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The Suicide Phenomenon and the Contemporary Society: Knowing and Understanding the ‘Self’

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Abstract

Our objective in this paper is to examine the phenomenon of suicide which is becoming a pervasive part of our contemporary social life. In spite of the comforts from human innovations and inventions in contemporary societies, disillusionment about life is still a problem. This calls for a sober reflection on the experience of suicide. Through historical and phenomenological analysis, we argue that in contemporary societies, the parochial view of ‘self’ has caused the fragmented living that is responsible for suicide. In the end, we argue that rather than deploying psychological, moral or theological justifications against the permissibility of suicide, knowing and understanding the narrow perception of the self at the background of suicide will be more helpful in addressing the phenomenon of suicide in contemporary society.

Keywords: Suicide; Death; Self-killing; Self and Others; Meaninglessness; Afterlife

1. Introduction

The upshot of suicide in contemporary societies is one of the startling signs of the time. Filled with lots of pleasurable comforts, the daily news in almost every society hardly misses a glimpse of someone who has bailed out of life on their own terms. The World Health Organization Report shows that Africa has the highest rate of suicide deaths in the world. More shocking from the WHO report is that six of the ten countries with the highest suicide rate in the world are in Africa (WHO, 2019).

The increase in the knowledge of hygiene, sanitary regulations, and the groundbreaking improvements in medicine and surgery have prolonged the life expectancy of human, yet, there is a greater impatience for life itself, and a stronger desire to throw off its cares and responsibilities by

someone who detest continuing to live. Suicide is neither limited to the rich nor the poor, homeless, friendless, nor ignorant members of the society. In a century that is blessed compared to the previous, where food is abundant, labor is in demand, and opportunities are numerous in the formal and informal workplace, one would expect to find lesser suicide tendencies. However, this is far from the present reality. The determination to engage in suicide is rather becoming more prevalent in every society.

Besides, the problem of suicide is fast becoming, not just a public health issue, but also a problem of great social significance that has evoked the concern of both academics and the public. Before now, the problem of suicide has been examined from sociological, psychological and philosophical perspectives. From the perspective of philosophers, Thomas Aquinas, David Hume, Albert Camus, Immanuel Kant have provided justifications for the moral permissibility or impermissibility of suicide.¹ Both Aquinas and Hume argue that the moral permissibility of suicide hinges on the question of whether suicide violates one or more of three obligations possessed by normal human beings. These obligations include obligations to self, others and God. While Aquinas sees suicidal actions as contravening a theological principle that life is sacred, David Hume argues against divine ownership to provide some sort of justification for suicide (see Klinefelter, 1984: 339).

Scholars after Aquinas and Hume have attempted to provide justifications for variants of suicide like “sacred suicide” (Ali Mazrui, 1965), as well as “assisted suicide” and “altruistic suicide” (Nedelcu et al. 2010). Basically, the approach of these scholars is to cite cases where suicide or self-killing could be justified considering the conditions that warrant suicide. In recent times some scholars have come to rescue the phenomenon of suicide from medical practitioners (Leenaars, 2003; Mark Button, 2016). For instance, Button argues that the psychological and psychiatric approaches to the study of suicide are insufficient if it lacks the socio-cultural dynamics that are part of the factors responsible for suicide in our contemporary society (Button, 2016: 270). Hence, Button (2016: 274) succinctly argues that suicide should not only be seen as a morally reprehensible individual act, but must also be understood as the consequence of wider social and political forces. While this approach opens up important external factors responsible for suicide, it tends to address suicide by focusing on the external conditions responsible for suicide rather than the internal conditions that could have caused it. More so, this approach and previous approaches do not consider addressing suicide as a problem of self-perception thereby neglecting the subjectivity of suicide.

How do we hope to contribute to this emotionally charged issue of suicide in the frame of humanity? Our aim is to address the phenomenon of suicide as a self-determined action, without recourse to psycho-pathological or religious causes. Rather, we focus on the perception of self and the experience of suicidal victims that could have aided the affirmation of life in an unusual manner where death is preferred. In this connection, we examine the emotions and experiences that precede suicide without any focus on a particular class or group of individuals in any society. We have decided to broaden the scope of our suicide research to contemporary society because the pervasive experience of suicide is not limited to any particular contemporary society whether in Africa or the West.

