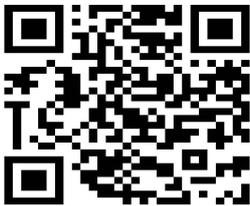


Loosening the Noose: Suicide and Self-Harm

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Abstract:

This academic paper attempts to disentangle the intricate web of factors contributing to suicide and self-harm. It aims to provide a comprehensive understanding of the multifaceted nature of these phenomena. Drawing on an extensive literature review, this paper examines the interplay of biological, psychological, social, and environmental factors, examining their roles in shaping both vulnerability and resilience. Additionally, the study explores the evolving landscape of preventative interventions and therapeutic approaches, highlighting the importance of a holistic and integrated framework for addressing suicide and self-harm. Through comprehensive analysis, the paper seeks to contribute insights into the ongoing discourse surrounding mental health, ultimately fostering informed strategies for prevention and intervention.

Key Words: suicide, self-harm, mental illness, prevention, intervention

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Introduction:

Suicide and self-harm are complex and sensitive issues that have significant psychological, social, and public health implications. Suicide refers to the intentional act of ending one's own life, while self-harm encompasses deliberate self-inflicted injuries without necessarily having the intention to die. Both behaviors often stem from a combination of psychological distress, emotional pain, interpersonal challenges, and mental health disorders.

Guyana has been identified as the nation with the second-highest suicide rate on planet Earth, coming only after Lesotho. Some decade or so ago, this fact alarmed the citizenry of Guyana. This

alarm has given way to mere curiosity as to who, where, when, and how. Alarm is now replaced by gossip and platitudes and trite expressions of shallow sympathy, as if a death by suicide is normal. Occurrences of suicide have all but ceased to capture the attention of the press unless it is multiple so as to be fleetingly sensational. And that apparent normalization of an extraordinary occurrence has appeared to have taken hold of those agencies and institutions in the form of apathy. Institutional apathy in the face of tragedy.

Second highest suicide rate in the world while we are left to guess at the numbers of self-harm incidents. But these facts ought to be alarm bells

when we attach the figures to the relatively tiny population of Guyana: approximately 800,000 people. Thus far, there have been a few “conferences”, with something resembling press coverage, those gatherings often descending into foolish acrimony as to which ethnic group is more susceptible to suicide and self-harm. Then conference attendees go home to wheresoever they live, and little or nothing comes of these “conferences”. It is as if lives lost—the quantity and quality—are but abstractions.

Our local academic “researchers” have shown no willingness to gaze unflinchingly at this tragic phenomenon. The paucity of published research is all the evidence needed to support this point of view. And yet, research done elsewhere indicates that various risk factors contribute to the development of suicidal thoughts, self-harming behaviors, and suicides. These factors include mental health disorders such as depression, anxiety, bullying, bipolar disorder, and borderline personality disorder. Environmental factors, such as a history of trauma, abuse, neglect, family conflicts, substance abuse, and lack of social support, amplify susceptibility. Now we can add social media to this deadly mix.

To be sure, Public Health initiatives have focused on raising awareness in temporary, ineffective, and inconsistent ways. Crisis hotlines have been set up, online support groups have been formed, and there have been the odd attempt at reducing stigma and promoting mental health education to create a more supportive environment for individuals struggling with suicidal thoughts and self-harm ideation. Yet, there is **no evidence** of follow-up work to measure effectiveness.

Teachers are not trained to identify the signs of impending suicides. The police—often the first to respond—are equally untrained and therefore clueless. Our “community leaders” and “religious leaders” seem preoccupied with other more pressing matters of import like money, microphones, megalomania, say. And we as a nation have failed to cultivate more mental health professionals—clinical psychologists and psychiatrists.

Addressing suicide and self-harm in Guyana demands a multifaceted approach that considers the nation’s cultural diversity, economic disparities, and limited mental health infrastructure. Collaborative efforts among government agencies, healthcare providers, law enforcement, educators, community leaders, and mental health professionals are essential if we are to develop culturally sensitive interventions, increase awareness, and provide readily accessible resources for those in need.

