Suicide

Because most suicidal people are ambivalent and actually want help, to be rescued from their problems or situation, about 75% subconsciously provide a series of clues to their intended self-destruction. In so doing, they are asking for help. Therefore, it is imperative those clues be recognized.

In presenting factual data, documented courses and proven methods of coping, it is possible to deal with the suicidal person and save a life.

FACTS

- 35,000 Americans a year commit suicide.
- 8 out of 10 suicidal people give warnings.
- 4 of 5 victims have attempted it at least once previously.
- Over 5 million have attempted it in the U.S.
- More women than men attempt suicide.
- Young people (age 20-24) have highest total number of suicides.
- All levels of society are represented: rich, poor, old, young, and all races.
- Most are undecided and “gamble with death.”
- Suicidal persons are not necessarily mentally ill.
- Most visit a physician 1-4 months prior to suicide or attempt.
- A suicidal state is only temporary but can return later.
- Each suicide is a cry for help.
- A trail of clues is usually left prior to action.
- Most often suicide is premeditated, not impulsive.
- When a suicidal decision is made, behavior becomes different.
- After noticeable improvement in spirits, a 3-month danger period exists.
- Improvement is sometimes relief at making suicidal decision.
- The 3-month danger period is sometimes a planning period.
- Discussion of suicidal plans and feeling with person acts as a deterrent.

CAUSES

Loss of:

- Sense of permanence – moving, location
- Family structure through death of relative or friend
- Security – job, income, or business
- Health
- Self-confidence and self-respect
- Love – break-up of marriage, friendship
- Comfort
- Power or position
- Potency (sexual)
- Attractiveness – limb, breast
- Dwelling on losses
- Overwhelmed by losses
- Failure in occupation, society
- Disappointment in accomplishment
- Depression – exaggerated in intensity and duration
- Incapable of normal functioning
- Loneliness – feeling of isolation
- Old age
- Pain
- Alcohol or drug abuse
- Believe situation is permanent
- Delusion, hallucinations
- Desire to:
  - escape
  - avoid punishment
  - end turmoil
  - gain attention
  - become a martyr
  - punish survivors
  - get revenge
  - manipulate others
  - join a deceased loved one
  - control own death

**CLUES**

Almost no one commits suicide without letting his feeling present clues. Danger is signaled when a group of these clues are displayed.

- Anxiety
- Teariness
- Lethargy
• Inability to concentrate
• Unresponsiveness
• Uninterested
• Withdrawal from family, friends
• Contemplative
• Aches, pains
• Numerous headaches
• Loss of appetite
• Loss of weight
• Impotency or lacking sexual interest
• Uncommunicative
• Insomnia
• Sleeping more
• Making will, take out insurance
• Reviewing finances
• Giving away possessions
• Convinced of illness, malignancy
• Depression, dejection
• In possession of weapon, drugs
• Change in behavior or personality
• Threatening statements –
  - “I have nothing to live for”
  - “You won’t have to put up with me much longer”
- “I’m no good to anyone”
- “I might as well be dead”, etc.

**COPING**

- Believe danger is real; act immediately
- Get help – professional therapist, physician, clergy, family
- Be a friend – stay close, genuinely care
- Arrange social contact with others – keep busy, active
- Talk out person’s feelings; take them seriously
- Encourage complete medical evaluation
- Review former coping successes
- Give assurance that situation can change
- Induce fatigue, relaxation, sleep through activity
- Don’t argue or judge or advise
- Don’t analyze or try to reason
- Ask questions about suicide plans – method, available weapon, drug, delay till death (the more detailing planning - the greater the risk)
- Don’t act shocked
- Get expert advice, sound confident
- Emphasize crisis or problem is temporary
- In emergency:

  Act decisively; call paramedics, police, and mental health professionals
  - do not leave person alone
  - remove weapon or drugs but not forcefully
  - if necessary, invoke 72 hour hold procedure under psychiatric observation

**Sources for Help**

- **Florida Tech Counseling and Psychological Services (CAPS) 674-8050**
- Physician
- Psychiatrist
- Psychologist
- Clergy
- Mental Health Center
- Mental Health Association

Adapted from the Mental Health Association and United Way Agency