We adopt both historical and phenomenological method for our analysis. The method of phenomenology is not a new approach to studying suicide. This same approach has been used by authors that contribute to Maurizio Pompili’s (2018) book *Phenomenology of Suicide*. They provide a different narrative on suicidology – the discipline concerned with the study of suicide. According to Pompili, since phenomenology as a discipline refers to the inner world of individuals and focuses on what the individual feels, a phenomenological approach to suicide examines suicide as a phenomenon emerging from the individual and therefore strongly associated with his emotions, personality and experiences (Pompili, 2018: 14). This approach is quite useful for understanding the intricacies of suicide, rather than explaining it.

1. For a compendium of the historical and philosophical perspectives on suicide, see Battin (2015)

However, it is perhaps worth noting from the outset that the term “suicide” can be brought to bear on a broad range of acts which include physician-assisted suicide, suicide bombing, political acts of suicide, suicides of honour, self-sacrifice and martyrdom.² However, our evaluation of the phenomenon of suicide is chiefly about “despair suicide” where an individual decides to end his life because of the experience of anguish that is being suffered. This is quite different from what might be called “end-of-life management” – a situation where people who are fatally ill and in terrible pain are dealing with different issues and may be seen as altering the way that their illness kills them, rather than actually taking their own lives (Hecht, 2013:11).

We address the phenomenon of suicide, drawing on works from the fields of history, sociology, psychology and philosophy in order to analyze how we can understand the phenomenon of suicide through illuminating the experience of the ‘self.’ We undertake this task in four sections. The second section describes the meaning of suicide and provides some historical views on suicide. The third section evaluates the experience of suicide with a focus on the issue of self-perception that is complicit in suicide ideation and action. In the fourth section, we argue that the problem of suicide should be understood and addressed by analyzing the narrow perceptions of the self. Hence, we offer deductions and perspectives on the disoriented understanding of the self beneath suicide in contemporary society.

2. Historical Views on Suicide

The conventional understanding of suicide is about a person killing himself or taking his own life of his own intention or with his own hands. This is what several scholars and writers on suicide such as Durkheim (2005); Douglas (2015) Curtain et al. (2016) and Turecki et al (2019), including the present ones, believe to be ‘self-destruction.’ Intricately, the origin of the etymon ‘suicide’ is quite indecisive. Meanwhile the first appearance of the word ‘suicide’ has been linked to Thomas Browne in his book *Religio Medici* published in 1642; the Compact Oxford English Dictionary traced the first usage of the term to 1651, when Walter Charleton used it in justification for man’s freedom from inevitable calamity (Oxford Dictionary, 1998: 1956). However, the chronological inconsistency of the evolution of the term is further drenched by the submission in the 1662 edition of *A New Word of Words*, which credited the coinage of the term to Edward Philip (Edwin Shneidman, 1973: 383–385).

Suicide dialectics has copiously influenced the notion of suicide. The wide-ranging opinions on the phenomenon of suicide hook up from varying sociological, cultural, psychological, medical and perhaps, politico-economic viewpoints. According to Shneidman, “currently in the western world, suicide is a conscious act of self-induced annihilation, best understood as a multi-dimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution” (Edwin Shneidman, 1985). Shneidman’s conceptualization beams a search light of inquiry into the causes of suicide. However, our understanding of his submission presents that suicidal tendencies arise from some self-bellucose, hopelessness and self-sentence. Again, a number of afro-centric scholars such as Al Alvarez (1972), Thomas Szasz (1991) and Megan Vaughan (2010) among others share similar thought on suicide. For instance, Megan Vaughan says “Suicide can be interpreted as a supreme act of will and defiance or as a fatal gesture of despair, as a mark of the autonomy of the self or as evidence of the subjection of the individual to forces beyond his or her control” (Vaughan, 2010). Here, suicide is conceived to stem from individual self-autonomy and essentially supernatural forces that the victim cannot contain. Besides, from Alvarez’s constructive thoughts and works on suicide, he shares that the act is a product of intuitive lunacy arising from the lust for martyrdom (Alvarez, 1972). This presents a context of voluntary death premised on a set of ideological convictions screwed in some socio-cultural ethos or religious cults.

2. Scholars have addressed the subject of suicide using some of these phrases to refer to the variants of suicide.

These conceptualizations of suicide are neither totally contradictory nor a deviation from the conventional understanding of suicide as self-inflicted death. In fact, the different viewpoints appear to justify the action on the basis of its victim's helplessness and hopelessness. However, the causal factors expressed in the various perspectives indicate different socio-cultural environment. While individual condemnation and judgment are conceived as the causes of suicidal death in the Western world; on the other hand, individual freedom and supernatural forces are considered as causes of suicide in Africa. In short, suicide is self-intentioned and self-inflicted violence resulting in self-destruction.

