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SUICIDE EXTREME ACT OF PATHOLOGICAL BEHAVIOUR

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ABSTRACT:

Contemporary times pose many threats to life and health. The type of changes in many areas of human life, e.g. changes in the economy, value loss, consumerism causes unexpected intensification of extreme social problems, e.g. suicides. Suicide is an extremely complex phenomenon in its aetiology, which is a problem not only of individual but also of social pathology. Due to their size, structure and dynamics, and above all the social consequences of suicidal behaviour, suicidal behaviour is an important social problem that cannot remain unnoticed.

KEY WORDS:

suicidal behaviour, pathology

INTRODUCTION

The problem of pathological behaviour and related threats is one of the most important issues, which not only reduces the quality of life and the sense of security, but in extreme cases may cause anxiety by finding an end in acts that endanger human health and life. In today's reality, the range of behaviours that pose a threat to the individual has expanded considerably; it is no longer just addictions, crime, eating disorders or suicidal behaviours that are classified in this group of acts. Acts and events regarded as pathological phenomena include e.g. shopaholism, workaholism,

phonoholism, gambling, excessive sporting activities. These pathological behaviours do not exhaust the full classification of dangers for the unit are only a demonstration of selected threats to the unit's security[1]. The indicated areas are also an attempt to show an upward trend of pathological phenomena, which are not only individual, but above all social in scope.

When considering social pathologies in the context of individual entities, attention should be paid to its criteria, manifestations and classification, which are characteristic for modern civilization. Individual pathology first of all directly affects the carrier, but the effects are a threat to the immediate environment, group and society. On the other hand, the extent of a pathological phenomenon in a given population measured by the number of its "infected" was considered a criterion of the degree of threat to society[2]. Among the many pathological behaviours appearing in society, the bargaining of young people, in particular, arouses great concern. Therefore, this article focuses on suicidal behaviour as one of the ten most frequent causes of death in the world. According to reports from the World Health Organisation (WHO), on average every minute a suicidal act takes place and every three seconds one suicide attempt takes place.

SUICIDAL BEHAVIOUR

Suicide is a complex process, which is conditioned by various factors. It is a form of social pathology and although it is carried out by an individual, the consequences have a social dimension, because one of the roles that society should play is to prevent suicide attacks. The closest human environment has an extremely large impact on it. Situations where a person feels mismatched or rejected often call for isolation and reluctance to make interpersonal contact. This, in turn, often gives rise to various mental disorders of the individual, which over time may deepen and lead to an attempt to interrupt life. Mental health and self-esteem are therefore essential for proper functioning and significantly reduce the risk of human attempted suicide.

The term suicide, although it seems to be a very obvious concept, is difficult to define unambiguously and strictly. Many researchers looked at the essence of this phenomenon and gradually extended the basic definition

[1] A. Urbanek, D. Zbroszczyk, J. Grubicka, *Patologie społeczne – wymiar personalny i strukturalny* (in preparation).

[2] U. Świętochowska, *Patologie cywilizacji współczesnej*, Toruń 1998, p. 16.

based on the definition of suicide as a "successful assassination attempt on their lives". However, actions taken by people who want to lead to self-destruction are the result of a great variety of motives, external influences, psychophysical factors or socio-cultural conditions. It would therefore be a major simplification to close this definition in an imprecise, vague framework. It is therefore necessary to review the definition of the concept of suicide by various authors, as it is not only the basis for understanding the essence of the act of self-destruction, but above all it is the basis for preventive actions.

Emile Durkheim called "suicide (…) any death which is the direct or indirect result of an act or omission, manifested by the victim being aware of the consequences of his or her behaviour"[3]. E. Stengel defined the essence of suicide as "(…) an intentional act of self-destruction, before committing which the possibility of survival was completely excluded in the consciousness of the perpetrator"[4]. T.L. Beauchamp points out that "(…) suicide occurs only when the act is intentional, is not enforced by anyone, and death takes place in specially arranged conditions"[5].