This paper is itself a feeble attempt to look, identify, analyze, and suggest potential ameliorative measures to this scourge that threatens the very foundation of our society: our human resource, our people.

Suicide and Self-Harm:

Suicide and self-harm are complex issues that have long been a concern for society. Both are serious problems that can affect individuals from all walks of life, and they can have a devastating impact on not only the person who is experiencing them but also their families, friends, and community. According to Hawton (2007), “people who have self-harmed are at much greater risk of future episodes of self-harm and suicide than the general population”. Understanding the causes and risk factors of suicide and self-harm is crucial to preventing these behaviors and helping those who are struggling.

According to data from the Global Burden of Disease study, there were over 759,028 deaths by suicide worldwide in 2019; the World Health Organization says suicide was the fourth-leading cause of death among young people ages 15 through 29. A report by the World Health Organization (2021) states that in at least 17 countries— Australia, Belarus, Canada, Finland, Germany, Japan, Kazakhstan, Mongolia, Montenegro, Netherlands, Norway, Republic of Korea, Russian Federation, Singapore, Sweden, Switzerland, and the United Kingdom—self-harm was reportedly the leading cause of death for those 15 to 34 years old. Globally, the statistics are as follows:

COUNTRY	SUICIDE RATE per 100,000	POPULATION
Lesotho	87.48	2,225,702
Guyana	40.85	798,753
Eswatini	40.46	1,169,613
Kiribati	30.56	124,241
Federated States of Micronesia	28.99	100,319
Suriname	25.89	600,301
Zimbabwe	23.63	15,354,608
South Africa	23.49	58,090,000
Mozambique	23.19	30,285,595
Central African Republic	22.96	5,209,324

Table 1

Table 1, based on data from the World Health Organization, ranks countries according to their suicide rates, presenting a sobering snapshot of the global mental health landscape. Topping the list is Lesotho, indicating a critical need for attention to mental health concerns in that nation. The factors contributing to high suicide rates are complex and multifaceted, often involving a combination of social, economic, and cultural elements.

Guyana and Eswatini follow closely, suggesting regional patterns that may warrant targeted interventions. Kiribati, the Federal States of Micronesia, Suriname, Zimbabwe, South Africa, Mozambique, and the Central African Republic complete the top 10, highlighting a diverse range of countries facing significant challenges in mental health prevention and support.

The data in this table should serve as a catalyst for global dialogue and concerted action to reduce suicide rates and promote mental well-being on a worldwide scale.

The Table below provides a longitudinal perspective on suicide cases in Guyana over a two-

decade period, revealing a concerning consistency in the overall numbers. Despite fluctuations in societal and economic factors, the stable trend suggests a persistent challenge in addressing mental health issues in the country. The implications of this enduring pattern warrant a closer examination of the root causes and the effectiveness of existing prevention measures.

Notably, the table underscores a significant gender disparity, with the number of male suicide cases nearly doubling that of females. This points to a potential gender-specific aspect in the factors contributing to suicide in Guyana. Societal expectations, economic pressures, and access to mental health resources may disproportionately impact males, highlighting the need for targeted interventions and support systems.

The global context provided by the World Bank data further demonstrates Guyana's standing as the country with the second-highest number of suicide cases globally. This places Guyana at the forefront of a global challenge, emphasizing the urgency of comprehensive mental health strategies. The data in the table serves as a crucial resource for policymakers, health professionals, and advocates,

urging them to prioritize and tailor interventions to address the persistent issue of suicide in Guyana, with particular attention to the gender-specific dynamics revealed in the numbers.

