

The Relationship of Social Behavior with Suicidal Ideation

(A Textual Analysis of 'Waking up Alive' by Richard A. Heckler)

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Abstract

This study highlights the social forces that galvanize and accelerate the risk for suicidal behaviors among social individuals. Suicidal behavior has traditionally been considered as a product of mental illness. In other words, a one-dimensional construct, with passive ideation, and active intent. The researchers conducted the textual analysis of non-fiction stories of 50 suicide attempts. The aim of this study is to assess the relationship between suicidal ideation and social behavior. The analysis shows that the external catastrophic events shape and reshape the memories and identities, which in turn, constitute internalized trauma. Hence, it is concluded that such traumatic experiences of these individuals affect their identities and memories, leading to the psychological states of thwarted belongingness and perceived burdensome resulting in desire for suicide and death. Hence, suicide can be deemed as a response to social behaviors like abuse, violence, and being an outcast.

Keywords: Suicide, Mental Illness, Abuse, Trauma, Social Behavior.

Introduction

No one is exempted from pain and suffering. Sometimes the outcome of these emotions is the spirit that emboldens one to move forward with fortitude. At other times, adversity strikes, making one hopeless to the point of desiring death and embodying suicidal behavior. Suicidal ideation refers to the ideas that life is not worth living; as a result, humans desire to kill themselves or at least they think their life is useless to be destructed.¹ By definition, suicidal behavior includes suicidal ideation, tendencies, attempt and death by suicide. Traditionally, suicidal behavior has been considered an outcome of depression and a suicidal individual is deemed as a “cognitive-emotionally retarded adult child.”² But there are more causes of suicidal behavior other than mental instability.

*Waking Up Alive: The Descent, The Suicide Attempt & the Return to Life*³ is a non-fiction literary work, in which Heckler attempts to describe the deeply wounding experience of attempting suicide by setting down the histories of suicide attempters as recounted by themselves. Heckler has worked, as a therapist, consultant, and graduate professor, in the field of psychology for over thirty years. This non-fiction book is an outcome of participatory research. He had multiple interviews with 50 suicide attempters. He included portions of the actual tape-recorded transcripts when narrating the process of the suicide attempt of each of the interviewee. He describes the process in its entirety; from the descent into suicidal behavior, the attempt itself and the non-linear process of recovery. He claims no statistical significance as his intention was never to find a solution for suicide but to criticize the heaps of literature on suicide in which authors tend to leave out the process of recovery after the attempt. He also criticizes the lack of psychological models that fully analyze the phenomenon of suicidal behavior.

In literature, recurring themes of self-harm and suicide have made suicide less of a psychological and more of a philosophical and literary phenomenon. The researchers have analyzed the accounts of the traumatic experiences, stated in the selected book, to verify

the relationship of said experiences with the psychological phenomenon of suicidal ideation in an individual. Caruth expressed the intersectionality between psychology, particularly trauma studies, and literature in the following way:

“If Freud turns to literature to describe traumatic experience, it is because literature, like psychoanalysis, is interested in the complex relation between knowing and not knowing, and it is at this specific point at which knowing and not knowing intersect that the psychoanalytic theory of traumatic experience and the language of literature meet.”⁴

Statement of the Problem

Suicide has become a major public health concern as it is considered one of the fastest growing causes of death around the world. Depressive disorders and anxious distress are strong catalysts for the ideation and execution of suicide. Owing to this, most psychological theories about suicide have regarded it as an expression of mental illness. While there is no doubt that individuals with mental illnesses like depression and schizophrenia etc. are at a higher risk of committing suicide but leaving it at that may be inadequate for multiple reasons.

Various studies have shown that multitudes of external social factors dwelling in the environment surrounding an individual also contribute to the chances of them potentially committing suicide. The most common factor is trauma and other social factors include existential crisis, fearlessness in the face of threat, reading literature that glorifies death, social remoteness, substance abuse and socioeconomic status. In the transdisciplinary era of research, “trauma has an inherently ethical, social, political and historical dimension. Therefore, we cannot limit it only in the psychological studies.”⁵

Significance of the Study

The study aims to highlight the impact of social and cultural forces that induce mental health abnormalities resulting in suicidal

ideation. Although in some cases, mental health issues are genetically inherited, in many cases, they are a result of a traumatic experience. This traumatic experience is, often, caused by emotional, sexual, domestic and physical abuse. The suffering of such individuals gets worse when it turns into psychological pain. This psychological pain often manifests itself as existential dread.

