Suicide

Chapter 10

Suicide

- Suicide is one of the leading causes of death in the world
  - It has been estimated that 1 million people who die by it each year, with more than 36,000 suicides per year in the U.S. alone
- Many more (600,000 in the U.S.) make unsuccessful attempts
  - Such attempts are called “parasuicides”

Suicide

- It is difficult to obtain accurate figures on suicide rates, and many investigators believe that estimates are often low
  - Many “accidents” may be intentional deaths
  - Since suicide is frowned upon in our society, relatives and friends often refuse to acknowledge that loved ones have taken their own lives
- Suicide is not classified as a mental disorder in the DSM-IV-TR
  - Although suicide is frequently linked to depression, around half of all suicides result from other mental disorders or involve no clear mental disorder at all
What Is Suicide?

• Shneidman defines suicide as an intentioned death – a self-inflicted death in which one makes an intentional, direct, and conscious effort to end one’s life

• He characterizes four kinds of suicide seekers:
  – Death seekers – clearly intend to end their lives
  – Death initiators – intend to end their lives because they believe that the process of death is already underway
  – Death ignorer – do not believe that their self-inflicted death will mean the end of their existence
  – Death darer – have ambivalent feelings about death and show this in the act itself

What Is Suicide?

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What Is Suicide?

• When individuals play indirect, hidden, partial, or unconscious roles in their own deaths, Shneidman classifies them in a category called “subintentional death”

• In recent years, another behavioral pattern, self-injury or self-mutilation, has been added to this list
  – The DSM-5 Task Force has recommended it be added as a category called non-suicidal self injury
How Is Suicide Studied?

• Suicide researchers face a major obstacle: their subjects are no longer alive
• Researchers use two different strategies to try to overcome this obstacle (with partial success):
  – Retrospective analysis – a kind of psychological autopsy
  – Studying people who survive their suicide attempts

Patterns and Statistics

• Researchers have gathered statistics regarding the social contexts in which suicides take place
  – Suicide rates vary from country to country, with religious devotion (not simply affiliation) helping to explain some of the difference

Patterns and Statistics

• The suicide rates of men and women also differ:
  – Women have a higher attempt rate (3x men)
  – Men have a higher completion rate (4x women)
  • Why? Different methods have differing lethality
    – Men tend to use more violent methods (shooting, stabbing, or hanging) than women (drug overdose)
  • Guns are used in nearly two-thirds of male suicides in the U.S., compared to 40% of female suicides
Patterns and Statistics

• Suicide is also related to social environment and marital status
  – One study found that half of the subjects who had committed suicide were found to have no close friends
  – Divorced people have a higher suicide rate than married or cohabiting individuals

Patterns and Statistics

• In the U.S., suicide also seems to vary according to race
  – The suicide rate of white Americans is almost twice as high as that of African Americans, Hispanic Americans, and Asian Americans
  – A major exception to this pattern is the very high suicide rate of Native Americans, which overall is 1.5 times the national average

What Triggers a Suicide?

• Suicidal acts may be connected to recent events or current conditions in a person’s life
  – Although such factors may not be the basic motivation for the suicide, they can precipitate it
• Common triggers include stressful events, mood and thought changes, alcohol and other drug use, mental disorders, and modeling
Stressful Events and Situations

- Researchers have counted more stressful events in the lives of suicide attempters than in the lives of nonattempters.
- One stressor that has been consistently linked to suicide is combat stress.
- Both immediate and long-term stresses can be risk factors for suicide.
  - Immediate stresses can include the loss of a loved one, the loss of a job, or natural disaster.

Stressful Events and Situations

- Long-term stressors can include:
  - Social isolation — individuals without social support are particularly vulnerable.
  - Serious illness — especially those which cause great pain or severe disability.
  - Abusive environments — from which there is little or no hope of escape.
  - Occupational stress.
    - Psychiatrists and psychologists, physicians, nurses, dentists, lawyers, police officers, farmers, and unskilled laborers have particularly high suicide rates.