YE A R	TOTAL	MALE	FEMALE
2019	40.3	63	17.4
2018	39.5	61.6	17.1
2017	38.5	60.1	16.7
2016	37.9	59.3	16.4
2015	37.3	58.5	16.2
2014	37.2	60.6	13.9
2013	38.2	59.3	17.4
2012	35	54.6	15.7
2011	32.6	51	14.5
2010	33.3	51.7	15.2
2009	32.9	47.5	18.3
2008	30	46	14.1
2007	30.9	47.3	14.6
2006	30.7	46.7	14.6
2005	30.9	47.7	14
2004	32.5	50.3	14.7

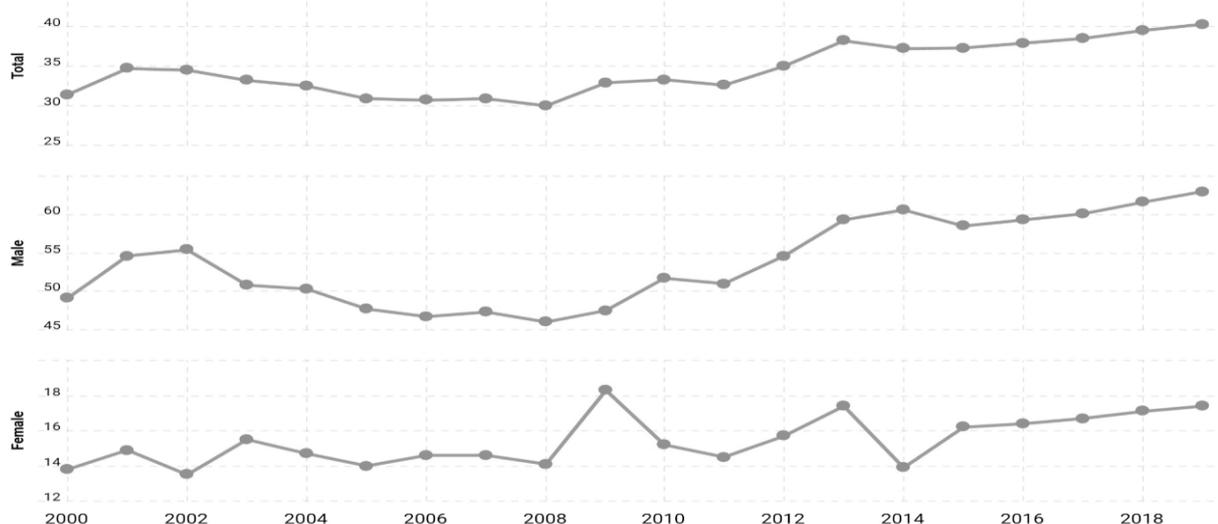
2003	33.2	50.8	15.5
2002	34.5	55.4	13.5
2001	34.7	54.6	14.9
2000	31.4	49.1	13.8

Table 2

Graph 1 portrays a concerning trend in suicide cases in Guyana over a two-decade period, highlighting a substantial imbalance between males and females. The x-axis indicates time in years, while the y-axis represents the number of suicides per 100,000 people. As we examine the data, a distinct pattern emerges – males consistently experience a significantly higher number of suicide cases compared to females.

In the context of mental health and societal dynamics, this disparity prompts a deeper exploration into the factors contributing to this phenomenon. It may be indicative of varying stressors, societal expectations, or access to mental health resources that disproportionately affect males. Societal pressures often play a role, with traditional gender norms potentially influencing the coping mechanisms and emotional expression of males.

The temporal aspect of the graph reveals that this gender gap in suicide has been consistent over time, with the number of cases by males almost doubling that of females throughout the two-decade period.



Graph 1

What is Self-Harm?

Self-harm is defined as the deliberate and intentional act of inflicting physical harm on oneself. It is often used as a coping mechanism to deal with overwhelming emotions, such as anxiety, depression, and trauma. Self-harm can take many forms, including cutting, burning, scratching, and hitting oneself. Although self-harm is not a suicidal attempt, it can be a risk factor for suicidal ideation and behavior. Horrocks (2002) states “it has been suggested that multiple repeat episodes of self-harm are associated with an even greater suicide risk”.

What is Suicide?