Hence, this study will help the readers to understand that suicidal ideation is a social behavior that is, oftentimes, induced because of external forces. Once, they are internalized enough they turn into mental health concerns that, often, lead to suicide. Suicide can be viewed, as mentioned by Heidarizadeh, as a literary dimension of its own because in literature “there is a space for memories, introspection, retrospection, foreshadow, flashback and awful remembrances that are colored by pain, wound and trauma.”⁶

The present study is a multidisciplinary research that views the subject of suicide from the literary, sociological, and psychological perspective, simultaneously. Hence, this research will contribute to the inadequate research work done on non-fiction literature from the literary and psychosociological lens.

Research Objectives

1. To explore the relationship of social behavior with suicidal ideation.
2. To explore the role of traumatic experiences in the acquisition of suicidal tendencies in people.

Research Questions

1. What is the relationship between social behavior and suicidal ideation?
2. What is the role that an individual’s traumatic experiences play in suicidal ideation?

Delimitations

The events of this non-fiction book, *Waking Up Alive: The Descent, The Suicide Attempt & The Return to Life*, have been divided into

three parts: the descent, the suicide attempt, and the return to life. Moreover, “The descent” and “The Suicide Attempt” exclusively discuss the process of development and execution of suicidal behavior; hence, this research focuses on narratives of the interviewees in their own words and as narrated by Heckler in the first two parts of the book.

Review of Related Literature

According to Centers for Disease Control and Prevention (CDC), after accidents and homicide, suicide is the third leading cause of death for people between the ages of 15 to 24 years, in the United States. World Health Organization stated that about 700,000 people died due to suicide all around the world in 2016.⁷ It is estimated that the number of suicide attempts that are made is manifold higher than the number of successful suicides. According to the historical data, the countries which have been the leading contributors to the number of suicides in the world, for the past six decades, include China, India, Russia, USA, Japan, and South Korea.⁸ If the phenomenon of suicide is to be described in purely literary terms, then this interesting conceptual consideration involves the definition of two vernacular literary terms: courage and fearlessness. Rachman stated “Those who develop serious suicidal behavior might become more fearless (if fear actually decreases), or they might become more courageous (if fear persists but they are better able to tolerate it), or both.” He defined courage as an approach or behavior towards the threat one is facing, even in the context of fear, whereas he defined fearlessness as losing fear in the face of true threat.⁹

Another definition of psychache has been viewed as a ‘general psychological pain that reaches intolerable intensity beyond repairability that involves shame, humiliation, fear and angst.’¹⁰ Shneidman believes psychache to be the root cause of human self-destruction. “Pain is the core of suicide. Suicide is an exclusively human response to extreme psychological pain.”¹¹ He theorized

that unresolved psychache results in the onset of suicidal behavior. In the cubic model by Shneidman in 1998, psychache is described as one of three essential factors, when individuals are considering suicide, alongside stress and perturbation.¹²

Another theory that is closely associated with suicidal ideation is the theory of suicide as escape from self. Baumeister investigates the urge to escape in the suicide attempters and the ones who succeed in it.¹³ He also puts forward that women tend to commit suicide more often than men although men are the ones who range higher, statistically, when it comes to succeeding in committing suicide. According to Baumeister "Awareness of the self's inadequacies generates negative effect, and the individual therefore desires to escape from self-awareness and the associated effect."¹⁴

The field of psychology has not yet reached final consensus about the causes and types of suicidal behavior, so depression is not fully adequate as a causal explanation. Hendin offers psychosocial perspective on suicide. He puts forward the impact of social surrounding and interaction of an individual on his decision to kill himself. He argues that suicide is often misunderstood, as it is regarded as "an expression of mental illness" only.¹⁵

There is no one definite cause of suicidal behavior. Although, depression does act as a catalyst in suicidal behavior in a lot of cases but there is a lot of proof of people with depression not contemplating suicide and exhibiting suicidal behavior. Depression is not the same as suicide. For one thing, they have enormously different fatality rates. One can live a long, unhappy life with depression, but many people have died of suicide. "Suicide is not a psychiatric disorder. All persons who commit suicide—100 percent of them—are perturbed, but they are not necessarily clinically depressed or psychiatrically ill."¹⁶ It is abundantly clear that most depressed people do not attempt suicide and that not all suicide attempters are clinically depressed. Moreover, if hopelessness, as the result of social factors, is controlled statistically, depression ceases to be predictive of suicide.