Mood and Thought Changes

- Many suicide attempts are preceded by changes in mood.
  - These changes may not be enough to warrant a diagnosis of a mental disorder.
  - The most common change is a rise in sadness.
  - Increases in feelings of anxiety, tension, frustration, anger, or shame are also common.
  - Shneidman calls this “psychache,” a feeling of psychological pain that seems intolerable to the person.
Mood and Thought Changes
• Suicide attempts may also be preceded by shifts in patterns of thinking
  – Individuals may become preoccupied, lose perspective, and see suicide as the only effective solution to their difficulties
  • They often develop a sense of hopelessness – a pessimistic belief that their present circumstances, problems, or mood will not change
    – Some clinicians believe that a feeling of hopelessness is the single most likely indicator of suicidal intent

Mood and Thought Changes
• People who attempt suicide fall victim to dichotomous thinking, viewing problems and solutions in rigid either/or terms
  – The “four-letter word” in suicide is “only,” as in “suicide was the only thing I could do”

Alcohol and Other Drug Use
• Studies indicate that as many as 70% of the people who attempt suicide drink alcohol just before the act
  – Autopsies reveal that about one-fourth of these people are legally intoxicated
• Research shows the use of other kinds of drugs may have similar ties to suicide, particularly in teens and young adults
Mental Disorders

• Attempting suicide does not necessarily indicate the presence of a psychological disorder
  – Nevertheless, the majority of all suicide attempters do display such a disorder
  – Those with mood disorders, substance use disorders, and/or schizophrenia are at greatest risk

Modeling: The Contagion of Suicide

• It is not unusual for people, particularly teenagers, to try to commit suicide after observing or reading about someone who has done so
  – One suicidal act appears to serve as a model for another
  – Suicides by family members and friends, celebrities, other highly publicized suicides, and ones by co-workers are particularly common triggers

Modeling: The Contagion of Suicide

• Suicides with bizarre or unusual aspects often receive intense coverage by the news media, possibly leading to similar suicides
• Even media programs clearly intended to educate and help viewers may have the paradoxical effect of spurring imitators
  – Some clinicians argue that more responsible reporting and postvention programs could reduce this effect
What Are the Underlying Causes of Suicide?

• Most people faced with difficult situations never try to kill themselves
  – In an effort to explain suicide-proneness, theorists have proposed more fundamental explanations for self-destructive actions
  – Leading theories come from the psychodynamic, sociocultural, and biological perspectives
    • These hypotheses have received limited research support and fail to address the full range of suicidal acts

Underlying Causes of Suicide: The Psychodynamic View

• Theorists believe that suicide results from depression and from anger at others that is redirected toward oneself
• Additionally, Freud proposed that humans have a basic death instinct ("Thanatos") that operates in opposition to the life instinct
  – While most people learn to direct their death instinct toward others, suicidal people direct it toward themselves

Underlying Causes of Suicide: Durkheim’s Sociocultural View

• Durkheim argued that the probability of suicide is determined by how attached a person is to such social groups as the family, religious institutions, and community
  – The more thoroughly a person belongs, the lower the risk of suicide
• Based on this premise, he developed several categories of suicide, including egoistic, altruistic, and anomie suicide...
Underlying Causes of Suicide: The Biological View

- Family pedigree and twin studies support the position that biological factors contribute to suicidal behavior
  - For example, there are higher rates of suicide among the parents and close relatives of those who commit suicide than among nonsuicidal people
- As always with this type of research, however, nonbiological factors, such as shared environment, must also be considered

Underlying Causes of Suicide: The Biological View

- In the past three decades, laboratory research has offered more direct support for a biological model of suicide
  - Serotonin levels have been found to be low in people who commit suicide
    - There is a known link between low serotonin and depression
    - There is evidence, though, of low serotonin activity among suicidal subjects with no history of depression
    - One possibility is that low serotonin activity may contribute to aggressive and impulsive behaviors

Is Suicide Linked to Age?

