

## Is it in the Family?

### A Reflection from the Field on Hereditary Factors influencing Suicide

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**Abstract:** *Heredity as a factor influencing suicide is in the realm of the probable. The present paper is an attempt to probe the probability of considering heredity as a factor influencing suicide. Effort is made to juxtapose the two divergent views on heredity – one acknowledging the possibility and the other rejecting the possibility- as a cause for suicide. Authors who lay greater emphasis on the individual and who consider suicide as an individual act tend to hold the view that suicide can be hereditary. Durkheim who establishes suicide as a social fact negates the role of race and heredity in the suicidal act. The paper looks at these two views based on a review of literature. Without being naïve and dodgy on this issue the paper further attempts with two narratives from the field to nudge the point that in the search for the causes of suicide nothing should be left unconsidered. All causes (even if they are not proved beyond doubt), even the apparently paltry; need to be considered to arrive at a more encompassing understanding of the tantalizing phenomenon of suicide.*

**Key Terms:** Heredity | Suicide | Farmers' Suicide

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*Note: The author has the consent of the respondents and they are aware of the publication.*

### Introduction

Suicide, the act of intentionally causing ones' own death is a 'multidimensional malaise' that vexes human race. Zilboorg speaks of suicide as being "as old as the human race; it is probably as old as murder and almost as old as natural death" (cited in Durkheim, 2005, p. 18). It is a topic that is of interest to people of very different categories: doctors, psychologists, social workers, nurses, sociologists, lawyers, clergymen, teachers, the police, writers, philosophers, and politicians (Retterstol, 1993, p. 1; Maskil, 2005, p. 16). Several scientific and systematic studies have been carried out in the western world on the theme of suicide since the suicide of Lord Castlereagh (1822) and Abel Griffiths (1823) the last person to have endured the ignominy of being buried at the cross roads in England. These two incidents are particularly important because they mark the beginning of the shift in the change of attitude towards suicide in the western world particularly in England.

The paper begins with the introduction, continues with the meaning and definition of suicide, typologies of suicides, the aetiology of suicide, and then tries to look at heredity as one of the factors inducing suicide. The paper presents the two views in the western perspective that are prevalent on the topic of heredity as an influencing factor of suicide. The paper follows qualitative methodology that considers intuition in research and gut feelings as helpful in leading to great findings. However, the paper does not want to take an absolutist view on heredity as a

factor influencing suicide as it does not agree with the paper's epistemological and ontological stands of 'knowledge is constructed' by the actors and 'reality is relative'. Therefore the title of the paper is put in the form of a pertinent question: Is It in the Family? A Reflection from the Field on Hereditary Factors influencing Suicide

### Meaning and Definition of Suicide

The word suicide in English is derived from the Latin word *suicidare* meaning "to kill oneself". Thus suicide is the act of intentionally causing ones' own death.

Psychologists, Sociologist, Philosophers and others have defined suicide in their own terms. In this paper two definitions, a description and a philosophical pondering of suicide are presented for the purpose of the study.

Suicide is "the conscious act of self-induced annihilation best understood as a multidimensional malaise, in a needful individual who defines an issue for which the act is perceived as the best solution". (Shneidman, 1997, p. 12)

Retterstol (1993) defines suicide as "an act with a fatal outcome, that is deliberately initiated and performed by the deceased him- or her, in the knowledge or expectation of its fatal outcome, the outcome being considered by the actor as instrumental in bringing about

desired changes in consciousness and/or social conditions" (p. 2).

Durkheim (2005) states that suicide refers to "all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (p. xlii).

Schopenhauer (2005, p. 187) is philosophically poignant when he points out "as soon as the terrors of life reach the point at which they outweigh the terrors of death, a man will put an end to his life". Moreover the philosopher of pessimism was more concerned with the 'will to live' than the desire to die.

Suicide, thus, is a conscious act of self-induced annihilation, an act with a fatal outcome, carried out by the victim who knows what the result would be, and carried out perhaps when the terrors of life outweigh the terrors of death. It is a tragic and untimely loss of human life, all the more devastating and perplexing because it is a conscious volitional act. Approximately one million people commit suicide every year the world over (WHO, 2014, p. 1).