Tadeusz Ślipko[6] also quotes suicide theories based on G. Deshaies and A. Delmas. According to G. Deshaies "death is taken as an objective or measure", in turn A. Delmas treats suicide as "(…) an act consciously undertaken as a choice not marked by moral necessity". We can also mention Powell's theory, which explained suicide by an anomy on the verge of specific professional groups, as well as Gibbs and Martin claiming that it is the result of destabilisation and the disappearance of the permanence of relations in society, born out of fulfilling opposing social roles[7].

C. Cekiera defines suicide (…) as the deliberate and conscious deprivation of life or any deliberate self-defeating life-threatening damage[8]. It is a disease characterized by a sense of helplessness, passivity, pointlessness and senselessness of life. The author emphasizes that suicide is a complex

[3] E. Durkheim, *Samobójstwo – studium z socjologii*, Warsaw 2008, p. 51.

[4] B. Hołyst, *Suicydologia*, Warszawa 2012, p. 81.

[5] Z. Szawarski, *Samobójstwo – w poszukiwaniu definicji*, [in:] *Etyka*, H. Jankowski (ed.), Warszawa–Poznań 1988, p. 47.

[6] T. Ślipko, *Etyczny problem samobójstwa*, Kraków 2008, p. 65.

[7] R. Bielicki, *Dynamika, uwarunkowania, profilaktyka samobójstw w ostatnim ćwierćwieczu XX wieku w Polsce*, Łysomice 2004, p. 9.

[8] C. Cekiera, *Etiologia i motywacja usiłowanych samobójstw. Studium psychologiczne*, Lublin 1975, p. 13.

phenomenon in its conditions, manner of performance, and above all in motivation.

On the basis of these definitions, we can assume that we are talking about suicide as a desperate act that is the crowning achievement of a lack of willingness to further existence, duration or existence. However, this is not a permanent feeling, because suicide attempts are rarely made under the influence of a moment or one short-term impulse, but this does not apply to situations in which the person is under the influence of psychoactive substances, when the individual is unaware or limited in consciousness. In this case, its ability to reduce or intensify emotions and generate violent behaviour may increase the risk of attempted suicide, but these are special cases. Carefully planned both in terms of method and place, **suicides** can be a manifestation of rebellion against the problems of the surrounding world and a demonstration of powerlessness towards people and phenomena that have left the greatest emotional stigma on potential suicides. The suicidal act can therefore be described as **self-aggression caused by a lack of psychological predispositions to solve problems or by a disturbed process of perceiving and evaluating reality**. So what is suicide, courage or pathology?

Suicide statistics are absolute, according to data from 2017 of the Central Statistical Office, suicides were the cause of death more often than road accidents, which shows the huge scale of the phenomenon.

The table below provides an overview of relevant information on the total number of suicide attacks in 2013–2017, the sex and age of suicide acts, as well as the level of education and suicide behaviour in 2017. Tables 1, 2 and 3 as well as diagrams 1 and 2 are presented in the tables.

The presented statistics do not inspire optimism, although the decreasing tendency of suicidal behaviours is noticeable, the age of 7–12 years may arouse anxiety when assassinations of one's life are already taking place.

Tab. 1. Total number of people in suicide bombings

Year	overall	7–12 years	13–18 years old	19–24 years old	25–29 years old	30–34 years old	35–39 years old	40–44 years old	45–49 years old	50–54 years old	55–59 years old	60–64 years	Above 65
2013	5.658	4	144	454	425	451	466	445	452	616	764	540	897
2014	5.927	3	124	521	439	453	493	494	488	615	717	585	995

Year	overall	7–12 years	13–18 years old	19–24 years old	25–29 years old	30–34 years old	35–39 years old	40–44 years old	45–49 years old	50–54 years old	55–59 years old	60–64 years	Above 65
2015	5.624	5	114	436	473	467	497	458	424	567	666	593	924
2016	5.335	2	101	371	405	468	431	446	438	497	633	542	1.001
2017	5.268	1	115	353	406	499	465	462	405	442	603	536	981

Source: own analysis on the basis of police statistics of the KWP.

It would seem that increasing quality of life should go hand in hand with a reduction in the scale of the problem. Unfortunately, the statistics do not confirm this dependence, but on the contrary indicate a significant scale of the phenomenon[9].

