

**Literature and Coping Skills**  
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**Lecture 36**  
**Charles Bukowski, “The Suicide Kid”**

Hello everybody. I am Ajit K Mishra, your course instructor for Literature and Coping Skills. I am here with the last lecture of this module taming substance abuse. In the last three lectures I talked about substance abuse from a variety of perspectives. This is going to be a very important lecture in the sense that it is going to wake us up to the need of a very important challenge that is substance abuse, which is a result of other psychological disorders including depression and suicidal tendencies, so that way this lecture is going to help us understand a variety of aspects associated with substance abuse, we need to understand that suicidal thoughts and behaviours and drug abuse or substance abuse are very closely connected or related ideas, we need to understand the complexities of that particular connection, because of a variety of things the annual global figures for suicide and suicide attempts stand at 1 million suicides and 10 million suicide attempts.

Now, that is the reason why I told you that suicidal thoughts and behaviours and drug abuse are very closely related and when that happens that leads to huge problems. Because when two problems are combined come together they create a much bigger problem and much bigger challenge for us to solve and overcome, so suicide is not simply a response to stress, but generally a complication of a psychiatric disorder.


So, according to the 2017 national survey on drug use and health conducted by the Substance Abuse and Mental Health Services Administration, SAMHSA, 4.3 percent of U.S adults aged 18 and older had thoughts about suicide with the highest prevalence among adults aged 18 to 25, now that is a serious concern, these are the figures for one of the most developed nations of this world.

So, in what sense if all the developments have not been able to curb this menace, so we need to rethink our ideas of development, our ideas of human progress, are lives rapidly becoming easier


or better that is a question we need to crack and resolve. So, these are some of the issues that I am going to address in this lecture.

And I am going to do so with the help of a very interesting poetic composition written by Charles Bukowski “The Suicide Kid” and that is the reason why I have started by talking about the menace that we call suicide in combination with substance abuse. So, let us start.

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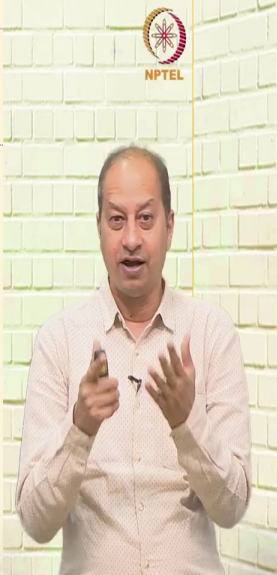


## Taming Substance Abuse




- The Culture of Escape: Elusion or Illusion? -I
- The Culture of Escape: Elusion or Illusion? -II
- Charles Baudelaire, “Be Drunk”
- Charles Bukowski, “The Suicide Kid”

Image Source: Thenounproject



As I have already told you I am going to focus on Charles Bukowski, “The Suicide Kid” and when I take you to that particular poetic composition I will be showing how the speaker in that particular poetic piece struggles with a certain problem we get to see that problem and how the speaker is trying to overcome that problem, what different approaches, skills, strategies the speaker has employed in order to overcome that problem and whether the speaker finally overcomes the problem or not and what coping skills and strategies we can derive from that particular experience after speaker which gets embodied in our experiences to. So, let us take a look at each of these components.


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## Self-Destructive Behaviour

- A form of behaviour that leads to physical and emotional self-harm, sometimes resulting in death
- Such behaviours are largely due to either earlier aversive life experiences or a mental health condition, such as depression or anxiety
- Most self-destructive behavior such as suicide attempts, binge eating, compulsive activities like gambling, gaming, or shopping, impulsive and risky behaviour, alcohol and drugs overuse, and self-injury are obvious

Cont.



Before I take you to “The Suicide Kid” by Charles Bukowski I will be walking you through a variety of ideas associated with suicide and substance abuse. So, let us start with the root of this problem that is self-destructive behaviour. Why do people engage or indulge self-destructive behaviour, if survival is one of the biggest questions faced by the human race or living organisms then how is it that people can engage or indulge in self-destructive behaviour?