The practice and study of suicide is as old as history itself. Essentially, the modern study of suicide can be traced to the turn of the twentieth century when Emile Durkheim (1951) and Sigmund Freud (1856-1939) made scholarship on the subject of suicide (Antoon A. Leenaars, 2003: 194). While Emile Durkheim carried out his studies on suicide from the sociological perspective, Sigmund Freud focused on a psychological view of suicide. However, before the 20th century, there exist certain views on suicide. Hellenic philosophers under the tutelage of Pythagoras (c. 530BC), Thucydides (456-396BC), Plato (428-348BC), Aristotle (384-222BC) and some others have expressed several notions on suicide. The connecting thread in their different views is that suicide is forbidden and it is an offense against the state which is saddled with the responsibility of security and welfare of its citizens (Hamilton and Cairns, 1961: 977).

Importantly, the Jewish law and tradition substantially contained in the Christian sacred book - Holy Bible forbids the act of suicide. The Holy Bible, specifically in its Old Testament section however records certain events of suicidal death; for instance, the cases of Abimelech, Samson, Saul, Saul armor-bearer, Ahithophel and Zimri (Edwin Shneidman, 1999: 176-197). From the Jewish perspective, suicide is considered an abomination, specifically with the proclamation of the sixth clause in the Jewish Decalogue- "Thou shall not kill." With this, Suicide in the Jewish tradition is a sin to Man himself and God- the law giver. The Asiatic clime also contributed to the bulky ancient views on suicide with the philosophies of Confucianism and Taoism. The opinions and thoughts of ancient Chinese philosophers condemn the act of suicide and protest that no man has the right to commit suicide irrespective of any looming tragedy (Antoon A. Leenaars, 2003: 135). Western view on suicide may be gleaned from the philosophies and writings of such scholars as Jean-Jacques Rousseau (1712-1778), David Hume (1711-1776), Immanuel Kant (1724-1804), Johann Wolfgang von Goethe (1749-1832). In spite of their variant stand points on the object of suicide, they are united on the view that human life is sacred and must be preserved (Antoon Leenaars, 2003: 139). It may be of some relevance to mention here that the various views have been drawn to represent a fragment of a handful of existing ancient perspectives on the subject of suicide. Despite the difference in climes and times evolving these views, it is possible to establish some themes that run through the different views. One, the phenomenon of suicide is very complex to resolve. Two, the moral or legal justifications for suicide are still fraught with a lot of grey areas thereby making them insufficient as the approaches to addressing suicide.

3. Suicide as a Problem of Self-perception

Having provided some historical views on suicide in the last section, our interest in this section is to show why the perception of 'self' should be a veritable starting point to addressing suicide. Specifically, we will demonstrate that the problem of suicide stems from a disorientation of the 'self' in our contemporary society. The 'self' being referred to here is the suicidal self. How does the suicidal person see himself/herself? In the mind of the suicidal person, what sort of connections is the suicidal person making with other family members and loved ones? That is, what sorts of beliefs about 'self' has been rested in the minds of the suicidal individual? If these are serious questions, should we leave them only to medical practitioners and psychologists to address? This is quite different from psychotherapeutic approaches that focus on the pathological conditions while addressing suicide.

The innate instinct to preserve life has been embellished in the subconscious of humans but it feels awkward to know that some people easily bury this instinct to the utter disregard for their existing self. Suicide as a last resort requires probing into the subjective experiences of the suicidal self. In fact, Maurizio Pompili posits that subjective experiences are the foundations of suicidology (Pompili 2018: 20). Suicide has been described as “self-killing or self-intentioned death” but an attempt not to understand what went wrong with the construct of the self that once preferred living to death seems awkward (Shneidman, 1973).

Seeing the problem of suicide as something originating from self-perception requires that we consider suicide in the frame of Maurizio Pompili (2018). He considers suicide to be “the result of fractures—with oneself, with other people, with nature, and with the opportunity to experience feelings of well-being and to appreciate that which surrounds us.” According to him, “these fractures within the self would first lead to a difficulty in experiencing positive excitement from events and later to disinterestedness and weariness about life. A longing to heal the fracture that impairs full appreciation of the self and the world becomes a normal experience” (Pompili, 2018:13). This description of suicide suggests that suicide should not be viewed as a one-time action or event. Rather, there are series of experiences that precede the action of suicide and most times, these experiences are given interpretation within the individual self.