Tab. 2. Suicides and sex of suicides in 2017

Total number of suicides	Gender			
	Men	%	Women	%
5276	4524	85,7%	751	14,2%

Source: own elaboration based on police statistical data.

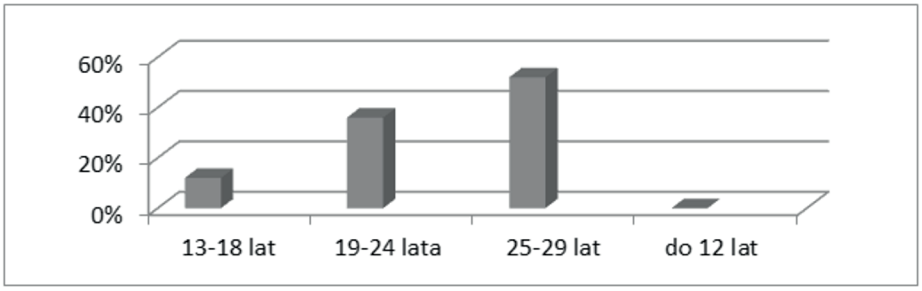
The prevalence of suicide by men is immense, with suicide accounting for nearly 86% of all suicide cases in 2017. In fact, this is evidenced by Alan Carr's theory that male gender is dominant[10] among suicidal demographic factors.

It is also extremely important to analyse the age group of suicides, as the limit of suicidal behaviour is significantly lowered.

[9] A. Urbanek, D. Zbroszczyk, J. Grubicka, *Patologie społeczne…*, op. cit.

[10] A. Carra, *Depresja i próby samobójcze wśród młodzieży: sposoby przeciwdziałania i reagowania*, Gdańsk 2004, p. 59.

Scheme 1. Suicide by age group up to 12 years – 29 years in 2017

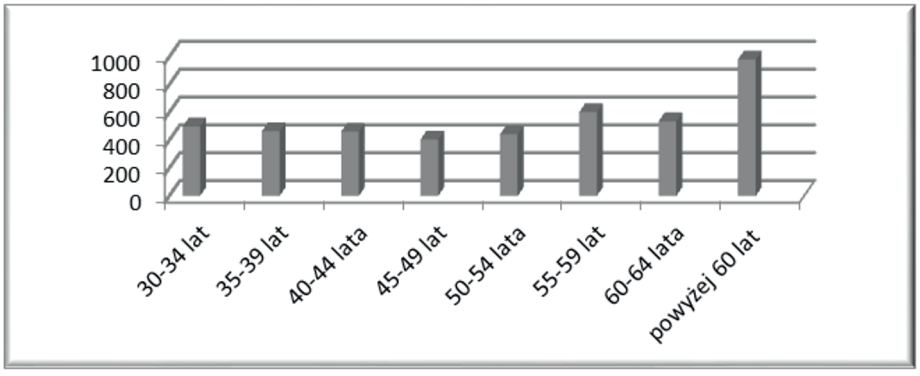


Source: own analysis based on police statistical data.

The graph above illustrates the distinction indicating an increase in successful suicide attempts with age among the age group up to 12 years – 29 years. In 2017, suicide was committed by one child up to the age of 12, in the case of the age group 13–18 it was 115 people. On the other hand, as many as 353 people aged 19–24 years and 406 people from the age group 25–29 years decided to commit suicide.

According to police statistics from 2017, out of all 5276 suicides: 602 people were under the influence of alcohol, 13 people were under the influence of intoxicants, 69 people had taken medication before, 3 people were under the influence of legal highs.

Scheme 2. Suicide by age group 30 – over 60 in 2017



Source: own analysis based on police statistical data.

Each age range indicated in the analysis evokes reflections on the causes of barging one's life. In my opinion, however, the great anxiety related

to suicidal behaviour is aroused by the fact that people over 60 years of age take their lives.

As mentioned above, when addressing the issue of suicidal behaviour among children, adolescents and adults, it is worth highlighting the distinctions in terms of the way suicide is carried out.

