suggestions such as how survivors of suicide and their friends can help each other and themselves by gaining an understanding of grief after suicide.

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INTRODUCTION

Kerala, the southernmost state of Kerala which boasts of its Kerala Model of Development fail to produce a society matching up with its level of education and development. The state has failed to produce adequate measures to prevent the number of people taking their own lives. The latest figures from the National Crime Records Bureau show that 8,431 people killed themselves during 2010; the State accounted for 6.2 per cent of the total number of suicides in the country. The NCRB data also showed that the national average suicide rate was 11.2 per lakh population during 2010, which was marginally lower than 11.4 per lakh population during 2009 (NCRB Report 2010). Though Kerala's percentage share has come down, there has been an increase in the rate of suicide from 24.6 per lakh population in 2009 to 25.3 per lakh population in 2010 which is two times higher than national average; which means one suicide per hour. In fact, 2010 has had the dubious distinction of having witnessed the highest number of suicides in the last five years (NCRB reports 2010). Police sources add that 36 cases of suicide have already registered in the first two months of the current year. For each completed suicide there are 20 times more suicidal attempts. Each suicide, on an average leaves 20 times more people in severe distress (NCRB 2011). Durkheim defined suicide as any case of death that results directly or indirectly from a positive

or negative act, carried out by the victim himself, knowing that it will produce this result. The same author highlighted that this fact can only be explained by an analysis of the society where the suicidal individuals live, and not by a simple interpretation of what occurred with the individual. For Shneidman, suicide is understood as a conscious act of self-annihilation, as a "state of multidimensional restlessness" experienced by a subject in a state of vulnerability that perceives the problem and defines that the best solution for it is self-extermination. An act of suicide, says, Albert Camus, is prepared with in the silence of the heart, as is a great work of art. Suicide has been honored as well as condemned down through the ages. The philosophers approach to the topic of suicide hinges on the central query whether the human can decide to blow out the flame of his own life. Suicidal death has been charged triple sinful because it is an act directed against God, state and man himself. Suicide has been a part of civilization since time immemorial. The subject has remained the focus of attention with almost all religions. Depending on the time and culture, public attitudes towards suicidal behavior varied from one of acceptance to condemnation. Hinduism states that he who takes his own life will enter the sunless areas covered by impenetrable darkness after death. Islam considered suicide a very serious crime and Christianity prohibits suicide and considers it as a sin against God and his primary one of suffering and stress, and it is one of man's duties to withstand his suffering. Thus, suicide irrespective of any religion condemns and prohibits suicide. Controversy clouds the point whether the tendency for self destruction is

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phenomenon of modern societies or whether it was an inherent quality of primitive mind. Certain anthropologists have claimed that suicide was unknown to certain tribes like Zoni of New Mexico, Andaman islanders and Australian aborigines, nevertheless others have found a higher occurrence of suicide among Navaho of North America and Fizi islanders when compared with the suicide rates in the advanced countries. Society however, is neither simple nor unitary it condemns suicide because it believes that the life is a condition of good fortune and because it does not want to put in the question the worth of values of which man find subscribes.

Durkheim demonstrated that suicide was the result of disparity between the individual and the social structure. One commits suicide only when one suffers from frustration, isolation, humiliation and dependency. Suicide implies that the person has reached a stage where he is longer able to function adequately in the many interpersonal relationships of a normal human being, and that the ties that bind the member of the organized group are broken. Investigations of suicide death reveal that in the great majority of cases, suicide did not occur suddenly, impulsively, impulsivity or inevitably, but was, on the contrary the final step or outcome of a progressive failure of adaptation. In India 'Other Family Problems' and 'Illness' were the major causes of, accounting for 21.7% and 18.0% respectively of total suicides. 'Marriage Related Issues' (5.1%), 'Love Affairs' (3.2%), 'Drug Abuse/Addiction' (2.8%), 'Bankruptcy or Indebtedness' and 'Failure in Examination' both accounted for 1.8% each, 'Unemployment' (1.7%), 'Poverty' (1.3%), 'Property Dispute' (0.8%), 'Death of Dear Person' (0.7%) were other causes of suicides (NCRB, 2014). Death for the individual means not only loss of the self but also the loss of others significant to that self (NCRB, 2014).