The aspect that is often left out while putting forward the causal explanation of suicide is the impact of social behavior on an individual. Social behavior can be defined as “all behavior that influences, or is influenced by, other members of the same species. The term thus covers all sexual and reproductive activities, all behavior that tends to bring individuals together as well as all forms of aggressive behavior.”¹⁷

Social behavior is an umbrella term for pro-social behavior and anti-social behavior. Pro-social behavior is the kind of social behavior that has a positive influence on other members of the same species. Harrison et al looks at the implicit suicidal ideation to find ways to combat the suicidal ideation before they turn into tragedies. If the clients experiencing suicidal thoughts are introduced to something that gives them a drive to live at an early stage of suicidal ideation through therapy or counseling, they are more likely to deviate from the path that leads to a suicide¹⁸. The hypothesized that the inbuilt desire to live is reflected by implicit memory association that favors life over death. Results from their research came in support of this prediction as the vast majority (93%) of the “non-clinical sample had a stronger implicit self-association with life relative to death/suicide.”¹⁹

Abuse is usually termed as anti-social behavior as the influence of abuse is primarily harmful and the response to it is negative, namely grief, mental illness and emotional trauma. A lot of the children who witnessed and were subjected to abuse tend to develop into adults with self-destructive impulses. For instance, a study indicated that suicide is a personal concern for more than 62.6% of high school students in the Midwest. The study shows that out of a total of 313 high school students “117 students were found to be non-suicidal, 117 were ideators, 46 were planners, and 33 were attempters.”²⁰

The common reasons for early onset of suicidal ideation were indirectly, and at times directly, linked to the students’ home environment, personal childhood trauma or anxious distress.

Overall, it was reported by the attempters that the home environment and family crises affect their mental wellbeing in a negative light. Anger, abuse, and even violence were prevalent elements in their lives. Many perceived their parents as very unhappy, arguing individuals, who could hardly be models of loving, hopeful, coping adults.”²¹

Collective trauma is another form of response to social behavior. Hirschberger traces the process of the reconstruction of social meaning for the victims as the collective trauma converts into a collective memory which concludes into a redefinition of victim identity. He claims that this trauma although being adaptive for group survival can also increase the level of existential threat among the victims hence, stimulating a search for meaning and the construction of a collective self. ²²

The interpersonal theory of suicidal behavior emphasizes the constructs of perceived burdensomeness, thwarted belongingness, and acquired capacity to enact self-injury, which warrant investigation in adolescents at risk for suicide due to interpersonal stress related factors. Opperman, Czyz, Gipson and King concluded in a case study of adolescents to check the validity of interpersonal theory of suicidal behavior. This study draws the conclusion that although there are multitudes of other unstated and undiscovered reasons for suicidal ideation in young adults, most of them stem from thwarted belongingness and perceived burdensome as a response to their position in their social surrounding. They concluded that particular attention is warranted toward at-risk adolescents who are experiencing themselves as a burden on others because they are experiencing a low sense of belonging to their families²³.

Although a lot of work has been done on the young adult literature dealing with the suicidal ideation of the carefully constructed fictional characters there is an abundant lack of research on this subject in non-fiction literature. In non-fiction literature, there is no glorification for the sake of stylistic and editorial effect. The subject is presented in its true, raw, and unattractive form. Hence, the

researcher attempts to determine the relationship of social behavior with suicidal ideation, in its most realistic form, by performing textual analysis of the tape-recorded transcripts of suicide attempters themselves as given in Heckler's *Waking Up Alive: The Descent, The Suicide Attempt & The Return to Life* by using the interpersonal theory of suicide.