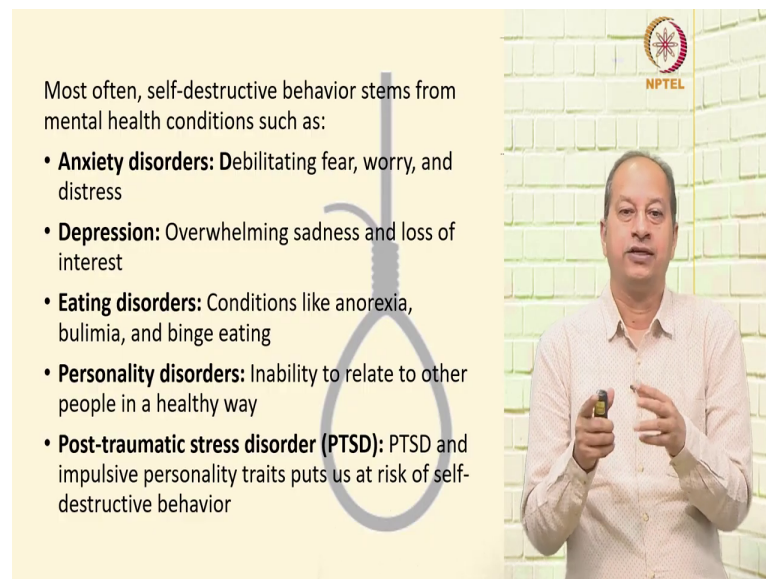
Because self-destructive behaviours also lead to extermination of that particular person, that particular life, so that is of course a riddle, a puzzle that we all need to solve if we have to understand its implications for suicide in conjunction with substance abuse. So, Self-destructive behaviour is a form of behaviour that leads to physical and emotional self-harm and there are times when it also results in death.

So, it can be instances of self-harm, physical and emotional, that is taking somebody to task emotionally and causing pain to somebody physically, but such behaviours can also lead to death and they have led to deaths in the past. So, self-destructive behaviours are city's threat to our existence and our well-being. So, such behaviours are largely due to either earlier aversive life experiences, they may be very earlier or recent life experiences that have been absolutely bad, aversive or they can also be mental health conditions such as depression or anxiety.

And most self-destructive behaviours such as suicide attempts binge-eating, compulsive activities, like gambling, gaming, shopping, impulsive and risky behaviour, for example, bike racing, jumping off the cliff, diving into the river without proper guards and then indulging in alcohol and drug abuse and then self-injury are generally obvious in self-destructive behaviours, we generally come across such people who indulge in such self-destructive behaviours.

Therefore, it is very important that we understand that this is a major problem and even those who are indulging in self-destructive behaviours need to realize that this is a major problem, this can lead to the deaths, the extermination of their lives.

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Most often, self-destructive behavior stems from mental health conditions such as:

- **Anxiety disorders:** Debilitating fear, worry, and distress
- **Depression:** Overwhelming sadness and loss of interest
- **Eating disorders:** Conditions like anorexia, bulimia, and binge eating
- **Personality disorders:** Inability to relate to other people in a healthy way
- **Post-traumatic stress disorder (PTSD):** PTSD and impulsive personality traits puts us at risk of self-destructive behavior

So, most often self-destructive behaviour stems from mental health conditions, it is not that self-destructive behaviour is like a game in which people generally engage or people generally play that game in order to derive a tremendous amount of pleasure, the chances of such a thing are always very very low, on the other hand major cause of self-destructive behaviour is because of mental health conditions including anxiety disorders like debilitating fear, worry and distress.

And then depression, overwhelming sadness and loss of interest and then eating disorders like anorexia, bulimia and binge eating, then personality disorders, like impulsive personality and inability to tolerate failures or the inability to relate to other people in a healthy manner that is

interpersonal abilities. And then PTSD Post-traumatic stress disorder is also a major cause of this particular problem that is self-destructive behaviour. So, there are certain personality traits like the impulsive personality trait, which is also a major cause of self-destructive behaviour.

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The slide is titled "Suicidal Thoughts and Behaviours (STBs)". It features a central graphic of a blue triangle with a black silhouette of a human head in profile, containing a white skull. Below the triangle, there are two columns of text. The left column is headed "Passive" and lists "Passing thoughts" and "No actual plans". The right column is headed "Active" and lists "Repeated thoughts" and "Actual plans". In the top right corner of the slide, there is a logo for NPTEL. At the bottom left, it says "Image Source: Thenounproject". To the right of the slide, a man in a light-colored shirt is visible, gesturing as if presenting.