The causes of suicide are internal but oftentimes, suicide victims cannot tell how their internal dialogues became the offshoot of their suicide ideation. Scholars like Maurizio Pompili who have studied the unique experiences of suicidal victims says that “we do know that the internal dialogues that precede suicide ideation often evoke some emotional feelings that recreates a perception within” (2018: 25). Human beings derive self-notions from experiences they had from the external world and in turn, another whole internal world is created as a result of perceptions formed from those experiences.

Dying by suicide might be seen as a definitive action but such action is preceded by a complicated “ambivalent” internal dialogue within the suicidal individual (Lisa Firestone, 2018:169). This internal dialogue often triggers reactions or neuro psychological events in individuals. However, rather than focus on the psychological effects of this ambivalent internal dialogue, we can attempt to understand who and what that dialogue is hinged upon. When we do this, it would be discovered that the internal dialogues that cause suicide is rooted in the idea that the individual ‘self’ cannot address the struggles and the sufferings of the present.

The experience of suicide is unlike a physical fracture or disease to the body. A physical fracture, disease or other physical injury affecting the body, is easily identifiable. Identifying fractures and toxins of the mind that leads to suicide however, are not always obvious, and are best discovered by the individual themselves (Anacaryiako, 2023:19). Hence, there is a fundamental perception of ‘self’ that characterizes suicidal persons that is not immediately put forward. Understanding the self-perception in the suicide loop suggests that suicide is a subjective experience and the approach to address it must not always be that of the reductionist science that focuses on cause and effect thereby looking for causes that are external to self-perception (Boden, 2008: 55).

The experience of despair and suffering that causes suicide is not only experienced internally but also difficult to detach from. This suffering, most times, is mentally fed by the beliefs, thoughts, perceptions, and opinions of the things that is connected to ‘self.’ Suicidal persons see themselves owning the experiences of pain, suffering, depression, anger and bitterness, thereby making it difficult to decide against suicide. Describing the mental attachment of the suicidal self, Anacaryiako writes:

The overattachment to suffering is caused by incorrect perceptions, concepts, beliefs, and opinions about the “self.” Persons who contemplate suicide are attempting to escape the consequences of their own incorrect perceptions, concepts, beliefs, and opinions, and how incorrect beliefs about them have caused their lives to be intolerable

(Anacaryiako 2023: 10).

Further explicating this point, the Canadian Philosopher Charles Taylor quoted by Martin Seligman says that “We naturally think that we have ‘selves’ the way we have heads or arms, and inner depths the way we have hearts or livers” (Martin Seligman, 1991). The inability to understand the limits of the experiences that accrue to ‘self’ and how to relate with ‘self’ especially in the face of despair and suffering, is a problem that is right at the heart of suicide. Suicidal thoughts are internal and very much connected to self-perception the same way as emotional states like happiness. Anacaryiako explains this when he writes:

All of the things you believe about “a” self or your “self,” is the foundation from which you try and achieve happiness. If you are unable to achieve happiness, would it not be logical to examine your beliefs and perceptions of this “self?” All of your suffering is, in one way or another, caused by your attachment to your belief and reliance on this “self.” When you believe happiness is unattainable, you adapt this perception because it coincides with your concept of a miserable self. But, the fact that you are suffering is proof that your perceptions about this “self” is incorrect thinking, effectively preventing you from achieving actual happiness (Anacaryiako 2023: 22).

Anacaryiako’s explanations above equally shows that our emotional experiences whether happiness or sadness, depression or anger is rooted in the perception of ‘self.’ Once we have been able to agree that ‘self’ is a fundamental element in the experience of suicide, it stands the test of reason to examine the warped perceptions of ‘self’ that are responsible for suicide. Knowing and understanding how the perception of ‘self’ leads to suicide would provide us with a clear position that suicide might be better understood as a phenomenon centered in the individual and not in mental illness that has often times be described as the cause of suicide. In other words, the motives for suicide can be traced in the variables surrounding the individual, viewed as a unique human being whose personality and internal experience contains the real reasons for contemplating and opting suicide.