Research Methodology

- **Theoretical Framework:**

The framework used for analyzing the selected excerpts from Heckler's *Waking Up Alive: The Descent, The Suicide Attempt and The Return to Life* is taken from Joiner's theory of suicide (IPTS) which is also called the interpersonal-psychological theory of suicide. Joiner outlines IPTS in his book *Why Do People Die by Suicide*. Literary trauma theory, first developed in the 1990s, claims that trauma creates a speechless fright that splits or destroys identities, usually referring to trauma as an outcome of sexual violence or collective emotional experience of cultural groups.²⁴ Critics like Cvetkovich²⁵, Hungerford²⁶, and Mandel²⁷ and Balaev, Orlov, Petrushevsky, and Martynova²⁸ disagreed with the prospect of literary trauma theory. As a result of criticism to the limited definition of trauma, later the pluralistic model of trauma studies was developed which provided a greater attention to the variability of traumatic representations. Hence, the researcher uses IPTS as an extension of the pluralistic approach of literary trauma theory to analyze the excerpts from the selected book.

The theory (IPTS) in consideration details the cognitive turmoil and external factors that contribute to the onset of suicidal ideation in an individual. In this theory, Joiner proposes identifies that the desire to commit suicide arises when individuals hold two psychological states, namely perceived burdensome and lack of belongingness. Perceived burdensome refers to the belief that one's existence is a burden to one's loved ones, given that the burdensome is "perceived."

They might or might not be burdensome to the people around them. Thwarted belongingness refers to the act of withdrawing and alienation from any social interaction on the grounds of the beliefs that the person deems himself as unimportant in one's social circle. Referring to these two psychological states Joiner stated "Either of these states, in isolation, is not sufficient to instill the desire for death. When these states co-occur, however, the desire for death is produced."²⁹ Capability to enact self-harm is developed when an individual due to their state of mind starts a fight with the self-preservation motives of their mind after habituating to pain. IPTS proposes that an individual who meets all three of these conditions is most likely to attempt suicide. The conditions are given as follows:

1. Desire for death which is created when the following psychological states are met:
 - a. Perceived burdensome.
 - b. Thwarted belongingness.
2. Acquired ability to enact lethal self-injury.³⁰

The researcher identifies these conditions that are considered vital for suicide according to interpersonal theory of suicide, in the selected book, to detect whether these conditions have any relationship with social behavior or if they are intrapersonal.

● **Research Method**

The research is qualitative, the approach is descriptive, and uses textual analysis as a research method to analyze the selected text. Textual analysis is a paradigm of collecting data from the text. Therefore, it involves a profound analysis of the selected text to draw different meanings, and conclusions with respect to the interpersonal theory of suicide (IPTS).

● **Procedures and Tools**

The primary source of data in this research is the text that states the experiences narrated by the suicide attempters themselves in *Waking Up Alive: The Descent, The Suicide Attempt and The Return to Life*. The secondary sources include the commentary and

description given by Heckler alongside the interviewees' accounts of their experiences, the internet, research articles and books, etc.

- **Textual Analysis**

In the selected book, Heckler has divided the histories of the interviewees into three categories: traumatic loss, family sacrifice and alienation. The researcher further categorizes these experiences into the two major causes of suicidal behavior as given by Joiner in ITPS and examines them to conclude whether they have a relationship with social behavior or not. Joiner states that the desire for suicide is driven by failed belongingness and perceived burdensomeness.

Desire for death

Perceived burdensomeness and thwarted belongingness are overlapping features of a suicidal mind hence, the researcher discusses them in tandem. Both arise from cognitive distortion about one's importance in and association with a valued network of social support.³¹ Heckler shares the story of Teresa, a registered nurse, who during her lifetime survived death of a parent and endured physical and sexual abuse along with maternal neglect. Her biological father passed away when she was three years old. After experiencing sexual molestation at the hands of her alcoholic stepfather and witnessing the physical abuse he subjected her little brothers to she revealed everything to her mother, who ended up divorcing him. She recalled, "Everyone blamed me for breaking up the family."³²