The problems faced by the members of the deceased are indeed tragic. D. M. Shepherd and B. M. Barraclough in their study of "The Aftermath of Parental Suicide on Children", shows suicide affect children more. It might be thought that bereavement by suicide would be particularly disturbing with its implications of death, sometimes horrible, being preferred to life with the family and that there might result a sense of rejection and feelings of guilt, depression and shame, or of anger, or blame towards the surviving parent. Suddenness of death, the consequent upheaval of strong emotion, the police enquiry and the changed behaviour of adults in the family might be expected to frighten children. Anxiety, a lesser form of fear and often longer lasting, was commonly observed. The most unexpected result is the relative absence of effect. Lack of sensitivity on the part of parents in perceiving or recalling their children's responses while in their own misery may be a partial explanation, or inability on the part of the children to communicate feelings which they may not comprehend, or a relative absence of feeling, conditioned by prolonged exposure to unsettling family events. And it is likely that in some the release from sometimes-insupportable family life brought more relief than grief. An incidence of psychological morbidity greater than that of a comparison group was observed. Some children appear to cope with the experience of parental suicide without consequences; for a few there was relief from an insupportable situation. Bereavement has attracted several lines of sociological inquiry, including studies of the possible lethal consequences of loss of spouse, of the nature of widowhood, of the consequences for the bereaved of different types of death and of anticipatory grief. A surviving spouse is at increased risk of dying following bereavement-variously referred to as

"the broken heart syndrome" or the "loss effect". Lynch (1977) in a major scientific and sometimes sentimental tract wrote, "Loneliness and grief often overwhelm bereaved individuals and all available evidence suggests that people do indeed die of broken hearts".

Another line of sociological inquiry concerns widowhood, as a process of reacting to bereavement and learning to cope with it. Helena Lopata began a series of investigations that culminated in "Widowhood in an American City" (1973) and "Women as Widow: Support Systems" (1979). Lopata in a rigorously designed study of the consequences of widowhood draw a representative sample of widows for the Population of Metropolitan Chicago. Despite the relatively small sample (301 Cases) analysis by age, race, socio-economic status and recency of bereavement enabled Lopata to differentiate among subgroups of widows. Women over 65 were frequently found to have joined a "society of widows". Since at that age widowhood tended to be the norm. Young widows tended to suffer from being a "third wheel" in their social networks, which were made up largely of couples. Despite their wider social networks, middle class widows tended to have more problems than lower-class widows, since their marriages had frequently been the more satisfactory. Social interactions tended to be especially low during the first year of widowhood. While widowhood did not appear to increase relationships with the immediate family, contacts with in-laws typically were curtailed. Lopata's research also identified some positive consequences of widowhood. Many widows experienced release from a particularly unhappy marriage, or from the anxieties of a long, painful and lingering illness, and were able to express a new sense of independence. Sheskin and Wallace (1976) opened new avenues for sociological research on the 'fit' between bereavement responses and the circumstances of precipitating death. When the death has been a 'lingering' one, as in cases of terminal illnesses and of suicides preceded by debilitating depression, the widow's recovery appears to be facilitated by the fact that she could begin to redefine her role and to assume new responsibilities prior to the death. In contrast, unexpected accidents and most suicides are found to produce the most severe bereavement reactions: Shock, despair, bewilderment and often physical illness. In such cases, where widows must make sense of a world that has suddenly lost its meaning, recovery tends to be a long process and is frequently accompanied by overwhelming sorrow and loss of the sense of personal control. The reactions of widows whose husbands had taken their own lives was further compounded by self blame, thus complicating and lengthening the adaptive processes of recovery.

Objectives

The present paper tries to analyze the impact of suicide on wife and to study the attitudinal transformation after suicide.

Methodology

The list of families of those who committed suicide in the Thiruvananthapuram district, Kerala was obtained from State Crime Records Bureau. From the 14 districts of Kerala, Thiruvananthapuram has been selected through random sampling. After a preliminary study of the respondents, 10 cases were selected where husbands have committed suicide. The interviews were done 2 years after the incident has been taken so that the impact can be assessed very clearly. These

families were studied in detail using case study method and in depth interviews. Several visits were made to the houses first to establish a rapport and also to take the members of the family into confidence. The woman who has lost her husband was interviewed in depth in each family to know the causes (eventhough it was not probed in detail) and to know its impact on their lives. This was also supplemented through interviews done with other family members. Secondary data was also collected from State and National Crime Records Bureau several publications, journals, articles, books, paper cuttings, and newspaper and research paper. Data was also collected from experts who had already worked in the field and from the crime report bureau.