### **Typologies of Suicide**

Suicide is divided into different types. Suicide is categorized as impulsive and deliberate. Deliberate suicide is further divided into suicides committed out of egoistical and altruistic feelings (Savage, 1892, p. 1225). Bucknill and Tuke (Bucknill, 1858) classified suicide into four types: suicidal monomani, melancholia, delusions and hallucinations. Durkheim's division of suicides into egoistic, altruistic, anomic and fatalistic is the most commonly known typologies of suicide.

### **Aetiology of Suicide**

In attempting to understand the aetiology of suicide researchers have identified several factors – biological, genetic, psychological, social, cultural, and environmental- as the causes for suicide. Durkheim considered psychopathic states, normal and abnormal psychology, social psychology, anthropology (especially the concept of race), meteorological and other "cosmic factors", religion, marriage, the family, divorce, primitive rites and customs, social and economic crises, crime (especially homicide) and law and jurisprudence, history, education, and occupational groups in his efforts to arrive at the aetiology of suicide. He then negates doctrines that ascribe suicide to extra-social factors, such as mental alienation, insanity, race, heredity, climate, temperature, and the doctrine of imitation and rejects all of them to prove his point that suicide is primarily a 'social fact'.

This paper based on a meta-analysis of limited relevant literature and field study attempts to look at genetic or hereditary factors as a cause of suicide "attacking successive generations of the same family" (Moore, 1998 (Reprint)). Though the focus of this paper is on

hereditary factors it does not mean that the paper considers hereditary factors as the only factors responsible for suicide.

### **Familial and Genetic Factors Influencing Suicide**

As stated above a mono causal explanation of suicide is not the purpose of this paper. However, heredity being one of the greatest influences on human behavior, an attempt is made based both on a review of some of the available literature and field study to link suicide with hereditary influences.

A meta-analysis of available literature points to the possibility of familial and genetic factors influencing suicide. Moore (1790) was probably one of the first to comment on possible genetic factors causing suicide. He, while speaking of mental disorders such as melancholy and lunacy that causes victims to commit suicide, speaks of not only the individual being attacked by such mental disorders and leading the victim to suicide but also the attack being carried on to successive generations. This tendency noted in his elaborate studies on suicide makes him to assume that suicide can be hereditary. To quote him, "but what adds to their wretchedness is, that this extreme rejection of spirits, this melancholy, this lunacy and propensity to suicide, like many other disorders, is not confined to the unhappy object in the first instance, but by attacking successive generations of the same family proves itself to be hereditary" (Moore, 1998 (Reprint)).

There is a possibility that the susceptibility to suicide be diffused from parents to children. If there is a chance for such diffusion it is possible to think of suicide having a hereditary dimension. Cook (1849, p. 305) commented on familial and genetic factors in suicide and stated "the propensity to suicide is often transmitted from parents to children". He also quoted Falret, who had noted that "of all the forms of melancholy, that which tends to self-murder is most frequently hereditary" (cited in Goldney, 2008, p.81).

The thoughts and findings of Moore on heredity as a factor of suicide finds a place in the writings of Burrows (1828) who like Cook referring to the earlier French work, including that of Falret and Esquirol commented on the possibility that suicide was "sometimes innate or hereditary" (p.413). Sometimes, as Burrows, points out suicide can be native or inherited. And in our search for as comprehensive and as wide a spectrum as possible for situating the causes of suicide, heredity should be considered as a cause influencing suicide.

Suicide and suicidal tendencies could sometimes be transmitted from ancestors to successive generations, from parents to children. This is a line of argument that Bucknill and Tuke (1858, p. 203) has taken when they speak of the "hereditary transmission" of suicide. Is it possible to think of generations inheriting thoughts, acts

and processes from ancestors just as they are inherited property? The author has a gut feeling that some of the assumptions of the researches on hereditary as a factor of suicide could prove to be critical in our understanding of suicidal behaviour. And a qualitative methodology recognises the role of intuition in research (Flick, 2010, p. 452).

While the above literature points to the possibility of heredity playing a role in suicide, a counter view is also found in literature, especially, in the writing of Durkheim. He has a different view on heredity as a cause of suicide. He stated that the theory that sees race as an imperative factor in the proclivity to suicide also entails that it is hereditary; for it can be an ethnic characteristic only on this condition. But he asks the question whether heredity of suicide been proved? (Durkheim, 2005, p. 42)

As the question deserves close examination he tries to define what is meant when someone speaks of suicide as hereditary. Psychologists speak of heredity as the predisposition to self-destruction which passes directly from parents to children and which, once transferred, gives birth automatically to suicide. Neurasthenia (Durkheim, 2005, p. 42) and not heredity may cause the children of suicides to behave like their parents than their inheriting their parents' disposition to suicide.

