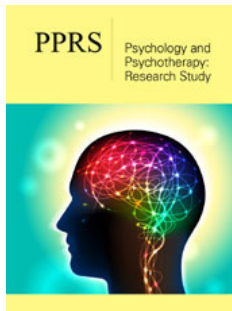


# Neuropsychological Factors That Cause Suicide

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## Abstract

Suicide is a complex phenomenon that goes deep into human history, and has gained different meanings and been evaluated in different societies, cultures and periods. It has been observed that throughout the historical process, suicide has been shaped by many factors such as social norms, religious beliefs, psychological factors and legal approaches. When considered from a perspective extending from ancient times to the present day, the perception and evaluation of suicide have undergone significant evolutions. While suicide was considered a sign of dishonor in ancient societies, during the Renaissance it was romanticized as a reflection of the individual's freedom and emotional expression. In the modern period, factors such as psychiatric perspectives, public health strategies and international cooperation have played a critical role in understanding and preventing suicide. This study aims to examine the evolution of humanity's efforts to cope with this challenging problem by addressing the history of suicide in various cultural and periodic contexts.

**Keywords:** Suicide; Reasons for suicide; Suicide theories; Psychological factors; Treatment

## Introduction

The factors that because suicide is very diverse. Among these, the individual is rejected or abandoned by an important person and cannot cope with the emotions caused by this situation, lack of communication related to family problems and the loss of self-worth caused by this deficiency, being alone in the face of life problems, having to deal with insecurities and anxieties alone, parents. or being exposed to unsympathetic and hostile attitudes by their parents, a history of suicide in the family, alcohol or substance use, loss of a loved one and the desire to be reunited with them, perceived negative expectations about the present or the future, a long-term struggle with a fatal disease, sexual identity confusion, Close relationships that have recently ended, revenge for physical or emotional abandonment, plans to atone for an irreparable mistake, easy access to weapons, especially in youth suicides, movies, books or music that romanticize suicide, involvement in gang and violence, and unknown reasons [1,2].

According to findings from various studies, factors that lead individuals to suicidal behaviour include family problems such as domestic violence, alcoholism, family pressure and incompatibility between spouses, family arguments, divorce from their spouse, and failure to establish a healthy bond with the mother. It has been determined that these factors affect the psychological processes of individuals and cause suicidal tendencies [2-5]. Mental disorders and depression are frequently diagnosed in most patients who attempt suicide, and it has also been determined that factors such as economic problems, unemployment and financial incompatibility increase the risk of suicide. Relationship problems, problems with the opposite sex, aimlessness about the future, and economic difficulties are among the other factors that lead individuals to attempt suicide.

When we examine the act of suicide more broadly, it is seen that individual factors alone are not sufficient to explain such behaviours, and there is a complex structure of relationships that includes other factors. Durkheim [5] states that suicidal behaviour does not only result from the subjective reasons of the individual, but that social factors are too

important to be ignored. Social life and family ties play a critical role in this process. Social factors need to be examined in order to more accurately determine the factors that cause suicidal behaviour. It is emphasized that factors affecting individuals' social life, especially a weakening of the sense of belonging and weakening of family ties, may increase suicidal thoughts. It is considered that the feeling of belonging is nourished by loyalty to a religious group, a family, and national values, and that this commitment is inversely proportional to the number of suicides. In this context, it is emphasized that the strength or weakness of the social structure may affect suicide rates. Durkheim [5] stated that there is an increase in suicide rates in cases where social and family ties are weakened (egoistic) and in social and economic crises (anomic). Such major events occurring in society also affect individuals. The individual's state of being affected by these situations, his/her mental and sensory acquisitions regarding the events, and the wear and tear he/she may experience during the process of reintegrating with the society to which he/she belongs may lead to suicide.

An individual may exhibit suicidal behaviour not only due to breaks in social ties, weaknesses and a weak sense of belonging, but also in cases where social ties are negatively strong (Altruistic). An individual with this type of social bond may tend to commit suicide because he cannot meet the responsibilities imposed on him by society or cannot fulfil expectations (Doğan, 2008). Weakening family ties may increase suicidal ideation, especially by reducing the sense of belonging. The emphasis on marriage, gender roles and the oppressive social structure draws attention to the fact that women tend to commit suicide due to the difficulties they experience. In this context, women who cannot end their marriages see suicide as a way of salvation (Harmancı, 2015). In addition to the power of the social structure, the relationship between an indifferent or weak social structure and suicide is important. It is pointed out that social supports can prevent suicidal thoughts by reducing individuals' feelings of loneliness and the importance of socially supporting individuals who are hopeless and have lost control [6-14].