Tab. 3. Suicides by mode of committing in 2017

METHOD OF COMMITTING SUICIDE	NUMBER OF SUICIDES
Suspension	4313
Jumping from height	342
Jumping in front of vehicle	105
Consumption of medicines	102
Cardiovascular damage	75
Shooting	72
Other suicidal methods (including self-immolation)	65
Drowning	57
Suffocation	49
Self-harm	46
Exhaust gas/gas poisoning	29
Poisoning with chemicals/drugs	21

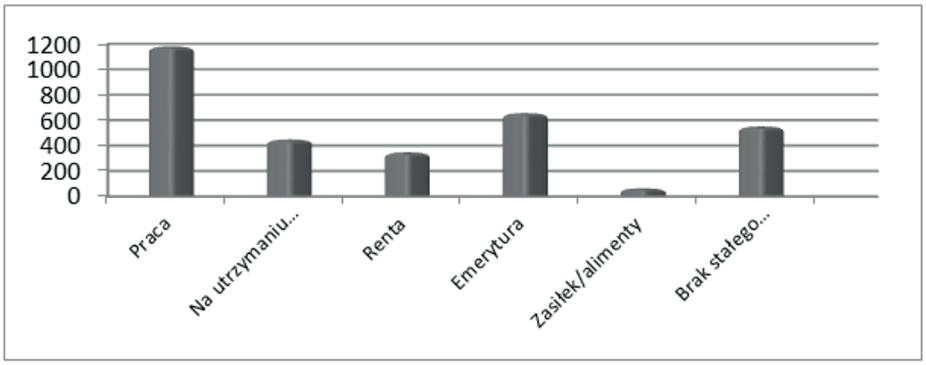
Source: own analysis based on statystyka.policja.pl

Among various forms of taking one's life, death by hanging is at the top of the list. In the above analysis, reflections may trigger an act of death by shooting, as access to weapons is not common in Poland. A very bru-

tal form of taking one's own life is self-immolation, which also occupies a high position in the way you take your life.

Police statistics also provide an opportunity to look at the reasons of suicides. However, these data do not give a complete picture, that out of 5276 suicides in 2017, information about these was only specified in 3249 cases.

Scheme 3. Suicide in relation to reasons in 2017



Source: own analysis based on police statistical data.

The graph above shows that paradoxically, most suicides are among working people, while suicides without a stable source of income are more than half the number. Therefore, they are people actively participating in social life, and their problems arise from factors other than environmental isolation or problems with obtaining means of subsistence, and the notion of the meaning of life is not defined by them in terms of the economic situation.

Suicide should not be considered as a single act in which an individual deliberately destroys himself. This is an action related to a sequence of different consecutive events, where the last usually ends in death. A series of stages preceding a suicidal act begins when a person starts to have suicidal thoughts and fantasies, and tends to self-destruction to move on to the last phase in which an assassination attempt on one's life takes place[11].

Given that about half of the suicide victims are suicidal tendencies as a means of calling for help, it can be assumed that these people did not only have the intention of dying. Behaviour of this type often has a different purpose from depriving oneself of life, which may be to change one's

[11] M. Sobkowiak, *Przeciwdziałanie zachowaniom suicydalnym w pracy socjalnej*, Gorzów Wielkopolski 2011, p. 9.

current life situation or to draw the public's attention to one's own person. It can also be assumed that the will of death results from the conviction that the negative situation in which he finds himself at the moment is insurmountable and this generates a multitude of suicidal thoughts.

Moreover, according to E. Ringel's research carried out all over the world, as many as 85% of suicide victims informed the environment about this intention before the suicide, which seems to contradict the theory that a person taking his or her own life treats death as better than life. The individual would then be exposed to the risk that someone would stop him/her from committing the intended act[12]. Andrzej Bałandynowicz, on the other hand, indicates that about 34–48% of suicidal victims do not want to die, but they express "the will to live, but in better conditions", which they are not able to provide for themselves. They want to draw attention to their problems, get help and in their case suicide can usually be prevented[13].