So, we are comes to Suicidal Thoughts and Behaviours STBs we need to be very very careful that these behaviours can be passive, for example, there may be moments in my life when I feel like dropping the gauntlet, bidding farewell to life, I may not feel like living, I may fail in a test, I may lose my friend, I may fail in our relationship, such instances, such experiences might suddenly generate that particular self-destructive behaviour or suicidal thoughts and behaviours in me, but they are passive ones.

How do you know that they are passive ones? When people say I do not feel like living anymore this life is worthless, this life is hopeless, meaningless, there is no reason for me to live and a variety of other things, they are basically passing thoughts. Most people say that, if a student fails in an examination of student might express I am good for nothing, therefore I do not want to live but they are passing thoughts because at the spur of that moment somebody says or issues such statements they do not actually mean that they do not actually mean that because these thoughts are passing thoughts that will go off after a while.

And then there are no actual plans of committing suicide. So, these suicidal thoughts and behaviours do not lead to actual plans, somebody begins to hatch a plan to commit suicide. On the other hand there are active patterns, so there is STBs can be passive, if they are passive they are not very challenging, but if they are active, a person begins to experience repeated STBs, Suicidal Thoughts and Behaviours, repeatedly that means every now and then and those thoughts will not leave you they overwhelm you and then people begin to hatch actual plans.

So, for example, if somebody searches a lot of on the internet about how to commit suicide and people begin to discuss repeatedly with their friends, people begin to tell their friends that they are bidding farewell this live they are planning to leave this life they are planning to go away, variety of other things, these are the indicators that tell us that these people are hatching plans. So, it is important that we wake up to such calls. So, STBs can be passive or active.

So, these STBs when you look at them, either passive or active, they actually spring from a variety of reasons, why do people get suicidal thoughts and indulgence, suicidal behaviours? We all have our own share of struggles in our lives we all are struggling one way or the other, it is absolutely normal to feel sadness, despair, experience anxiety and stress from time to time, there is nothing abnormal or mentally challenging about all these experiences, they are very normal to experience sadness, despair, anxiety and stress we do so.

But there are some people who find it extremely difficult to overcome these stages or these experiences, therefore they get into deep depression paralyzing anxiety and they do not know how to come out of those experiences, they become repeated experiences for them. And then one may start thinking that one's situation is rapidly becoming hopeless and there is no way out, the downward spiral of negative thinking actually eventually leads to thoughts of suicide or suicidal behaviour, including talking about suicide or taking action to end one's life's.

So, these are some of the sources, some of the risk factors from where these STBs generally spring, so we need to be more careful about those sources, those risk factors than the STBs themselves, because they are not the beginning of that particular cycle, so we need to go to the root of that particular problem.



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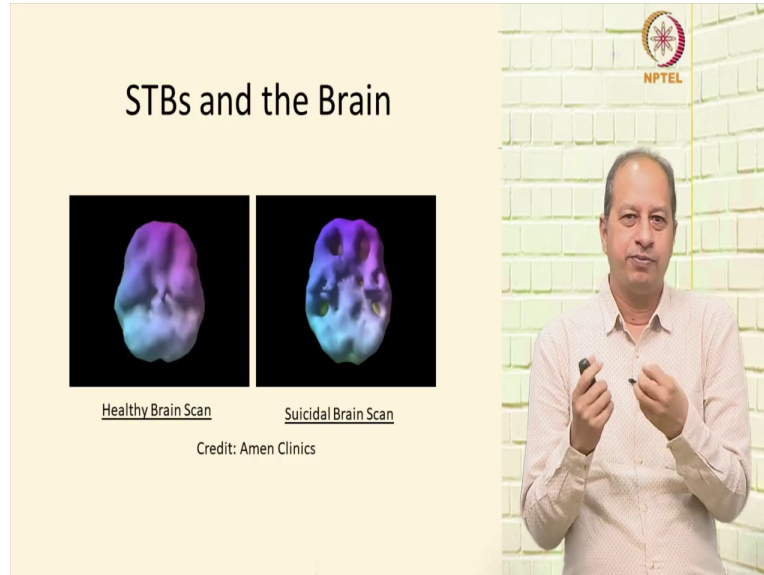


So, these are some of the warning signs of suicidal thoughts and behaviours, so when people begin to talk about feeling of hopelessness and having no reason to go on living that is an instance and then making a will or giving away personal possessions that is also an instance, but then this is not a very frequently seen instances, especially in suicides, this is a major signal or sign executing reckless behaviour such as excessive alcohol or drug consumption, when somebody does not care about life the person will not mind engaging in reckless behaviours like excessive alcohol consumption and drug consumption.