Suicide is defined as the act of intentionally ending one’s own life. According to the World Health Organization (2021), “suicide is a leading cause of death amongst young people aged 15–29 and a major public health concern for politicians, policy makers, practitioners and the public alike”. Suicide can be the result of various factors, including mental illness, substance abuse, and life stressors. Individuals who have experienced trauma, abuse, or neglect are at higher risk of suicide. Suicide can be prevented with early intervention, effective treatment for mental illness and substance abuse, and consistent, readily available social support.

What Causes Self-Harm and Suicide:

There are many reasons why someone may engage in self-harm or contemplate suicide. These can include feelings of hopelessness, helplessness, and a lack of control over one’s life. Mental health disorders such as depression, anxiety, and post-traumatic stress disorder (PTSD) can also contribute to these behaviors. Additionally, social, and environmental factors, such as bullying, social isolation, and financial stress, can also increase the risk of suicide and self-harm.

It is essential to recognize the warning signs of suicide and self-harm, which may include changes in behavior, mood, or appearance, such as withdrawing from social activities, expressing feelings of hopelessness or worthlessness, or sudden changes in eating or sleeping habits.

Anyone who displays these signs should be taken seriously, and appropriate support should be sought out.

Preventing suicide and self-harm involves a multi-faceted approach that includes both individual and societal efforts. Effective treatment for mental health disorders and substance abuse, along with access to crisis hotlines and mental health professionals, is crucial. Education and awareness campaigns can also help reduce the stigma surrounding mental health and promote healthy coping mechanisms. “Accessing mental health support is viewed as essential to young people’s recovery from deteriorating mental health and it is therefore crucial that young people feel comfortable seeking help” (Gilmour et al. (2019); Hart & O’Reilly (2018)

It is also essential to foster a supportive and inclusive community where individuals can feel comfortable seeking help without judgment. This includes creating safe spaces for individuals to talk about their feelings and providing resources for those who are struggling.

Reasons Why Someone May Resort to Suicide and Self-Harm:

Suicide and self-harm are intricate and often deeply personal issues that can be influenced by a range of factors. While each person’s situation is unique, there are several common reasons why individuals may resort to these behaviors.

1. The most significant factor that can contribute to suicidal ideation or self-harm is mental health issues.

Mental health issues are conditions that affect an individual’s thoughts, emotions, and behaviors, often leading to distress or impaired functioning in daily life. These conditions can range from mild to severe, and can be caused by a variety of factors, including genetics, environment, and life experiences.

Some examples of mental health issues include:

- Anxiety disorders, such as generalized anxiety disorder, panic disorder, and social anxiety disorder.
- Mood disorders, such as depression, bipolar disorder, and seasonal affective disorder.
- Psychotic disorders, such as schizophrenia and delusional disorder.
- Eating disorders, such as anorexia nervosa, bulimia nervosa, and binge eating disorder.
- Substance use disorders, such as alcoholism and drug addiction.
- Personality disorders, such as borderline personality disorder and narcissistic personality disorder.
- Obsessive-compulsive disorder (OCD).
- Post-traumatic stress disorder (PTSD).

It is important to note that mental health issues are common and can affect anyone, regardless of age, gender, race, or socioeconomic status. Seeking help from a mental health professional can be beneficial in managing and treating these conditions.

2. Trauma is another factor than can contribute to suicide and self-harm.

Trauma is an emotional response to a stressful or life-threatening event. It can have a lasting impact on an individual's mental, emotional, and physical health. Traumatic events can include physical, sexual, or emotional abuse, natural disasters, accidents, and acts of violence or terrorism.

Trauma can affect individuals in different ways. Some may experience symptoms immediately following the event, while others may not experience symptoms until months or even years later. Symptoms of trauma can include:

- Anxiety,
- Depression,
- Irritability,
- Anger,
- Difficulty sleeping or concentrating, and

- Avoidance of people or situations that remind the individual of the traumatic event.

There are different types of traumas including:

- Acute trauma which occurs as a result of a single event. Acute trauma can be treated through various therapies, such as cognitive-behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR).
- Complex trauma which occurs because of ongoing or repeated events. Complex trauma may require a longer-term therapeutic approach that addresses the underlying causes of the trauma.