However, he acknowledges that observation shows the existence of such an heredity and states that suicide sometimes 'reappears in a given family with terrible regularity'. Citing Gall he gives one of the most striking examples: Mr. G., a landowner, who leaves seven children and a legacy of two millions; six remain in Paris or the neighbourhood and retain their share of the father's fortune; some even increase it. None have misfortunes; all enjoy good health. All seven brothers committed suicide within forty years. Esquirol knew a merchant, the father of six children, four of whom killed themselves; a fifth made repeated attempts. In other instances, parents, children and grand children yield successively to the same impulse (cited in Durkheim, 2005, p. 43).

Moreover, he warns that the example of physiologists should teach us not to draw hasty conclusions in these questions of heredity which have to be treated very carefully. There are certainly many cases where tuberculosis attacks successive generations and yet scholars still hesitate to admit that it is hereditary. The opposite seems to be the prevalent conclusion. This repetition of a disease in the same family may indeed be due not to the hereditary character of tuberculosis itself but to that of a general temperament calculated to receive and on occasion propagate the bacillus causing the disease. Here what is transmitted is not the affliction itself but only a field such as to favour its development. To have the right to reject the last explanation peremptorily, one must at least have proven that the

Koch bacillus is often found in the foetus; until this has been proven the solution is doubtful. Likewise caution is required in the problem before us. To solve it, therefore, it is not enough to cite certain facts favourable to the thesis of heredity. These facts must also be numerous enough not to be attributable to accidental circumstances - not to permit another explanation - to be contradicted by no other fact. Durkheim's argument that general temperament and field must be favourable for a particular event/affliction to take place is to be noted carefully.

He continues to argue his point and state that if hereditary antecedents were shown for a relatively high fraction of the total number of suicides, it might be admitted that a relation of causality exists between the two facts that suicide tends to be hereditarily transmissible. But lacking this proof it is always possible that the cases cited are due to chance combinations of various causes than heredity in itself.

Placing available data before the audience Durkheim shows that observations and comparisons which alone would solve the question of heredity in suicide have never been made on a large scale. Rarely is more than a certain number of interesting anecdotes adduced. He is of the opinion that the slight information on this particular matter is in no sense conclusive; it is even somewhat contradictory. Among 39 insane cases with a more or less pronounced tendency to suicide observed by Dr. Luys in his hospital and on which he had collected fairly complete data, he found only a single case where the same tendency had already been found in the patient's family. Of 265 insane, Boismont found only 11, or 4 per cent whose parents had committed suicide. The proportion given by Cazauvieilh is much higher; he is said to have found hereditary antecedents in 13 patients out of 60, making 28 per cent. According to Bavarian statistics, the only ones recording hereditary influence, it has been found about 13 in 100 times from 1857-66 (Durkheim, 2005, p. 44).

What is thought to be heredity could be insanity or contagion. To speak of the influence of contagion as opposed to heredity he narrates a story reported by Falret. A young girl of 19 learned that an uncle on the father's side had deliberately killed himself. The news affected her greatly: she had heard, it said, that insanity was hereditary, and the thought that someday she might lapse into this sad condition soon gripped her. When she was in this sad state her father killed himself. From that time she felt herself absolutely ordained to violent death. She had no other thought than the looming end and repeated unremittingly: "I must perish like my father and my uncle! Thus is my blood tainted!" (cited in Durkheim, 2005, p. 47). She made an attempt. Now the man whom she thought her father was not really so. To free her from her fears her mother confessed the truth and obtained an interview for her with her real father.

The great physical similitude caused the patient's doubts to disappear instantaneously. She at once gave up all idea of suicide; her cheerfulness progressively returned and she recovered her health.

Thus Durkheim argues that cases most favourable to heredity of suicide do not suffice to prove its existence. He denies the role of heredity in suicide. Falret on the other hand, as is evident in this paper, is inclined to believe that heredity is an influencing factor in suicide.

Durkheim is the first person to try to identify the causal factors behind suicide on a more scientific basis (Reterstol, 1993, p. 80) and therefore it would be preposterous to accuse him of selective choice of instances to prove his point that suicide is not hereditary. But one cannot nevertheless ignore Durkheim's obsession with suicide as a social fact and therefore the denial of any another factors as causes for suicide.