And then when somebody begins to withdraw from others when somebody begins to avoid social connections or interactions with people that is an instance, which has to be a very sudden one, and then when somebody begins to express rage or even intentions to seek revenge that means, when somebody begins to express anger and frustration in an outrageous manner that is also an instance of STB. And then finally a person appears anxious, agitated all the while this can also be a very important indicator of STB. So, we need to be very careful about these indicators.



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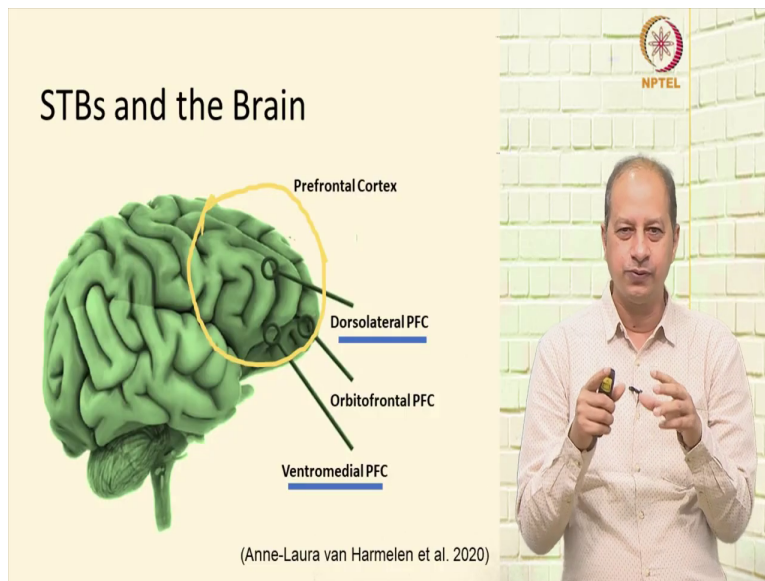
So, that brings us to a very interesting question, how does suicidal thoughts and behaviours affect the brain or the brain mechanism? So, you can see animation on your left and another on your right, so these two images are distinctly different from each other because on your left you can see the scan or the image of a healthy brain scan and on your right you can see your suicidal brain scan, so the differences are so clear that we can easily say that the brain image of suicidal thoughts or behaviours clearly let us know that the brain is totally overwhelmed, it is damaged to a great extent.

So, the Amen Clinics in New York conducted some research into this particular aspect with the help of SPECT - Single-Photon Emission Computed Tomography, a group of researchers at that particular lab they found that there is a huge difference between this healthy brain and the STB brain, so the healthy surface of SPECT scan of the brain on the left shows full even symmetrical activity whereas the SPECT scan on the STB brain shows unhealthy holes, I mean these are the areas that represent low blood flow and activity therefore that is an instance of an unhealthy brain which is the result of an attempted suicide.

So, there are several areas of the brain that have been affected by that particular suicidal attempt, we can see that the prefrontal cortex, especially which is involved in the impulse control

judgment and decision-making, so the prefrontal cortex gets affected so severely that the person who is overwhelmed by suicidal thoughts and behaviours loses contact with the PFC, thereby losing the power to make decisions and judge. So, this particular SPECT scan done by Amen Clinics tells us about this particular aspect of the brain mechanism, a healthy brain and a suicidal brain.

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Then there is another image that can be used to show a very recent research or study the findings of a very research, I mean recent researcher study conducted by Anne Laura Van Harmelen and others and her colleagues at Cambridge and their findings have been published very very recently, so on the basis of their findings they tell us some very interesting things about suicidal thoughts and behaviours and the brain, on their impact on the brain.

So, you can see on the image of few areas you can see the prefrontal cortex, then you can also see the dorsolateral prefrontal cortex and the ventromedial PFC, these are the two areas that are severely affected to PFC areas that are severely affected because of STBs. So, this group of researchers found that these two brain networks appear to function differently because of suicidal thoughts and behaviours, one of these areas at the front of the hand which is known as the medial and lateral, ventral, prefrontal cortex and their connections to regions involved in emotion.