Physiological disorders or diseases are among the important factors that cause suicide. It has been observed that the individual has difficulty receiving treatment and long-term accompanying disorders such as cancer types, limb loss, organ failure, AIDS, musculoskeletal system disorders and organ failure cause suicidal behaviour [15-21]. Elderly individuals with chronic diseases are more prone to psychological and social problems such as depression, financial difficulties, alcohol and drug abuse due to having various physical diseases. The combination of these situations constitutes a risky reason for suicidal behaviour [6]. Caused by physical diseases that individuals have; Needing care, being bedridden, and not being able to live independently are among the factors that cause suicide [16]. Suicide is five to six times higher in epilepsy patients than other diseases (Yüksel, 2001). In light of the situations listed above, it is possible to group the reasons for suicide under more comprehensive factors. These factors; They are listed as psychological and psychiatric disorders, socio-demographic structures, physiological disorders, economic crises,

belief gap, suicide, loneliness of the individual, age, self-perception, social pressure, genetic predisposition and gender [15].

Among these factors, psychological factors will be discussed in more detail under the title.

### **Psychological reasons**

Under this heading, psychological factors and psychiatric disorders are discussed. First, psychological factors will be discussed, and then psychiatric disorders will be included. People's methods of coping with difficulties in their social life or the defence systems they develop against these difficulties can affect and disrupt the psychological components of the individual. In addition, failure to achieve high expectations and goals, or the intense effort a person makes to achieve these goals, can also cause mood deterioration. Risk group personality traits include insecurity, low psychological resilience to frustration, inability to defy authority, those who live lives based on the "contentment" principle, and those with fragmented family backgrounds. It has been observed that individuals with constant external threat perceptions experience great tension and subsequent suicidal behaviour or thoughts. In addition, recent stressful events, such as loss of a spouse, leaving a job, falling in prison, or serious medical conditions (such as AIDS), cause psychological disorders that increase the risk of suicide [14].

Being under excessive stress, not being able to cope with this stress, and the desire to escape from the factors that cause this stress trigger suicide. In fact, the person who has the intention of committing suicide due to this stress situation gives some clues to those around him. These clues appear in ways that differ from the individual's normal behaviour. This abnormal behaviour of the individual is considered as a call for help by scientists who continue their research in this field. If an individual has previously had suicidal behaviour, if the person had a cheerful image when he/she had a job, but then experiences a sudden silence and introversion after losing his/her job, if a careless attitude has started to be adopted and this has not been observed in the person before, the individual perceives himself/herself as useless and loses hope in life. If the person expresses it through verbal or non-verbal behaviour and pushes himself into loneliness, he is at risk of suicide. If the individual jokingly makes some suicidal insinuations, this is also a clue for suicide [10]. These clues are not essentially the reason for suicide, but it is important that they take place at a time between the psychological processes that cause suicide and the suicide attempt.

There is a close relationship between suicidal thoughts and behaviours and psychiatric disorders. The incidence of suicide in psychiatric diseases is 5 to 40 times higher than in other groups. Although it is stated that emotional outbursts during the manic period may trigger suicide in affective disorders with bilateral disease, it is emphasized that suicide cases generally increase during depressive periods. In addition, it is stated that the suicide rates of those with severe chronic depression lasting more than 2 years, called dysthymic disorder, and those with adjustment disorders are quite high [22].

## Neuropsychological effects

Depression is one of the most common psychological disorders today, defined by the Latin verb "deprimere" (to suppress). This disorder is generally effective between the ages of 25-45 and is manifested by the individual losing interest in life, excitement and joy of life, being in a constant state of melancholy, withdrawing into himself, breaking ties with life and avoiding social relations. The most important problem that leads to suicide is depression, and research has shown that symptoms of depression are detected in 30-64% of individuals who attempt suicide. Depression symptoms were found in 90% of patients who died by suicide [10]. In a study conducted by Hagnel and Rorsman, it was stated that the suicide rate in the population without any psychiatric disorder was 8.3 per 100,000, while the same rate was found to be 83 per 100,000 in depressive disorders [20]. This situation is extremely normal, even if it is not actually supported by data. Symptoms of depression overlap almost exactly with the main causes of suicide. For individuals who attempt suicide, deciding to give up on living is a natural outcome of committing the act of death. Dissatisfaction with life and even closing themselves off from life are behaviours that can be observed in patients showing symptoms of depression.