It is important to seek help if you have experienced trauma. Talking to a mental health professional can help you understand and process your experiences and develop coping skills to manage symptoms of trauma. Of course, this presupposes the ready availability of qualified professionals. Other forms of self-care, such as exercise, meditation, and spending time with loved ones, can also be helpful in managing trauma.

Trauma can also trigger mental health disorders such as PTSD, which can increase the risk of suicidal thought.

3. Relationship problems, including romantic relationships, family conflict, and social isolation, can also contribute to suicidal ideation and self-harm.

Individuals who feel disconnected from others or who are experiencing intense conflict or rejection may feel overwhelmed and turn to self-harm to cope. Similarly, social isolation can lead to feelings of loneliness and hopelessness, which can increase the risk of suicidal thought.

4. Substance abuse is another factor that can contribute to suicidal ideation and self-harm.

Substance abuse refers to the excessive and harmful use of drugs or alcohol. It is a pattern of behavior that can lead to serious physical,

psychological, and social problems. Substance abuse is often associated with addiction, which is a chronic and compulsive use of a substance despite the negative consequences.

Substances commonly abused include:

- Alcohol,
- Tobacco,
- Marijuana,
- Cocaine,
- Heroin, and
- Prescription drugs.

The abuse of these substances can have a range of effects on the body and mind, including:

- Impaired judgment,
- Memory loss,
- Mood swings,
- Physical dependence,
- Withdrawal symptoms, and
- Increase impulsivity, which can make it more likely for individuals to act on suicidal thoughts or engage in self-harm.

5. Life stressors such as financial problems and legal problems can also contribute to suicide ideation and self-harm.

Warning Signs Indicating That Someone Is Struggling with Self-Harm or Suicidal Ideation:

Self-harm and suicide are serious and potentially life-threatening issues that can affect individuals of any age or background. These behaviors can be challenging to recognize, as individuals may try to hide their actions or feelings. However, there are warning signs that can indicate that someone is struggling with self-harm or suicidal thoughts. By being aware of these warning signs and seeking help and support for individuals who are struggling, we can help prevent these behaviors and promote mental health.

Some of the warning signs of self-harm include:

- Unexplained injury or scars, particularly on the wrists, arms, legs, or abdomen. Individuals who engage in self-harm may also wear long sleeves or pants to cover their injuries, even in warm weather. They may also have a collection of sharp objects, such as razors or knives, in their possession.
- In addition to physical signs, there may also be behavioral and emotional warning signs of self-harm. These may include frequent mood swings, sudden changes in personality or behavior, increased anxiety or depression, and withdrawal from social activities. Individuals who are struggling with self-harm may also express feelings of guilt, shame, or self-loathing. They may also have difficulty managing emotions or stress and may turn to self-harm as a coping mechanism.

Like self-harm, suicide can be challenging to recognize, as individuals may try to hide their feelings or intentions. However, there are several warning signs that may indicate that someone is contemplating suicide.

Some of the warning signs of suicide include:

- A sudden or significant change in behavior or mood. This may include withdrawing from social activities or relationships, showing little interest in hobbies or activities that were previously enjoyed, or exhibiting increased irritability or agitation. Individuals who are contemplating suicide may also experience significant changes in sleeping or eating habits.
- Other warning signs of suicide may include expressing feelings of hopelessness, worthlessness, or helplessness. They may talk about feeling trapped or burdened, and they may express thoughts of being better off dead or feeling like they have no reason to live. Individuals who are contemplating suicide may also exhibit reckless or impulsive behavior, such as increased alcohol or drug use, or they may give away

prized possessions or make other preparations for their death.