So, because of STBs this leads to difficulties regulating emotions, say these researchers. And the second region that is the dorsal prefrontal cortex and the inferior frontal gyrus system, which play a very important role in the decision-making process, also get dysregulated because of the STB, so that way STBs lead to either the suspension or deactivation of the executive functions of the brain thus making us more and more impulsive.

Therefore these suicidal thoughts and behaviours, so it creates a cycle, STBs make us impulsive and this impulsiveness makes us more and more STB oriented; so, that way depressed individuals generally are more sensitive to what may be perceived as punishment and they do not respond as well to rewards. So, with that in the mind I now take you to such an example where we meet a character who is struggling with such suicidal ideations, such suicidal thoughts and behaviours owing to his failure in his life, owing to his depressed conditions or depressive disorders, owing to the failure of the deactivation of his prefrontal cortex.

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**The Suicide Kid**  
By Charles Bukowski

I went to the worst of bars  
hoping to get  
killed.  
but all I could do was to  
get drunk  
again.  
worse, the bar patrons even  
ended up  
liking me.  
there I was trying to get  
pushed over the dark  
edge  
and I ended up with  
free drinks

Attachment disorder

NPTEL

So, let us take a look at this particular poetic composition The Suicide Kid by Charles Bukowski. So, it is a very simple and straight forward poetic composition which tells us the story of a person who has been struggling with suicidal thoughts and behaviours and this time active suicidal thoughts and behaviours because the person has been attempting to commit suicide. But

unfortunately or fortunately for the person that the person has not been able to do so the person is still alive, but the person is narrating his life experiences.

There are few things that we are not very very clear about, for example, how all the person or the speaker was when he first arrived such as suicidal thoughts and behaviours, if the speaker was in his teens, then we can always resonate that the prefrontal cortex since it is a last important brain region to mature, that might have been one of the major reasons why this person, the speaker as a teen could not judge or I mean the speaker could behave in impulsive manner, so that might be a reason.

So, when we follow listen to the speaker, we get to know that the speaker has been to several places, has been trying to somehow kill or put an end to his life, which has not happened, I went to the worst of bars hoping to get killed, so that is exactly what somebody is trying to do because when somebody's STBs are active the person will definitely hatch plans as I told you that is exactly what the speaker has been doing or he has done.

He wanted to kill himself therefore he went to the worst of bars, he wanted to bring himself under the impact of substance abuse. You abused that particular substance liquor wine to such an extent that he wished he would be killed. So, I went to the worst of bars hoping to get killed, but all I could do was to get drunk again. So, this relapsing tendency came up again, and worse, the bar patrons even ended up liking me.

There I was trying to get pushed over the dark edge and I ended up with free drinks. So, in order to put an end to his life he has been abusing alcohol for a long time. That is exactly what he says, he wanted to put an end to his life thereby he is abusing alcohol, because he wanted to kill himself in some manner, in some way. So, this is a very different kind of suicide because people who hatch plans to commit suicide generally go for that instantaneous ending of life.

But this person has not done that, the person has been trying some other methods to put an end to his life like abusing alcohol, so he very clearly, unassumingly confesses that he went to the worsts of bars with the hope that he will be killed or he would get killed that has not happened, instead something else has happened and he is probably surprised about it that even the bar

patrons have started liking him and that is the reason why he has been offered free drinks in those bars as well.

So, that is very interesting, instead of getting himself killed, he is being liked by others and he confesses both the things, his plans, suicidal plans and how he has been liked by others and how he has received free drinks, so that is very interesting. But there is something even more interesting when it comes to the second section, the second part of this segment.

He confesses to the fact that the bar patrons even ended liking him and as a result of which he has received free drinks, but there is something that points towards a kind of disorder that a person, the speaker is struggling with, that is the attachment disorder. His inability to relate to people, his inability to create interpersonal, good interpersonal healthy interpersonal relationships and that is exactly what he has been avoiding for a long time.

And the reasons might be ascribed to his attachment disorder including this reactive attachment disorder and then this innovative attachment disorder; so, that is a major problem, but he confesses to the fact that now people have started liking him and he probably likes the idea that he is being liked, he is being offered free drinks now.