From the above discussion based on limited literature, it is evident that there is no unanimity as regards considering heredity as a cause of suicide. It should also be noted that very often heredity is linked to insanity, an element that is not explored in this paper. And it is the mental dispositions that are considered hereditary and influencing suicide when the conditions are congenial than the very act of suicide.

### **Two Narratives from Wayanad, Kerala**

The paper below cites two narratives from the field, gathered from Wayanad in Kerala as part of a study on farmers suicide in India, to support the view that heredity as a factor influencing suicide is in the realm of the possible. There is a greater tendency for people to commit suicide in a family where suicide has taken place earlier. In the course of the field study it was found that in two out of fifteen families visited, there were suicides in the previous generation or among members of the present generation. Wayanad experienced the third highest rate of farmers' suicides in India after Vidarbha in Maharashtra and Andhra Pradesh in the period between 1995 and 2012. (Mukherjee, 2009, p. 6)

The first family referred to in the narrative is that of Mrs. Kamalakshi, (age 55) w/o Mr. Balan. Kamalakshi the woman who committed suicide belonged to the Ittekattu House of Kommattukunnu of Cheeral Village, in Sultan Batheri Taluk in Wayanad District. As I rang the calling bell of the house on a Sunday afternoon at their home, Kamalakshi's son opened the doors and looked at me suspiciously. He seemed disturbed and asked me as to why I went to his home. As I was trying to explain the purpose of my visit with an effort to find out whether the father of the family was in, Mr. Balan (aged 65) came out of the room to the Verandah. He looked devastated and not recovered from the tragedy that had taken place in their family on February 1, 2012. He spoke in such low voice that I had to strain myself and repeat what he

said in order to be sure that I got what he was speaking. As the father came from the room to the verandha the son who is an electrician withdrew to the room. From the conversation with Mr. Balan I understood that he was an immigrant from Kaviseri in Alathoor Taluk in Palaghat district of Kerala. His wife was from Perinthalmanna in Malappuram district. At the same time I also noticed that he did not know much about his wife's family roots. He summed up his knowledge about his wife's family by saying that his and his wife's family were neighbours and he married her there. Balan and late Kamalakshi owned half an acre of arid land and 40 cents of paddy field. They have coffee and pepper in that land. Most of the pepper is disease stricken and the creepers have dried up. They plant paddy in the paddy field. The daughter has been married off and the son is still a bachelor.

Mr. Balan is a heart patient and has not gone for any job for the past 15 years. Even Kamalakshi was afflicted with various types of sickness. They had a debt of about one lakh rupees: in terms of cash and gold. Gold was taken for the marriage of their daughter from the relatives. And gold had to be given back in gold. Balan told me that in that way the relatives proved to be worse than micro-financiers (known locally as "Blade") since the price of gold keeps increasing. The cash was taken on loan both for marriage and for cultivation. There was a need to return the gold immediately as the relatives themselves would have some one's marriage. The burden of the gold loan weighed heavily on Kamalakshi's mind. And it was not possible for them to return the gold immediately. Even if they wanted to sell the land that would fetch Rs. 25,000/- per cent and clear the gold burden they could not do so as there are no takers for the land.

Kamalakshi did not have anyone to share her pain, sorrow, and feelings. As is common in a traditional, rigid Kerala family the wife did not have such intimacy with the husband either. According to her husband she was a loner. Balan is clear that apparently there were no family problems but he told me that he could not read what went on in Kamalakshi's mind. She was stubborn in her views and wanted to get things done as per her wish. She wanted to return the gold immediately but she could not do so. But the husband told me that he had consoled the wife saying that even if they have to sell the land they would try to give back the gold on time for the relative's marriage.

Educated only up to the third standard, she was also prone to brooding and was the owner of a delicate mind. Even the smallest of events would make her think a lot. She was also tensed easily.

There is also past histories of suicide in her family. Her aunty committed suicide by jumping into the well back in their native place in Perinthalmanna. There were also



incidents of suicide in their neighbourhood five to six years ago.

On the fateful day Balan had gone for the marriage of a relative. Kamalakshi told the neighbours who are her relatives that she was going to collect coffee in their garden. She went not to the coffee garden but to the banana garden and consumed poison that was kept for spraying on the banana plants. She was found dead in the banana garden before 11 a.m. She died between 7 a.m. and 11 a.m.