Her mother became addicted to valium and was mostly absent, sometimes for weeks and months. Teresa, as an eleven-year-old, became the primary caretaker of her home. Later, her sessions with her therapist also proved to have a negative impact on her mental health as the therapist asked her questions that implied Teresa had consented to her stepfather's sexual behavior. "Somehow I thought this was my fault, and now he (therapist) was telling me the same thing!"³³ She also fell prey to parental neglect on part of her addicted mother. To provoke a reaction from her she would act out and deliberately get into trouble, but her mother never expressed

concern. That is when perceived burdensome came into play. She saw herself as a “zombie” and felt “useless.”³⁴

Due to the bad reputation of her family in the neighborhood, parents of other children would forbid them to play with her. This triggered the feeling of thwarted belongingness in her as the world became a succession of insults. She started fantasizing about death and thinking her death might solve all the problems that she caused for her family. She confessed, “in the back of my mind, I was thinking, ‘maybe if I kill myself, then it will have an effect on somebody—on anybody.’” She compared her life to a “black cylinder.” “I couldn’t see out and I couldn’t get out.”³⁵

Jason, a seventeen-year-old, ward of the state had been living on the streets since he was twelve because both his parents were declared unfit for his custody. He experienced lack of belongingness at an early age as he was an exiled member of his family and an unwanted member of the society. Due to the physical and emotional distance with his parents he could not indulge in a social intercourse with them. His parents disregarded his emotional outbursts as a teenage phase. “I felt no one would listen to me—no one cared—”³⁶ He revealed he had continual fights with his father that always ended with Jason being subjected to physical abuse. During one of these fights, he sustained multiple physical injuries and retaliated by trying to stab his father with a knife. When he failed to do so he ran barefooted through the desert to his friend’s home. He started viewing himself as a burden to his families and found comfort in the thought of suicide. He started viewing death as “peaceful” and all he knew was that he “wanted to die.”³⁷

Vic was born with a severe deformity to his right arm. He underwent multiple surgeries and innumerable hospitalization as a child. Due to his deformity, his schoolmates often bullied him, so he withdrew from their company. He started perceiving himself as an alien. Interpersonal-psychological theory of suicidal behavior proposes that in chronically ill patients the “receipt of support may exacerbate feelings of burdensomeness” and this positively affects

suicidality. He also could not find solace in his parents as he thought they were already going through a lot due to his medical condition and he “didn’t want to burden them.”

An African American, skilled physician and psychiatric resident, Ruth’s desire for death stemmed from a multitude of emotional trauma that she faced at a very early age. A child of a prostitute mother and a drug addicted father, she found solace in her stepbrother. Too young to differentiate molestation from affection, she was constantly sexually molested by him. When she asked him to play with her, her “punishment” for bothering him was for them “to have sex” and after that they “could play.”³⁸

Her mother passed away when Ruth was thirteen and a year later her brother lost his life in Vietnam. Joiner defined thwarted belongingness as more than just loneliness; rather, he defined it as the sense that nourishing connections are demolished. The sense of alienation that she felt became worse when she started becoming the victim of racism at her school. She was often referred to as the “blackie.” She started smoking marijuana “to mute the unhappiness she felt.”³⁹ The loneliness that she felt in her childhood intensified when she entered medical school where rest of the people belonged to similar backgrounds and were able to connect with each other whereas she felt “isolated in the world of people.”⁴⁰

Ed, a high school football player, struggled with his sexuality since he was a fourteen-year-old. He was able to win the praise and approval of his family by earning many distinctions and scholarships throughout his football career. Being a son of a homophobic* father, he feared being termed as a faggot† and ultimately bringing shame to his family. He told Heckler, “I’d scream at myself, ‘You’re a disgrace to your family!’” He experimented sexually with women but was always drawn towards men. This mental conflict regarding

* Having or showing a dislike of or prejudice against gay people.