One of the psychiatric disorders that is a cause of suicide is schizophrenia. Schizophrenia is a clinical syndrome with variable but profound effects that include behavioural disorders and encompass cognitive, emotional, perceptual and other aspects. Disorder, disorganization and fragmentation dominate the general life of the schizophrenic individual. He has difficulty expressing his emotions, cannot control his behaviour, cannot communicate his thoughts, and has problems in his relationships. Schizophrenia may develop due to trauma experienced at an early age and may also be due to genetic factors. Schizophrenia may present with symptoms that can be confused with depressive disorders. In the early stages, symptoms such as introversion and loneliness are difficult to notice because they occur suddenly. The disease usually begins at a young age, but it is a lifelong disease that carries the risk of suicide. The rates of suicide attempts and completed suicides in patients with schizophrenia are significantly higher than in the general population. Traumatic events and failures experienced in the early stages of the disease can cause schizophrenia, which can increase the risk of suicide. Schizophrenia is associated with the individual's loss of ability to control his or her life and deterioration of mood. This disease may occur due to genetic factors and may not only affect the individual's quality of life but also bring about the risk of suicide, which is a fatal outcome [1].

The risk of suicide in schizophrenia comes after depression and alcoholism. Suicide in schizophrenics may occur unexpectedly and suddenly during acute periods. In this case, it is often observed that suicidal behaviour occurs in strange and difficult to understand methods and forms. Particularly in paranoid schizophrenia, delusional assumptions, such as commanding voices such as "kill yourself", can create panic in the individual and lead to suicidal tendencies. The risk of suicide is highest in the first years of the disease, especially after discharge from the hospital (Öztürk, 2004). Anxiety disorder is a disorder that is not focused on a

specific object, place, organ or thought and is characterized by widespread mental and physiological symptoms. Anxiety manifests itself with symptoms such as sudden feeling that something bad will happen, distress, excitement, rapid breathing, palpitations, difficulty in breathing, sweating and tremors [18]. Panic attack, specific phobia, social phobia, obsessive-compulsive disorder, post-operative anxiety disorder. -There are various types such as traumatic stress disorder, acute stress disorder, generalized anxiety disorder. Although anxiety disorders are not a reason for suicide alone, they can increase the risk of suicide together with other psychiatric disorders. Especially in patients with panic disorder, the risk of depression is high and alcohol abuse is more common due to anticipatory anxiety, which may strengthen suicidal tendencies [3].

Personality disorders are conditions that are frequently seen in individuals who have long-term adjustment disorders other than mental disorders. The difference between personality structure and personality disorder can be difficult to detect. It is difficult to diagnose a personality disorder because this condition requires a significant deterioration in the individual's daily life, relationships, business life and emotional and thought structure. Personality disorders are classified into three main groups: cluster A (paranoid, schizoid, schizotypal), cluster B (antisocial, borderline, narcissistic), and cluster C (avoidant, dependent, obsessive-compulsive, passive-aggressive). These disorders often cause relationship and social adjustment problems. Treatment is difficult and often impossible because individuals generally do not apply for treatment [19]. It is frequently seen together with problems such as personality disorders, depression, alcohol and substance abuse. Borderline personality disorder is a disorder in which self-harming behaviour is frequently observed. Compulsions and feelings of guilt experienced in obsessive-compulsive personality disorder can increase the risk of suicide. In narcissistic personality disorder, depression may occur when insufficient attention is received. In shy people, feelings of worthlessness and loneliness can lead to social isolation and depression [8]. For this reason, individuals with personality disorders may be in a risky group in terms of suicide risk.

## Result

In conclusion, psychiatric disorders may increase the risk of suicide, but it does not mean that all psychiatric patients will commit suicide. Suicidal behaviour usually occurs as a result of the interaction of many factors. Psychiatric disorder, when combined with other risk factors, may increase the risk of suicide [22]. These factors may include a number of factors such as social isolation, life stress, substance abuse, family history, gender, age and unemployment. Evaluation and treatment of psychiatric illnesses are important, but other factors in the individual's life must also be taken into account. Taking a multidisciplinary approach to reducing suicide risk and focusing on improving the individual's overall quality of life can play an important role in the treatment process.

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