Findings

The socioeconomic profile of the respondents shows that more men in between the age of 35-55 have ended their lives, leaving behind their wife and children. Many committed suicide due to familial or financial problems. Reports of Crime Record Bureau also prove that females are reported to have attempted suicide three to four times more frequently than males. Yet these attempts are very often unsuccessful. More males committed suicide when compared to females. In our society, it is more acceptable for females to express emotions openly, while males are expected to hide feelings. Men delay the process of expressing suicidal feelings and are less likely to admit them. Durkheim (1951) found that Suicides are higher among men than among women. It also found that the hostile environment in families compounded by problem of a difficult husband and dowry-demanding in-laws are important issues in females' suicides. They may feel helpless as they fear losing their husbands sympathies and often they do not have any one turn to. This results in the choice of suicide as a way out from psychological pain, anguish and suffering. Women do not wish to die, but out of helplessness they attempt suicide, but withdraw thinking of children. Women are much integrated towards her family especially towards the children at home which reduce the risk of completed suicide. The dominant presence of the married people among those who kill themselves needs to be taken special note. Whether these tragedies occur due to the marriage or in spite of marriage is to be determined in each case. Marriage not being an institution of protection against the pressures of every day life is a danger becoming increasingly felt in our state. The other major danger is that marriage itself is becoming an instrument of distress. Alcoholism is also an important factor which has triggered this.

Suicide was found to be less among working class who had a permanent job. Most of them were self employed or working in the unorganized sector. Reports also say that even among both men and women in kerala, suicide is less among the working group. Sociological literature has pointed to both positive and negative aspects of women's increased involvement in nontraditional roles. Work poses increased demands on married women, causing role overload and distress as a consequence of the competing roles of wife, mother, and worker. Alternatively, it suggests that the net effect of role expansion for women in contemporary society is positive, in that it confers a greater sense of material and psychological well-being for both women and their families. Applying the logic of status integration theory to the contemporary situation concerning the changing role of women in society and suicide potential, we would posit that married women who presently participate in the labor force

would experience less likelihood of suicide, because the status configuration of wife-mother- worker is now a relatively frequent one, occupied by an increasing number of women. Undesirable condition in the home such as alcoholic behaviour of husband and his illicit relations made marks in their life. Status degradation due to unpaid work and non income generative work at home increases her tensions at home which increase the risk of suicide. By engaging in productive activities can reduce the chance of suicide to a great extent among them.

While analyzing the religious background most of the attempters and committers were Hindus followed by Christian and Muslim. This may be due to the fact that there are more religious teachings among Christians and Muslims than Hindus. The solidarity found among the people of these religions and because of this monotheism followed by the people of these religions also contributes to the less suicide. Christians have compulsory religious practices and strong religious teaching. Church and religious leaders have profound influence on their life. The practice of confession gives much relief from internal tensions and sorrows of life. Suicide among Muslim community seems to be less than any other communities as they are well organized and protected by the religious community. They are religious oriented and their belief, system; practices guard them from anti social activities. Another thing is that alcohol is forbidden among Muslim. It also noted that Muslims have developed an internal support system to help the weaker families in the form of "sakkath" which is not found in other communities. The traditional sense of social unity among the might be the reason for the helping the needy.

In terms of family income, the study shows suicide rate is high among people in lower income group and less among the higher income group. It may be mainly due to financial instability and improper financial management among them followed by Domestic violence and related problems. Here researcher would correlate Marx's theory of dialectic materialism. It states that "matter is not a product of mind contrary mind is simply the most advanced product of matter". People's economic well-being reduces constrains of life which reduces problem among them. This study showed economy is not the direct cause to suicide but economic instability indirectly leads to weakening of family relations. It was observed that Suicide is more in rural area than urban area. In rural areas there is no proper or scientific mechanism like counseling centers and suicide prevention clinic to prevent suicide. If they found any problem they live within their problems. But in the case of urbanites while in a crisis they seek professional help than ruralites.

Revisiting old incidents was painful for few, but for many of them it was a relief as they considered this an opportunity to establish their innocence. While analyzing the impact of suicide on wives, it was found that the respondents were shocked in the first instance which was followed by insomnia and ill health and uneasiness to that extend that medical attention had to be provided to most of them. They believed that the incident could have been avoided if there was mutual understanding, which they now claim as an important ingredient in any married life. They blame themselves for certain words exchanged with the person before the incident, which could have been avoided. They are disturbed and seen as accepting the blame for suicide. There was also a development

of secrecy around the cause of death. Family members tried to hide the nature and cause of death from children and relatives who were not close kins. Serious physical illness, which followed represents a major unfavorable change in life circumstance. The sufferings of the young widows, women who had lost their husbands at a young age were long life long. She lost her life partner with whom she shared her sad and happy moments of life. They felt alienated due to the sudden loss spouse's love and attention. For most, the society as well as the family accused them even though the incident happened not because of their fault. Blame was expressed verbally or indirectly through nonverbal cues or social withdrawal by other members of the family. Even close relatives maintained a distance from them which for a few has decreased with time. Most of them slept less as they were haunted by thought about the future life especially the life of their children. The stress experienced by them was too heavy that pushed them into physical and mental problems. Some took medications even years after this incident took place.