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while somewhere else  
some poor  
son-of-a-bitch was in a hospital  
bed,  
tubes sticking out all over  
him  
as he fought like hell  
to live.  
nobody would help me  
die as  
the drinks kept  
coming,  
as the next day  
waited for me  
with its steel clamps,  
its stinking  
anonymity,  
its incogitant  
attitude.

Anger and Frustration

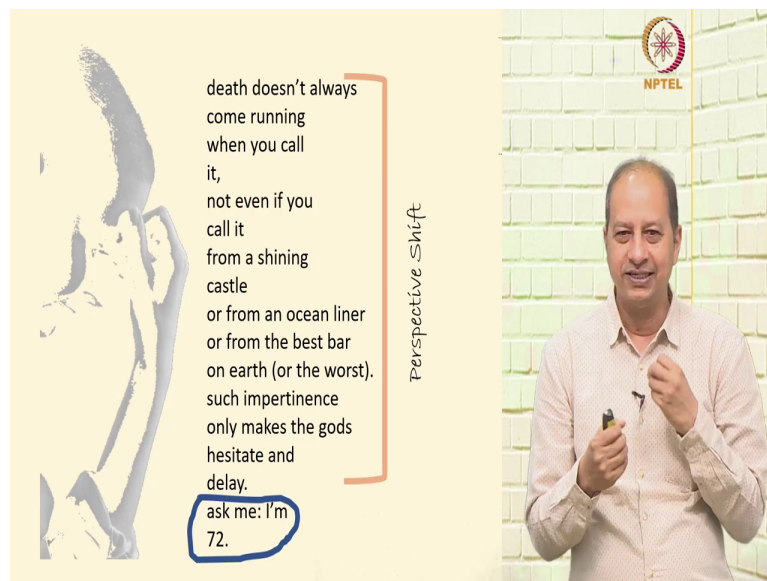
Anxiety

NPTEL

And then we come to another problem, if you remember I talked about those warning signs of this particular problem that is STB, anger and frustration, you always in a state of outrage, there are occasions when people also want to seek revenge, but this person is not trying to seek revenge, but the person is of course angered by something, he was angered by how people are struggling for their lives while lying on a hospital bed, but he has been struggling to end his life and that is not happening to him; so that is exactly what has angered him is very frustrated and angry that his attempts have not been successful, he is not been successful in putting an end to his life and then we come to the other problem that he is struggling with that is anxiety, because despite his continues attempts he has not been able to get himself killed.

As the next day waited for me with it steel clamps, it is stinking anonymity, its incogitant attitude, so that shows his anxiety, he is not ready to face the next day he wants to end his life today itself, so that he is not going to take the pain of facing the next day, so he is very anxious, he is depressed to such an extent that he is not prepared for those experiences.

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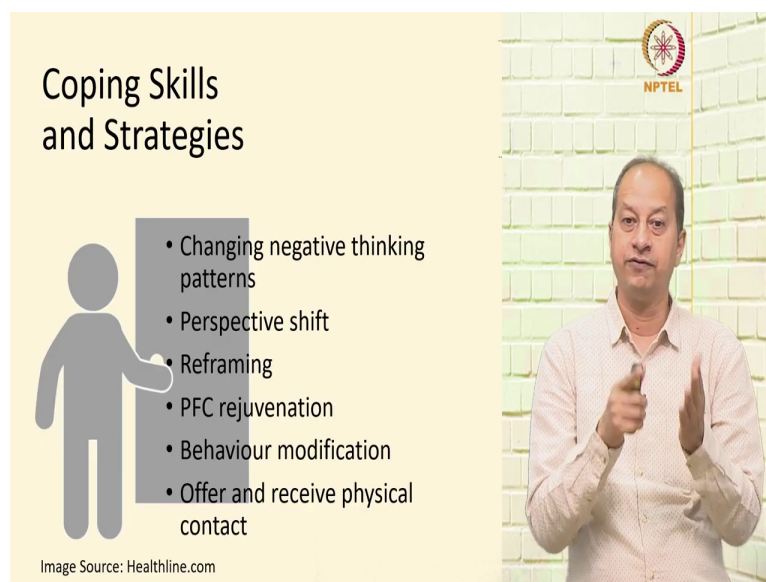
And then we come to the last segment of this poetic composition, when he says or he utters words of wisdom which he has derived through his experiences, death does not always come running when you call it, not even if you call it from a shining castle or from an ocean liner or

from the best bar on earth or the worst. Such impertinence only makes the Gods hesitate and delay, ask me I am 72.