Suicide is a long-term and multi-stage process. Suicidal tendencies are already formed in childhood and are a reference to the individual's psychological and social situation, perception of reality and self-esteem. This means that suicidal behaviour tendencies are formed over a longer period of time and do not occur suddenly. The whole process is considered in several stages, starting from the very thoughts on this subject to the realization of these plans:

1. **Suicidal thoughts** – public information about such intentions can be a way to demonstrate helplessness and personal problems that an individual faces, the category of suicidal thoughts contains images of his or her death, the means and methods that he or she could use for this purpose, as well as the reaction of the immediate environment to the situation.

2. **Suicide threat** – an announcement that a lady wants to take her life, unless the conditions/ wishes set by her are met.

3. **Suicide attempt** – with which one can find more determination of the individual than with suicidal thoughts alone. Analysing the statistics, it appears that 20% of suicide attempters repeat this activity again[14].

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[12] E. Ringel, *Gdy życie traci sens. Rozważania o samobójstwie*, Szczecin 1987, p. 92, quoted after: M. Sobkowiak, *Przeciwdziałanie…*, op. cit., p. 8.

[13] A. Bałandynowicz, *Reakcja społeczeństwa wobec problemu suicydalnego jednostki*, [in:] *Samobójstwo*, B. Hołyst, M. Staniaszak, M. Binczycka-Anholcer (ed.), Warszawa 2002, p. 78.

[14] S. Kozak, *Patologie wśród dzieci i młodzieży. Leczenie i profilaktyka*, Warszawa 2007, p. 71.

4. **Suicide** – an act that proves that a person was unable to withstand the ailments and problems that overwhelm him or her and overwhelm his or her abilities. Rosenhan and Seligman point to some common features of this phenomenon, which occur in the vast majority of cases, e.g. about 13% of suicides are used for manipulation, 56% are motivated by a strong desire for death, and in about 30% there is a combination of both cases[15].

This act is an act that evokes extreme emotions in society. More and more often suicide is the result of unresolved problems about which people do not want, cannot or do not have anyone to talk or the accumulation of various difficulties that create a vision of a situation without a way out. Suicide victims and people trying to take their lives usually have certain clinical features in common, which undoubtedly make it possible to identify people who can commit this drastic act. Mental disorders, the course of which is associated with a significant risk of suicide bombing, include depression, which is the most important risk factor associated with suicide. The individual, when making a choice or taking his or her life, is usually tormented by ambivalent thoughts and emotions. One factor may outweigh its behaviour[16]. Before an attack on one's life, an individual suffers a mental condition known as a presuicidal syndrome. This is a concept introduced by E. Ringel, who distinguishes three phases of this period:

1. First phase narrowing.
2. Second phase of slowed aggression and self-aggression.
3. Third phase suicide fantasies.

The first element was divided into **situation narrowing** and **narrowing of interpersonal relations**. Situational narrowing is characterized by the feeling of being in a "life trap" without exit. There is helplessness and powerlessness, and death is seen as the key to solving its problem. This distorted image of reality can drive an individual into a dynamic narrowing in which he feels inevitably "pushed" into the arms of death. A given aspiration to the end of life is intensified by the experience of repeated experiences, it is about perceiving the passage of time as approaching a man to a certain death[17]. On the other hand, the **narrowing of interpersonal relations** may manifest itself in the loss of interest in cultivating relations

[15] D.L. Rosenhan, M. Seligman, 1994, for I. Pospieszyl, *Patologie społeczne*, Warszawa 2014, p. 95.

[16] A. Urbanek, D. Zbroszczyk, J. Grubicka, *Patologie społeczne…*, op. cit.

[17] M. Sobkowiak, *Przeciwdziałanie…*, op. cit., p. 9.