4. Addressing Suicide through the Narrow Confines of the Suicidal ‘Self’

In this section, we argue that the narrow perception of the suicidal ‘self’ is inimical for upholding the sanctity of life in the face of temporary suffering. In particular, we show why we must address the problem of suicide by evaluating the myopic understanding of ‘self’ that sees suicide as a respite for the suffering individual. Researches on suicide, conducted over the last few decades, have tried to find out the specific cause(s) of suicide. To take one example, in a recent paper, Joiner et al. (2016: 235) argue “that death by suicide in humans is *without exception* a derangement.” The landscape of determining and addressing the causes of suicide have been taken over by mental health professionals with a keen focus on an individual’s psychological causes as they relate to external problems (Battin 2005; Marsh 2010; 222-23; Button 2016: 272).

Quite frankly, mental health professionals are effectively able to identify various internal and external causes that may lead one to suicide. However, their efforts are largely successful by studying the evidence that shows the effects of suicide while the real conditions that created suicide in the first place is not addressed. The idea of “conditions” here is not meant to mean specific events, circumstances or situations. This is because whatever these may be, a negative mental condition that leads to suicide exists because of wrong thinking, wrong beliefs, incorrect information or knowledge of the perceived ‘self.’ Hence, a person’s reactions to negative events are fueled by their frames-of-reference to ‘self.’ If we examine these frames-of-reference that is rooted in ‘self,’ then we have a head start at discovering the cause of the effects, namely, the reasons for suicidal thoughts. Therefore, without focusing on the ‘self,’ the herculean attempts to understand why a person would want to end their own life has thus far not produced much in the way of providing solutions.

Suicide is a combination of mental and emotional problems that the suicidal self has reared over a period of time (Fleischmann and Bertolote, 2003: 68). Problems that are mental and emotional in nature require a correct understanding of the beliefs of how one views the 'self.' In many respects, this approach means beginning with the foundation of the person's perspectives about 'self.' We can inquire the beliefs that a suicide patient personally holds about him/her self? Of course, these beliefs might have been formed because of low self-esteem, emotional depression, anger, helplessness, hopelessness, desperation. However, whether singly or a combination of these are the causes of suicide, they all result from the incorrect concept of 'self.'

The first contact of human beings with any situation is the 'self.' In life, the 'self' is the ground for determining how to react to situations. In fact, all human problems begin with the 'self' (Anacaryiako, 2023: 72). After all, the bottom line for persons contemplating suicide is that they are no longer happy with their 'self' because of a particular experience in their life. It is the 'self' that is pain. It is the 'self' that is no longer valued. A person who has reached the point of contemplating suicide is caught and trapped in a mental state of immobilizing confusion. This immobilizing confusion inevitably rests in wrong, incorrect, destabilizing frames-of-reference about the "self." Such a person has little or no knowledge of how to free themselves from the grip of ignorance about their belief in "self." They lack knowledge and suffer from a bewildering construct of misperceptions, which at times, are the result of an accumulation of wrong thinking, actually a distortion of thinking marked by wrong views (Anacaryiako, 2023: 72).

The content analysis of the pain narratives is crucial in understanding the inner pain of suicidal individuals and how their narrow conception of "self" got the better of them (Orbach 2011). Describing the feelings of suicide, Pompili (2018: 25) says that "suicidal feelings refer to the experience of changes in an individual's self, such as self-estrangement accompanied by dissociative characteristics. Those who are suicidal also often feel worthless, with emotional impoverishment and loss of self-esteem." Unfortunately, such individuals typically do not have proper words for conveying their feelings, as ordinary words are not appropriate to describe these idiosyncratic experiences. Consequently, these events of loss lead to the interruption in one's sense of self-continuity together with loss in one's meaning of life.

The confine of interpreting experience is critical in facing life. Every experience alters one's frames-of-reference. However, most people are adept at setting themselves aright by working out their negative state of mind through contemplation and self-analysis. Persons in the throes of suicidal ideation either lack balanced frames-of-reference, or their once healthy frames-of-reference have become fractured and subject to delusional thinking, to the degree that they are affected by their own cyclical negative thoughts (Anacaryiako, 2023: 107). The over-focusing on the identity of self in the experience of suffering and despair amplifies all sorts of negative mental conditions, not least of which is and overactive desire to bail out of life.