It was observed that those who find difficulty in upbringing were mainly dependent females. They found it difficult to repay the huge amount which their husband had borrowed either from banks or from other financial institutions. They were continuously being pestered by the banks and money lenders. For a few the family came to the rescue. The financial crisis had affected the family severely and it did upset the running of the house for some family. The wife was forced to take up a career and the children may begin working earlier than they could have and their educational life were curtailed for the same reason. They also found it difficult to give proper education as well as nourishing food to their beloved children. Even if the financial problems are solved, the emotional problems faced by these people are very wide. The family faced extreme irritations, frustrations and anxieties after the incident. They seem to struggle with the perceived failure to anticipate and intervene to prevent suicide. Sometimes they were subjected to overwhelming stress which is an indication of massive anxiety. Anxiety disrupts performance in families as in individuals, and their behaviour become random, disorganized and of little effect. The most important reason for the collapse of the family was the false interpretation of the incident, gossiping, moral condemnation. The rumours which were of slanderous nature did in fact spoil the family relations and social relations. Sometimes even the other members of the family believed the stories framed by others, which ends in the collapse of the family. Even in cases where they are not blamed by family members. By talking with the members the researcher found that it was mainly the female who became the scapegoat. Many marriage proposals mainly for their daughter or sister got cancelled once they came to know that a member in family committed suicide. There is a false notion that suicidal tendency is inherent other members of the family where a person had committed or attempted suicide. More over people believe that marital bond with such families will bring shame and dishonor to their family also. This eventually leads to disruption in family. Very often efforts are made by the members to keep a suicide secret. Some find difficulty in selling their house as it was now labeled as a 'house' where suicide had taken place or haunted by ghosts, some people may tell that they had hallucination of ghosts producing sounds and walling around. This has caused sleepless nights and anxiety disturbing their minds. Those who had strong feeling of isolation and insecurity were those who were totally dependent on the deceased with the premature demise of the member of

the family; the person feels that he/she is deprived of that person's love and care which an important ingredient of every family is. They felt isolation and insecurity is all walks of their life. There was an attitudinal transformation among family members before and after committing suicide. The family member felt that suicide totally degraded the family status. The respondents from low income group and rural area who once believed that suicide will never happen in their families, now realized that suicide may occur anywhere at any time. People who believed that healthy family can reduce suicide now understood that alcoholism, lack of sharing between family members increases the risk factors of suicide. Most of them believed that change from joint families to nuclear families and associated problems is not only the main cause for suicide but also the relationship and solidarity among members are more important. They believed that deep faith in God can solve problems in life. It was noted that women and elders in the family have increased their participation in religious activities and rituals which provide a great relief for them. In case of Christians and Muslims the religious institutions give courage and some even got financial aid during crisis. But in the case of Hindus, they didn't get support mechanism as Christians and Muslims. It is noted those who were more engaged in religious practices, the relief to family to escape from stress and strains were more.

Conclusion

What is best needed to reduce the risk of suicide. Steps have to be taken from the level of the individual, family and society. Attitudinal change and positive thinking are the most needed values in such situation. Always try to maintain healthy relationship within the family. Encourage people to talk to others, particularly when they are in emotional distress and confusion. "When you are in distress talk to a friend; when your friend is in distress listen to them" could be a good policy to follow. Strengthening workplace informal gatherings and facilitate closer interpersonal communication between colleagues. The other members of the family like the cousins, in-laws and relatives should show the willingness to intervene when close relatives or family member are found to be in difficulty. It needs to be 'be concerned and interested in the personal matters of the family members and be willing to help if help is needed. It also found that marriage, which could be a cushion for the distressed, has often functioned as a stressor. What is needed are urgent measures to enhance the capacity of the distressed to ventilate feelings in confidence and to mobilize the community's resources to intervene in crisis situations. Proper planning at family level leading to a family budget can also be done. Once the suicide has happened, society should support the family rather than alienating them and pushing them to the same situation. In most of the cases, there is a self alienation by the family. The family members develop sleeplessness and other mental and physical health problems. They do not get strength to surface back to their original life. Professional help can be offered either by state or NGOs to help families affected by suicide. Continuous counseling and monitoring has to be given for the entire family. The visits have to be continuous, and the professionals has to be empathetic and humane.

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