† Derogatory term used for the members of the LGBTQ+ community.

his sexuality made him withdraw himself from the people around him. He started communicating less and less. He would tell himself; "I must not be gay. I'm not a fag!" He would consistently question his emotions. He would scream at himself, "You fucking chump! What are you feeling that way for?"⁴¹

Umberto's family moved to the United States from Guatemala in hopes of making a better living. But family was soon met with financial crisis. According to the view of belongingness, separations from a "mother country can be linked with increased suicidality." Her father eventually committed suicide after killing his wife, leaving Umberto with a debt of \$20,000 and a family to raise. The implications of perceived burdensomeness include "acute consequences of difficult economic times". He attempted to get some legal help but couldn't afford it. The desire for death, in Umberto, arose after his father's suicide. He shared that that when he heard that his father killed his mother and himself, he, also, wanted to kill himself "out of anger."⁴² Crushed under the burden of his culture to be the dominant breadwinner of the family, he started making sense of his father's actions. He started thinking that what his father did was "wise." "Maybe it was okay, his way" he said, as he claimed that he understood why his father did what he did, and he started planning his own death.⁴³

Rennie always felt like an outsider in town, in her school and most excruciatingly in her own family. She felt suffocated by the specific expectations one had to meet to be accepted by the conventional society of a small village in Germany where she grew up. She moved to Mannheim and got into the drug system. Experiencing social alienation as a child already, her desire for death only accelerated when she was subjected to domestic abuse by her partner, and he even destroyed her apartment. She wanted an escape, but she could not find any example of a peer who was able to exit the world of addiction and smuggling. Believing that she won't be able to escape these circumstances she was drawn towards suicide. In the study of suicidal thoughts, escape themes

are found to be an important subjective meaning of death. She recalled that time in her life “like being in this deep hole” and all the people that she knew were in that deep hole too. She was convinced that there was no escape for anyone of them. “Everyone that I knew was in a place that was as bleak as mine.”⁴⁴

Robert, an eighteen-year-old son of his tiger parents* was very frequently subjected to abuse by his father. He recalled being beaten up by his father after their neighbours accused him of stealing from their houses. His parents speculated that he was stealing things to sell and earn money to buy drugs and Robert confessed that he was not even aware of what “drugs” meant at that age. As the time passed, he grew distant, his father violent and his mother passive. He was deemed a colossal failure in his family though he had a learning disability that was undiagnosed at that time. In children who feel like a burden to their families, suicide attempts have been linked to “perceived inability to meet parental demands.”⁴⁵ He felt lonely and unimportant.

Ian internalized the lack of approval he received from his grandmother and father. As the result of his inability to stop his parents from fighting as a child, he developed into an adult seeking belongingness and approval from others. Over time, he had developed tendency to deem himself inadequate even when the other person was at fault. Even when his partner of three years, Kevin, indulged in sexual affairs outside of their relationship and potentially exposed Ian to HIV virus, the contraction of which he had kept a secret from him, Ian was quick to forgive him and mend the broken ties with him. He scheduled a meeting with his to fix the broken ties only for Kevin to not show up for the meeting. Assaulted by perceived burdensomeness and thwarted belongingness, Ian found the catalyst that drove him towards committing suicide.

* Parents who adopt a strict and demanding parenting style.

Something inside him said, "This is it" as he made the decision to kill himself and found comfort in the thought that he won't be there to see "what happens" with his lover.⁴⁶

Chris, a navy officer's wife, experienced abuse at the hands of her mother in her childhood. The experience led her to become sensitive to criticism as she grew up. She experienced depression and had developed suicidal tendencies at an early age. And the pressure of being the perfect military wife and a mother further worsened her mental wellbeing. "If anyone criticized me, I felt like I didn't deserve to live."⁴⁷ She and her husband could never find a common ground but due to the stigma around divorce they refused to part ways. When she became pregnant with her second child, she knew that her mental health would become even substandard, so she decided to opt for abortion.

Her husband's lack of concern about her decision regarding the abortion enraged her and the fury accelerated her descent into suicidal ideation. She felt like she was never enough for her husband or her daughter. "Suicidal people view themselves in quite negative terms."⁴⁸ She started perceiving her own presence as a burden to her family and started withdrawing herself from them both. She thought her daughter would have a better life without her presence. She recalled her last thoughts about her daughter, "she needs not to be poisoned by me."⁴⁹

Much like Rennie, Gary, born in an upper-middle-class family in Princeton, had sampled most of the drugs and was a drinker in his teens. He could not find common grounds with his family hence over time grew distant from them. His relationship with his father encompassed frequent arguments and occasional blows. His father, over time, became more violent verbally and physically and at times their fights ended up with him tying Gary to a chair. His method of disciplining his son was very coercive. Gary recalled that once his father shaved his hair off. As the blood was running down Gary's scalp, his father screamed, "This is how you're gonna look if you live

under this roof, and you're gonna behave just like any other boy!"⁵⁰ That was when he decided to walk to his garage and hang himself.