The concept of 'self', neither resides outside of a person or can be defined by external agents, rather, the conception and the perceptions of self, reside and originate from within the human brain and mind based on the experiences in the world. The interpretation of self from within the mind therefore becomes a relational tool. The idea of the "self" is often viewed as "fundamentally interpersonal, composed of a repertoire of relational selves" (Kenny and West 2008: 120). Accepting this point would nudge us to consider probing into the self-perceptions and concepts beneath suicide ideation. In his book, titled: "No Self No Problem," neuroscientist and author Christopher Niebauer, describes the limitation of the human concept of self:

"The concept of the self is simply a construct of the mind, rather than a physical thing located somewhere within the brain. The implication is without thought, the self does not, in fact, exist....To be clear, saying the self is an illusion doesn't mean that it doesn't exist at all, but rather that it's akin to a mirage in the desert. The vision of the oasis is real, but the oasis itself isn't. In the same way, the image of the self is real, but when we

look at the image, we find it is simply that, an image and nothing more. The image... is really just another idea or thought and is only there the moment it is being thought of... This error is one of the biggest reasons the illusion of self is so difficult to see (Niebauer, 2019).

This narrow perception of the 'self' responsible for suicide is sometimes a product of or aided by culture. Ian Marsh (2018: 5) makes this point when he says that "the cultural and historical constructions of personhood, authorship and agency, as well as beliefs, traditions and social norms, relate to the formation of suicidal subjectivities and experiences of suicidality." Whereas members of individualist cultures tend to view the self as autonomous and unique, that is, they have an independent "self-construal", members of collectivist cultures tend to view the self as inextricably and fundamentally embedded within a larger social network (Lee and Semin, 2009). Our contemporary society is promoting individualism as something deserving of reverence. This love affair with individuality and individualism is mostly a Western phenomenon but is rapidly indoctrinating the rest of the world. The popularity of individualism places over importance on the self and when faced with the absurd, this fragmented self-perception cannot withstand the tides of anxiety and depression which are precursors to suicide ideation.

The German Philosopher Arthur Schopenhauer, according to Jennifer M. Hecht (2013) express the idea that the suicidal individuals have a mistaken understanding of the position of self in the world. Schopenhauer illustrated the problem with a metaphor of trying to remove a rainbow from a waterfall by scooping the water with a bucket. You cannot remove yourself from the world. As Schopenhauer scholar Bryan Magee has put it, for Schopenhauer, the suicidal victim "neither gains what he hopes to gain nor loses what he wants to lose." He does not lose what he wants to lose because, Schopenhauer points out, the act of ending life freezes life in the situation that inspired the suicide. He does not gain the escape he sought to gain because escape means getting to someplace better (see Hecht, 2013: 178-179). While we often times hear of the depressing feelings and mental ill health that precede suicide, we cannot notice the lacuna in the perception of self and the understanding of human life that the mind has been festered with. The psychiatric disorders that precede suicide might not be the resultant effect of a substance infested but what suicide victims had thought of themselves and others even before suicide. What the analysis above has come to is that the person who wants to take his own life has been consigned to see things from a limited perspective where the 'self' is the harbinger of everything negative. The suicidal person might exhibit sanity but being sane does not necessarily mean knowing, at that critical moment, what is best for one's life or the mistaking perception of the "self."

From the above explanations, it should be clear that suicide is often preceded by a distorted view of the 'self' and the life out there. Suicidal patients approach life with a pessimistic and nihilistic attitude disbelieving at that moment that life has inherent value that cannot be tampered with. The absurdist stance they take in the face of any present perplexing challenge, often times show the narrow conception of 'self.'

5. Conclusion

As we have shown, the phenomenon of suicide is quite pervasive since ancient times and now in our contemporary world. However, it's been noticed that addressing suicide as a morally reprehensible act is not helping to detract from suicide. Hence, we have argued that it might be useful to address suicide from an agent-centered perspective. That is, evaluating the perception about the self in relation to life that is beneath suicide thoughts and actions. We provided an analysis of the narrow-mindedness of the self and the disorientation about life that might inform suicide. Contemporary society might have shown that moral and religious arguments against suicide is not always enough to stop a person from killing himself or herself. However, emphasizing the phenomenological approach to suicide in this article has reinforced the subjectivity of suicide and show how

the perception of ‘self’ could be an important starting point for addressing suicide. In dealing with suicide, it is expected that medical practitioners and psychologists should focus on the subjective experience of suicide, observing the individual patient who expresses suicide ideation and unpack the self-perceptions within while putting aside assumptions, judgments or interpretations rooted in pathological disorders which currently underlie the ways of responding to people experiencing a desire to die. Hence, for suicide prevention practices in our contemporary social life to be more effective, it might be that we need to rethink what it is to be suicidal by focusing on the experience of the ‘self.’

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