with people. This is the result of a lack of understanding and support despite being surrounded by many close and supportive people. This type of narrowing can lead to complete alienation of the unit. The last type of narrowing is connected with the **world of values**, which is characterized by lowering the sense of value of one's own person, as well as discontinuation of respect for the values that have been expressed so far and which are at the basis of many aspects of life. Similar to the narrowing of interpersonal relations, isolation from society can also result. The presuicidal state also contains the above mentioned element, i.e. **inhibited aggression and self-aggression**. Lack of tranquillity leads to self-aggression, which is the result of an individual's failure to free himself from his deep frustration, which, unfortunately, often turns into deeds that harm him. The presuicidal period is also associated with experiencing the fantasy of one's own death, which does not always lead to a suicide attack, but significantly increases the risk of this dramatic act occurring. These images also include questioning the meaningfulness of existence as well as thinking about the circumstances and ways of committing suicide, which often leads to the selection of a specific method that an individual will potentially use. Suicide fantasies are also reflected in the person's death dreams and related elements, such as cemeteries or funerals. In the advanced stage of presuicidal syndrome, the individual has the need to express his or her self-destructive tendencies by talking about them. Unfortunately, the manifestation of such tendencies is sometimes underestimated or not correctly interpreted. The majority of suicide victims are affected by the sending of warning signals, which is mainly due to a covert desire to receive support and assistance and, above all, the desire to be deterred from causing self-inflicted damage[18]. Usually, in the final stages of the presuicidal process, an individual communicates his or her plans and starts to send both verbal and non-verbal signals, which over time increase in expressiveness. In addition to verbal warnings, which most often express pessimism towards life and one's own person, there are also changes in the individual's perception of reality, emotional state and other behavioural aspects of the functioning of the individual. A person at the end of the presuicidal syndrome very often shows aggressive behaviour[19], strong excitement or energy loss, eating disorders, sudden mood change, irritability, feeling inferior, inabili-

[18] Ibidem, p. 11.

[19] B. Hołyst, *Suicydologia*, op. cit., p. 590.

ty to solve problems and make decisions. This phenomenon is connected with the decision of a person to deprive oneself of one's life, which, in the opinion of the tormented person, is the definitive end of suffering and all difficulties. This decision then gives a sense of relief and puts you in a state of joy and bliss.

However, it is impossible to present all the factors contributing to self-destruction, all the more so because human life is a sequence of different events, emerging new situations. The most important thing, however, is not to underestimate even seemingly innocent signals and to take appropriate action.

Preventing suicide attacks is a difficult task, but in a situation where people's lives are at stake, every effort must be made to achieve the objective. The essence of actions to prevent suicidal activities is to reduce or eliminate risk factors and to strengthen protective factors. Public education plays an extremely important role here[20]. It therefore acts as a brake for the stigmatisation of the associated with mental illness and an effective preventive measure. Education prompts individuals to seek medical attention, which increases the chances of stabilising their emotional state. Consultation with a doctor allows for an initial diagnosis of depression, which in most cases is the way to self-destruction, but many people are simply ashamed and afraid that they will start to be perceived as weak and unreadable people, from whom they should be kept at a distance[21].

SUMMARY

Specific pathological behaviours, pathogenic factors (social and cultural conditions) or processes that cause and contribute to such a state of affairs appear in the life of every person. Everyone with suicidal tendencies is motivated by other factors, so it is important to get to the source of the problem and take appropriate action. Noticing the problems of a person suffering from emotional difficulties alone is not as much of a problem as an adequate response in a situation where it tends to be suicidal. This requires the right attitude and knowledge to reduce or completely eliminate the risk of a suicide attack. Some behaviour, which is most often an obstacle in the fight against this problem, it is openly considered suicide as a manifestation of a serious illness from which it is difficult to recover,

[20] Ibidem, p. 1208.

[21] R. O'Connor, N. Sheehy, *Zrozumieć samobójcę*, Gdańsk 2004, p. 148.

and treating self-destructive behaviour as an opportunity to emerge from a problematic situation.

State institutions also have an important preventive role to play in ensuring the health security of the individual, because health is a value that has been made aware of since the dawn of time, both in the individual and social dimension.

At this point it is also worth referring to the thoughts of St. Thomas of Aquinas, suicide is an antisocial act, man is a part of society, needed and useful for the whole. By taking our lives we are harming society, the state, the family. This harm is to deprive the society in which we live of the potential contribution that we could make to its development, of the benefits that the community would derive from our lives and work for others. Every individual is the resource of the society of which he or she is a part, and suicide leads to cultural decline and the material resources of the group in which it operates. Importantly, the act of self-destruction also undermines the mental resilience of the community[22].

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