Steps You Can Take to Help A Person Struggling with Suicidal Ideation And/Or Self-Harm

Helping a person who is struggling with suicidal thoughts or self-harm can be challenging and overwhelming, but it is crucial to provide support and assistance to help them through their struggles. Here are some steps you can take to help a person who is struggling with suicidal ideation and/or self-harm:

1. **Take their thought and actions seriously:** If someone confides in you that they are contemplating suicide or engaging in self-harm, it is essential to take their thoughts and actions seriously. Avoid minimizing or dismissing their concerns and encourage them to seek professional help.
2. **Listen without judgment:** It is essential to listen to the person without judgment, criticism, or blame. Allow them to express their feelings and concerns and validate their experiences. Show empathy and understanding and offer emotional support.
3. **Encourage them to seek professional help:** Encourage the person to seek professional help from a mental health professional, such as a therapist or counselor. Offer them to help them find resources, such as hotlines or support groups, and offer to accompany them to appointments.
4. **Create a safety plan:** Work with the person to create a safety plan that outlines specific actions they can take if they are feeling suicidal or engage in self-harm. This may include reaching out to a trusted friend or family member, calling a crisis hotline, or going to the emergency room.
5. **Remove access to means:** If the person has access to means such as firearms, drugs, or sharp objects, it is essential to remove these

from their environment to reduce the risk of harm.

6. **Offer ongoing support:** Suicide and self-harm are complex issues that may require ongoing support and care. Check in with the person regularly and offer ongoing emotional support and encouragement to continue seeking help.
7. **Take care of yourself:** Supporting a person who is struggling with suicidal thoughts or self-harm can be emotionally challenging. It is crucial to take care of yourself and seek support from friends, family, or a mental health professional if needed.

Recommendation:

Interview Questions for Assessment of Suicidal Ideation and Self-harm

Starting with questions about thoughts or feelings related to living is a sensitive and strategic way for counselors to gather critical information, provide immediate support, and lay the groundwork for ongoing therapeutic work. There are several reasons for starting with such inquiries:

1. **Risk Assessment:** Understanding the person's thoughts about living helps the counselor assess the immediate risk of suicide. Knowing if the individual has a specific plan or intent provides crucial information for determining the level of danger.
2. **Engagement and Rapport:** By focusing on the person's thoughts and feelings, the counselor establishes a foundation for building rapport and trust. This empathic approach can create a safe space for the individual to express themselves openly.
3. **Immediate Intervention:** Identifying suicidal thoughts allows for prompt intervention. If there is an imminent risk, the counselor can take appropriate steps to ensure the person's safety, such as involving emergency services or devising a safety plan.

4. Exploration of Underlying Issues:

Questions about living can lead to discussions about the underlying issues contributing to suicidal thoughts. This exploration is crucial for understanding the complex factors involved and tailoring a treatment plan to address specific concerns.

5. Communication of Concern: Expressing concern about the person's thoughts on living communicates the counselor's care and commitment to helping. It opens the door for a collaborative conversation about the individual's struggles and the support they may need.

6. Establishing a Therapeutic Alliance: Addressing thoughts about living demonstrates the counselor's commitment to working together on the person's well-being. This collaborative approach can enhance the therapeutic alliance, fostering a sense of partnership in the healing process.

Some recommended questions to start the discussion include:

- What are some of the aspects of your life that make it worth living?
- What are some of the aspects of your life that may make you feel or think that your life is not worth living?
- Sometimes people feel that life is not worth living. Can you tell me how you feel about your own life?
- Do you find yourself wishing for a permanent escape from life?
- How would that happen for you?

It is important to continue with additional questions that are about self-harm and suicide.

- Do you think about your own death or about dying?
- Have you ever thought about harming yourself or trying to take your own life? Do you feel this way at present?

If the person expresses thoughts of self-harm and suicide, or even if he/she answers these questions with some degree of uncertainty ("I don't know", "I don't remember", "maybe, I am not sure"), you may non-aggressively continue with the following questions:

- When did you begin to experience these thoughts?
- What do you think caused you to start having these thoughts?
- How frequently have you had these thoughts?
- Do these thoughts affect your thinking and daily activities?
- How strong are they? (You use the scale of 1 to 10).
- Can you describe these thoughts?
- Can you use an activity as a distraction to avoid these thoughts?
- Have you ever acted upon these thoughts?
- If you have not acted upon them, how close do you feel you came to acting?
- Do you think you might act on these thoughts of self-harm or suicide in the future?
- What might prevent you from acting on these thoughts?
- Have you told anyone that you are thinking about taking your life or are planning to do so?