Acquired ability to enact self-injury

The reasons why some people are more successful than others at killing themselves include, among others, how lethal their methods are, their ability to enact self-injury and the strength of a competing wish to live. IPTS proposes that one of the most prominent ways of acquiring the ability to enact self-injury is by habituating oneself to pain. This factor is most observed in people who have attempted suicide multiple times. Past experiences with suicidality further facilitate future suicidal tendencies because "the first time is the most painful hence with every attempt one habituates with pain and suffering."⁵¹

For instance, Rennie committed suicide three times. She recalled her third suicide attempt as the least painful one and herself being the most fearless she had ever been during the act. She confessed, "I hadn't realized what a humongous tolerance I had."⁵² Like Rennie, Catherine attempted suicide multiple times, twice to be particular. The first time was after her father's death and the second was an outcome of the fury as a response to spousal neglect.

Individuals who have the tendencies of self-harm are more likely to attempt suicide. For instance, Vic recalls banging his head on to the wall repeatedly to exchange the apparently abstract emotional pain for physical pain he was well-acquainted with. Ed, prior to his suicide attempt, went to his basement and repeatedly hit himself in the head with a baseball bat in hopes of attaining death by brain hemorrhage.

Another way one can habituate to pain is through involvement in violence, "either as perpetrator or as a victim."⁵³ This holds true in the case of Karl, who due to his drug addiction, became a dealer and eventually was recruited by the mafia. He always carried weapons like handguns and knives with him and he occasionally inflicted physical harm as well. He grew more heartless and less human over

the course of his time in the mafia. Eventually, the FBI started seizing his property and when he could not find comfort in drugs anymore, he decided to attempt suicide. He failed both the attempts.

Another similar yet different example of this type of habituation of pain lies in the narrative of Ruth. As a medical student, the more she gained medical experience, the more methodological and technically sophisticated her suicide attempts became. She shared, "I'd give myself lidocaine so I wouldn't feel pain."⁵⁴ And Deborah, a medical secretary also was habituated to violence, although medical. She also remembers calmly writing suicide letters to her loved ones in the bathtub after she took aspirin as "it thins blood" planning to "open" her wrists later.

Due to their training and practice, physicians often observe the consequences of pain, violence, and injury, also they are well-educated in the specialized knowledge about lethal agents and methods of death; hence, they develop substantial competence and expertise on the subject of suicide. Another common way people are seen to acquire the capacity to enact self-harm is due to the desire of escaping. This was frequent in most of the interviewees who considered their bodies a vehicle that they wanted to destroy and escape from forever. As Karen recalled "I just wanted not to have this body. I didn't want to continue being in it."⁵⁵

She wanted to get rid of her body and reality that it encompassed. Ed while beating himself was ready to tolerate the physical pain that he was feeling if that was going to eventually kill and let him escape the emotional pain that he was going through. It is observed that the pain of thwarted belongingness activates the similar areas of the brain as physical pain. Mattie revealed that her final wish was wanting to stop the feelings that she couldn't tolerate, and as she couldn't stop them any other way she resorted to suicide.

A lot of the suicide attempters acquire self-harm tendencies due to their perceived association of the suicide with the reclamation of power and revenge. As Catherine revealed that she attempted suicide to make her husband sorry after years of neglect on his part.

When Kevin didn't show up to meet Ian, he resorted to suicide and claimed to have power. Like, he was finally controlling his life. Ian shared "the only power I had was knowing that I was going to take my own life."⁵⁶

Discussion

The researcher has especially highlighted anti-social behaviors that usually result in physical and psychological trauma. Trauma constitutes a marked feature highlighting sociological scars and psychological wounds faced by suicide attempters. Abuse is a type of social behavior. In the selected book, it has been frequently mentioned by multiple interviewees. Out of all the 14 case studies, 13 of them revealed to have experienced or witnessed abuse either sexual, domestic, or other forms of physical abuse at least once in their lives. For instance, Teresa and Ruth were sexually molested as kids; Rennie was a victim of domestic abuse; Robert, Gary and Jason were physically abused by their fathers, Vic was a victim of school bullying, Ian grew up while watching his parents fight, and Chris was physically abused by her mother.