So, he says that and when we go back to the first few lines in this segment we clearly realize that there is a perspective shift, he is suddenly shifting his perspective that life has its own values, its own meanings its own goals and objectives its own significance and death will not come to you even though you call it.

Because life has its own significance, its own meaning and who else can tell that better than this person, the speaker who has become 72 and we do not exactly know for how long he has been struggling with his mission or he has been pursuing his mission to put an end to his life, to get himself killed, so that has not happened.

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So, we come to the coping skills and strategies employed in this particular poetic composition, so the first important coping skill is that of changing negative thinking patterns. So, he began by a negative thought pattern, that is, he says that, “I have been to the worst of bars to get myself killed.” I do not want to meet the next day, because it is going to bring misery for me, but there is a sudden shift in his thought pattern, in between he also shifts, when he says that the bar patrons ended up liking me, so there is a shift.

But there is a distinct shift in the last segment of this poetic composition when he goes on saying that death does not come to you even if you call it from these places. Now, he is focusing on the positive aspects and he is changing his negative thought pattern. It is a very very important coping skill, because it is a choice, our behaviour has a purpose, we know that, choice theory and reality therapy if you remember, so it does that.

And then there is a distinct perspective shift, the perspective shifts from death to life, I am 72, so he proudly announces that I am 72, thereby making it very clear that life is more important than death. And who else can tell you that life is so very important and death is not your prerogative therefore life is very important. Who else can tell you that better than this person who has turned 72 and he has been struggling with the idea of suicidal thoughts and behaviours for so long.

So, he is the person who knows who has seen it from both sides, so he is wiser. So, then we come to this reframing skill, which he does, so we can see two very distinct frames one a person's intentions to put an end to one's life and on the other, the acceptance of the fact that death is not your prerogative, life is your prerogative, death is not. So, therefore, reframing is very very important here which the speaker does and that is a very very important coping skill.

And this is a very important coping skill, this PFC rejuvenation, the prefrontal cortex rejuvenation. So, when we engage in a variety of activities decision-making activities, thinking activities, reflecting activities, the prefrontal cortex is rejuvenated, it is recharged and it is rebooted, so this is rebooting of the prefrontal cortex is absolutely necessary when it comes to STBs because I have already told you that STBs have the potential to shut down the prefrontal cortex.

And they do that and STBs also have the potential to bring the serotonin levels down to such an extent that you will struggle with various problems. So, it is very important for us to go for the PFC rejuvenation, which the speaker does here. Because the speaker engages in certain riddles, certain paradoxes, certain fun or even certain interesting humorous observations like the bar patrons end up liking me and free drinks, these are humorous remarks.



So, all these things, all these activities, in fact, rejuvenate the prefrontal cortex and then you suddenly regain your self-regulation self-control mechanism or power and that is how you can overcome your impulsive thinking. That is exactly what the speaker does here. And then behaviour modification, it is a very important coping skill. Our behaviours have purposes without any purpose we do not behave.

So, the speaker had been behaving in a certain manner, he was boozing, he was abusing alcohol, he was behaving in a certain manner because he had a certain purpose, his purpose was to get himself killed. Now that he has realized that that behaviour will not pay, it has not paid, so he has decided to change his behaviour. So, he is now going to focus on life, so that is behaviour modification. So, then finally we come to a very important thing: receive physical contact, your interpersonal relationships. He used to go to the bars, but he would not interact with people.

Now, that he is spending more and more time in the bars people have started liking him; that means he has certain qualities in him which are likeable and people like him, he has good interpersonal abilities and you can always explore your interpersonal abilities only when you take yourself to people that is when you offer and receive physical contact that is meeting people, interacting with them creating bonds with them, so that is a wonderful skill because such interactions will suddenly reveal something very important about you which you have not even thought of; that is people liked me, the bar patrons liked me.

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So, that is how we come to the end of this lecture. I hope it has helped you understand the substance abuse mechanism because it all starts with substance use with a purpose to derive a high or an extra amount of pleasure or to experiment with something new, something esoteric and this gradually turns into substance misuse and finally ends in substance abuse.

So, I hope I have helped you understand this problem well and now you can approach the idea of substance abuse and the idea of taming substance abuse from a better perspective. So, thank you for joining me.