- The likelihood of committing suicide increases with age, although people of all ages may try to kill themselves
- Although the general findings about suicide hold true across age groups, three age groups (children, adolescents, and the elderly) have been the focus of much study because of the unique issues that face them
Children

- Suicide is infrequent among children
  - Rates have been increasing over the past several decades
  - More than 6% of all deaths among children between the ages of 10 and 14 are caused by suicide
  - Boys outnumber girls by as much as 5:1

Children

- Suicide attempts by the very young generally are preceded by such behavioral patterns as running away, accident-proneness, temper tantrums, self-criticism, social withdrawal, dark fantasies, and marked personality changes
- Despite common misperceptions, many child suicides appear to be based on a clear understanding of death and on a clear wish to die

Adolescents

- Suicidal actions become much more common after the age of 14 than at any earlier age
  - About 1500 teens commit suicide in the U.S. each year
    - As many as 10% make suicide attempts and 1 in 6 may think about suicide each year
Adolescents

• About half of teen suicides have been tied to clinical depression, low self-esteem, and feelings of hopelessness
  – Anger, impulsiveness, poor problem-solving skills, substance use, and stress also play a role
• Some theorists believe that the period of adolescence itself produces a stressful climate in which suicidal actions are more likely

Adolescents

• Far more teens attempt suicide than succeed
  – Ratio may be as high as 200:1
  – Several explanations, most pointing to societal factors, have been proposed for the high rate of attempts among teenagers
• Teen suicide rates vary by ethnicity in the U.S.
  – Young white Americans are more suicide-prone than African Americans or Hispanic Americans at this age
    • Suicide rates are growing closer
  – The highest suicide rates of all is displayed by American Indians

The Elderly

• In Western society the elderly are more likely to commit suicide than people in any other age group
  – There are many contributory factors:
    • Illness
    • Loss of close friends and relatives
    • Loss of control over one’s life
    • Loss of social status
The Elderly

- Elderly persons are typically more determined than younger persons in their decision to die, so their success rate is much higher.
- The suicide rate among the elderly is lower in some minority groups in the U.S., especially Native Americans and African Americans.

Treatment and Suicide

- Treatment of suicidal persons falls into two categories:
  - Treatment after suicide has been attempted
  - Suicide prevention

What Treatments Are Used After Suicide Attempts?

- After a suicide attempt, most victims need medical care.
- Psychotherapy or drug therapy may begin once a person is medically stable.
  - Unfortunately, even after trying to kill themselves, many suicidal people fail to receive systematic follow-up care.
What Treatments Are Used After Suicide Attempts?

- Therapy goals:
  - Keep the patient alive
  - Reduce psychological pain
  - Help them achieve a nonsuicidal state of mind and a sense of hope
  - Guide them to develop better ways of handling stress
- Various therapies and techniques have been employed
- Cognitive and cognitive-behavioral therapies may be particularly helpful

What Is Suicide Prevention?

- During the past 50 years, emphasis worldwide has shifted from suicide treatment to suicide prevention
  - There are hundreds of suicide prevention programs in the U.S.
  - There are also hundreds of suicide hot lines (24-hour-a-day telephone services)
    - Hot lines are predominantly staffed by paraprofessionals – people trained in counseling but without formal degrees

What Is Suicide Prevention?

- Both suicide prevention programs and suicide hot lines provide crisis intervention
- The general approach includes:
  - Establishing a positive relationship
  - Understanding and clarifying the problem
  - Assessing suicide potential
  - Assessing and mobilizing the caller’s resources
  - Formulating a plan
What Is Suicide Prevention?

• Although crisis intervention may be sufficient treatment for some suicidal people, longer-term therapy is needed for most.
• Another way to prevent suicide may be to limit the public’s access to common means of suicide.
  – Examples: gun control, safer medications, better bridge barriers, and car emissions controls.

Do Suicide Prevention Programs Work?

• It is difficult to measure the effectiveness of suicide prevention programs.
  – Prevention programs do seem to reduce the number of suicides among those high-risk people who do call.
• Many theorists have argued for more effective public education about suicide, as education is the ultimate form of suicide prevention.