Joiner stated, "Genetically transmitted personality traits or disorders could simultaneously explain a parent's abusive behavior and a child's subsequent suicidal behavior." Sharon recalls her experience living with her mother, who was also suicidal, as she "had dragged our whole family through her pain for years." Witnessing abuse can also have similar adverse effects on an individual as going through it. When Karl joined the mafia, he witnessed and perpetrated physical abuse and Umberto witnessed his father murdering his mother and then committing suicide. In the case of Ed, the only interviewee who did not experience physical abuse, he was subjected to a lot of emotional abuse by, his homophobic father, as a closeted* homosexual individual.

* Keeping one's sexual orientation a secret.

The presence of abuse in the narratives of all the interviewees suggests that there is some sort of relationship between abuse and suicidal ideation. Of course, not all victims of abuse commit or contemplate suicide. Other social behaviors that were frequently mentioned in the discourse of the suicide attempters include emotional abuse, parental neglect, spousal neglect, being outcaste and being cheated on by a partner.

As seen in the above analysis, the response to most of the anti-social behaviors is internalized emotional trauma. This emotional trauma acts as the foundation of the states of perceived burdensomeness and thwarted belongingness. Hence, it can be proposed that the desire for death arises as a response to anti-social behavior. Later when it is coupled with the acquired ability to enact self-injury it results in suicide.

Conclusion

This study being multidisciplinary has viewed the subject of suicide from the literary, sociological, and psychological perspectives, simultaneously. The researcher has made an attempt to look for the relationship between the social behavior and suicidal ideation in the context of the selected book. In order to answer the first research question of this study, it is concluded that there seems to be a relationship between social behavior and suicidal ideation. To be precise, anti-social behavior is the variable that seems to be in positive correlation with suicidal ideation. Out of the fourteen interviewees, thirteen revealed that they were subjected to social abuse by their family or the loved ones. Anti-social behavior results in experiences that are often traumatizing. These traumatizing experiences develop the state of perceived burdensome and thwarted belongingness in an individual, ultimately generating the desire for death.

As far as the question of exploring the role of traumatic experiences in the onset of suicidal ideation is concerned, from the above analysis, it can be seen that suicidal ideation often comes out as a response to accumulated and internalized trauma. As Caruth

asserts that responses not only to combat and to natural catastrophes but also to rape, child abuse, and a number of other violent occurrences have been understood in terms of PTSD*.

The trauma is usually caused by the social actions of other people for instance emotional and physical abuse, parental and spousal neglect etc. The consistent and reoccurring account of traumatic experiences in all the interviewees' histories suggests that there might be an impact of these experiences on the rate of suicidal ideation and the intensity of suicidal behavior. This further affirms the validity of the pluralistic approach of trauma studies that, instead of limiting the definition and treatment for trauma to some specific categories, focuses on the variability of trauma, its impact, and its representation. Hence, to limit the causal explanation of suicidal ideation to intrapersonal psychological struggles or depressive disorders of the client is imprecise.

There is no denying that anti-social behavior acts as a catalyst in suicidality; it will not be too farfetched to suggest that pro-social behavior might act as an inhibitor or at least may act as a factor that might help in reversing or slowing down the rate of suicidality in an individual. Hence, more studies should be conducted on the effects of all types of social behavior on a suicidal mind with reference to the available literary texts, which are being read by the social and academic actors. Through these studies, the researchers in the field of literature can develop better understanding of causal factors of suicidal ideation; similarly, the psychotherapists can develop better forms of therapy and counseling for their clients.

The researcher does not claim any statistical significance and accuracy because this study is limited to the fourteen interviewees from the selected literary work. Hence, the conclusion can be unidirectional and inadequate. Either way, there is no doubt that

*Post-traumatic stress disorder

suicide is a growing pandemic that warrants immediate attention. As the social factors play an adequate role in the onset of suicidal ideation; hence, it is important to hold oneself accountable for one's social behavior.

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