The family believes in God. They are Hindus and had no counseling available to them. And Kamalakshi died in the first attempt.

The final words of Mr. Balan to me before I took leave of him were “In life we calculate something but something else happens and we try to go ahead reconciling with what had happened”.

The second narrative relates to Kunhikrishnan, who committed suicide by hanging. He was a farmer and a daily farm wage earner with 19 cents of land to his name. He had taken 2 acres of land on lease from the people to whom he went to work as an agricultural labourer. He had a loan of Rs. 1.75 lakhs that had been taken from Bank, *ayalkuttam*, and neighbours on low interest. The loan was taken for agricultural purpose and to marry off his daughter. He planted ginger and banana and was confident of paying back his debt after the harvest. But banana was destroyed by disease and ginger price crashed destroying his first attempt of leased cultivation.

He had taken loan from the relatives for the marriage of his second daughter and as a marriage had come in that family they had *very gently* asked him whether he has the money. On the day the marriage in the relatives’ family was to take place; he went out in the morning saying that he was going to buy *beedi*. Later his body was found hanging dead his wife Leela in the leased out land.

He was a broken man on account of his debts. But his daughters used to console him. Thoughts of having to part with his little land to clear his debt, his sickness and the about to be fallen dilapidated hut, and his inability to pay back the loan in time of need weighed heavily in his mind and took a toll on his life. He had difficulty in attending the relative’s marriage without paying the loan back.

His first daughter committed suicide at the age of 27 on the eve of her marriage. No one knows the reason why she did such an act. She shared nothing with her younger sister or anybody. It was not a forced upon marriage on her. She hanged herself in the home. Kunhikrishnan had that sorrow in his heart. They wanted to show me the photo of the daughter but they could not trace it. He also

used to drink alcohol but would not create any trouble. He would rest after taking the drink.

Kunhikrishnan had another case of suicide in their family - his brother’s wife committed suicide when she was pregnant.

He did not have a close relationship with his family as his was a loved marriage. The wife and children never went to his parent’s home.

Kunhikrishnan’s family has a family temple and rites and rituals are performed regularly there. He used to say that he would never do like his daughter.

Both the dead bodies were first seen by the mother. The child of the second daughter was born on the eighth day after his death.

Debt and his inability to do anything were the factors that caused him to take his life.

### Conclusion

Basing on the Meta analysis of limited literature and two narratives from field study presented in the present paper it can be contended that there are several factors that lead a person to commit suicide – biological, sociological, environmental and individual. Moreover, there is a possibility that heredity could be a factor influencing suicide. It is not that every case of suicide needs to have a hereditary hangover. It is not that everyone who commits suicide does so because the immediate parents or ancestors have committed suicide. But the possibilities of heredity as a factor of suicide need not be overlooked but needs to be weighed in the search for the factors responsible for the suicidal act. A true researcher takes note of every possible factor to arrive at a conclusion. To augment the argument: medical sciences suggest that some sicknesses such as diabetics and cancer can be hereditary. (Cancer. gov, 2017, Villines, 2017). Even if a particular generation did not have the sickness, there is the possibility that the succeeding generations may have the sicknesses inherited from ancestors. There are researches that identify suicide as a mental illness (Menninger, 1938). If suicide is a mental illness, just like physical illness there is the possibility of it being carried into successive generations. Even if suicide is not considered a mental illness, the possibility of it being hereditary could be further searched into.

The two narratives given in full and a limited review of literature, even if proves nothing else, proves that mono-cause cannot explain the “tantalizing phenomenon” (Simpson, 1950, p. 658) of suicide. The literature and the narratives thematically analyzed prove that suicide is a multidimensional malaise. The literature and narratives also give credence to the contention that heredity may also be one of the factors influencing suicide of an individual in a society. An individual or individuals

within a society or societies, who commit suicide, are impelled to do so owing to a surfeit of factors, all of which may not find mention in any of the studies ever undertaken. The actual causes of suicide will always be the sum of all the causes scientifically and otherwise mentioned to be the causes for suicide, plus the ones that

we will come to regard as the causes as the search for the causes continue to evolve. Finally the conviction that the author shares regarding the ultimate factor that compels a person to act on this 'one second madness' is that it is an enigma that eludes the human.

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