

September 2004 - Suicide Prevention Month

National Institute for Mental Health Suicide Statistics:

- In 2002, suicide was the 11th leading cause of death in the United States
- Suicide is the 3rd leading cause of death for children 10-14 years of age
- Suicide is the 3rd leading cause of death in teens
- Suicide is the 8th leading cause of death for men – four times higher than women
- White males make up 70% of all suicides and 80% of all firearm suicides
- Suicide is the 19th leading cause of death in women, although women make three times more suicide attempts as men
- Death by firearm is the most common means of suicide in both men and women
- Suicide outnumbers homicide 5 to 3
- Suicide rates have historically dropped during war time and gone up during economic crisis
- More suicides occur in the spring (not the holidays)
- Suicide is highest in the mountain states
- The elderly make up 18% of all suicide deaths – the majority of the elderly deaths by white males 85 years of age and older and 75% went to their physician within 3 weeks of dying and were diagnosed with mild depression
- For every suicide death that occurs, there is estimated to be 8 – 25 attempts
- 90% of all those who complete suicide suffered from depression and/or alcohol or drug abuse
- 1 out of 16 people diagnosed with depression will die of suicide
- Twice as many deaths are caused by suicide than by HIV/AIDS
- Every 18 minutes a person dies by suicide
- More Vietnam veterans have died by suicide than the total war casualties
- More teens die of suicide than from cancer, HIV/AIDS, pneumonia, stroke, heart disease, birth defects, influenza and chronic lung problems combined
- \$1.5 billion cost of alcohol-attributable teen suicides in the US
- In the last 45 years, suicides worldwide have increased by 60%

What Are Risk Factors and Warning Signs for Suicide?

- Previous suicide attempt(s)
- A history of depression
- A history of alcohol or drug abuse (five times greater risk)
- A family history of suicide
- A history of physical, sexual or emotional abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers in accessing mental health treatment
- Loss (relational, social, work or financial)
- Physical illness
- Preoccupation with death
- Giving away prized possessions
- Global insomnia
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached
- Local epidemics of suicide

- Social, emotional and/or physical isolation
- A person has expressed thoughts of suicide
- A sudden change in a person's ability to self-care (i.e. job loss, loss of home, loss of a significant relationship, serious illness diagnosis)

Understanding The Suicidal Trance

So, what is it that drives people to suicide? Suicidal people feel they just can't cope any longer and their ability to cope is beyond their capacity to contain the discomfort they are feeling. It can feel as if life has lost all reason and purpose. Often, there is a traumatic loss - not necessarily a death...but any type of loss. Loss of a relationship, loss of status, loss of security, loss of purpose, loss of control, loss of self, loss of anything they hold important.

In addition, accompanying most traumatic loss (above) is also a state or sense of alienation and isolation. During this time, people begin an emotional and sometimes physical detachment process. The process takes on the law of inertia and the alienation and withdrawal is not "intentional" but as if the person is on automatic pilot. The survival mechanism to no longer feel the pain - either through a process called "dissociation"...not being fully present, or through drug and alcohol abuse, speeds this process up. Sometimes depression and other illnesses start the ball rolling.

The alienation is usually a critical part of the suicidal process. Alienation may have been a life long process, particularly for people who have experienced years of abuse. When a person feels they no longer belong and (frequently family, friends and colleagues don't know), the leap is not so large. They inch closer and closer to the permanent abyss - instead of the instructive abyss - and there is often a point of no return. The "abyss" is a time in most people's life where they have to reassess their life priorities, looking at their life purpose, perhaps – purpose of their pain and in short, making meaning out of their life. That would be an example of instructive abyss. Clinical depression and trauma throws people into an abyss state and usually professional assistance is required to get out.

It is not uncommon for the person considering suicide to feel completely trapped or powerless to change a situation and the suicidal fantasy becomes a distorted attempt to have a sense of control. The suicidal fantasy can begin the suicidal trance.

"If pain and suffering remains unaddressed or unnoticed by compassionate others, the facade, designed to protect the person in pain, intensifies the slide toward a suicidal trance. The trance narrows the person's perspective until the only inner voices that can be heard are those that encourages him or her to die." (Richard Heckler, Ph.D.) Everyone who attempts suicide, regardless of the details, has slid into a trance like state.

What can I do if I suspect a loved one is suicidal?

- Talk to the person and ask them directly: "Are you having suicidal thoughts?"
- If they answer yes, get more information and remove the means in which they have planned (or fantasized)
- Get professional help to assess for the lethality
- Call a local crisis line, 911 or get them to an emergency room

Where can I get more information?

- Contact your local crisis line/suicide hotline
- Contact 1-800-SUICIDE (1-800-784-2433)
- Contact your local mental health agency or private clinician in your area.
- www.suicidology.org - The American Association of Suicidology has many resources for anyone thinking of suicide, their loved ones and the survivors of a loved one's suicide.
- www.survivorsofsuicide.com- Survivors of Suicide – These are free groups provided in many different cities. To check your area, go to the website listed or call 1-800-suicide (1-800-284-2433).