If a person has attempted suicide or engaged in self-harm ideation, ask additional questions to assess circumstances surrounding the event(s).

- What were your thoughts just before you harmed yourself?
- What did you anticipate would be the outcome of your self-harm or suicide attempt?

- Were other people present when you did this?
- Did you look for help afterward or did someone else help you?
- How did you feel after your attempt?
- How do you feel about your life now?

For individuals with repeated suicidal thoughts or attempts, ask the following questions:

- How many times have you tried to harm yourself, or tried to end your life?
- When was the most recent time?
- When was your most serious attempt at self-harming or taking your life?

For people with psychosis, ask specifically about hallucinations and delusions.

- Can you describe the voices you hear?
- Can you tell if the voices are male or female?
- Can you stop the voices?
- How many different voices do you hear?
- Do you hear these voices from within your own mind, or do they seem to come from somewhere outside of you?
- Do you recognize these voices?
- What do the voices say to you?
- Do the voices command you to do anything?
- Have you ever done what the voices tell you to do?
- Have there been times when the voices told you to hurt or kill yourself?

Consider assessing the patient's potential to harm others in addition to him/herself.

- Are you having thoughts of harming other people?
- Are there other people you would want to die with you?

- Are there others who you think would be unable to go on without you?

Conclusion:

This academic exploration of suicide and self-harm has delved into the complex and multifaceted nature of these phenomena, aiming to contribute to a deeper understanding and inform strategies for prevention and intervention. The research has underscored the global significance of suicide and self-harm, emphasizing their profound impact on individuals, families, and societies at large. The prevalence of these issues, as evidenced by statistics from various regions, highlights the urgent need for comprehensive and culturally sensitive approaches to address mental health challenges worldwide.

Throughout the paper, we have explored a range of contributing factors, encompassing individual, social, and environmental dimensions. Cultural contexts, economic disparities, and gender-specific patterns have emerged as critical elements shaping the prevalence and manifestation of suicidal behaviors. Recognizing the intricate interplay of these factors is essential for designing effective prevention programs and support systems.

Moreover, the examination of risk factors and protective factors has provided insights into potential avenues for intervention. From mental health awareness campaigns to community-based support networks, the importance of fostering resilience and promoting access to mental health resources cannot be overstated. This research advocates for a holistic approach that integrates mental health into broader public health agendas, acknowledging the interconnectedness of mental well-being with social, economic, and cultural dynamics.

It is imperative to stress the ongoing need to further research and continual refinement of strategies to address suicide and self-harm. The academic community, in collaboration with policymakers, mental health professionals, and advocacy groups, must remain dedicated to advancing our understanding of these issues and implementing evidence-based interventions. By fostering a

collective commitment to mental health, we can work towards a future where individuals are supported, stigma is diminished, and the tragic impact of suicide and self-harm is significantly reduced.

It bears reiteration that suicide and self-harm are serious issues that require attention and action. Understanding the risk factors and warning signs of these behaviors is crucial to prevention and intervention. It is essential to create a community where individuals feel safe and supported and have ready access to resources and mental health professionals. By working together, we can reduce the rates of suicide and self-harm and promote mental health and well-being for all.

In this paper, we have identified some of the reasons for self-harm and suicide. We have also identified the caveats of self-harm and suicide as well as some concrete actions that may be taken towards prevention.

But let us be uncompromisingly honest here. If this paper or papers such as these are for conference presentations and published simply to embellish CV's and remain thusly, then nothing will change. Nothing at all. It all becomes so many words, empty for their mere utterance to an academic audience, crying for immediate and concrete action at all levels. What do words matter to the distraught with nooses around their necks or poison in their cups?

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