Suicide

PUBLIC MYTHS ABOUT SUICIDE

People Often Commit Suicide Without Warning
This myth is frequently perpetrated by reporters (e.g., the interviews with teachers and neighbors who say they are surprised that this boy would do such a thing). In fact, people who attempt and/or complete suicide generally have given multiple indications of distress.

Sometimes a Minor Event Can Lead an Otherwise Normal Person To Commit Suicide
This belief may be stated by friends and/or relatives of the suicide who may worry that something they said or did pushed the suicide "over the edge", and in sensational news reports of suicide (e.g., rock lyrics, role-playing games such as Dungeons and Dragons™). This view is not supported by research results. Generally, suicidal persons are likely to demonstrate long-term adjustment problems as well as certain maladaptive cognitive patterns, such as deficient problem-solving skills, rigid thinking, and irrational beliefs.

Only Psychotic People Commit Suicide
This represents the other end of the continuum from the "rock lyric" suicide myth. This myth is that suicidal behavior is prima facie evidence of psychosis. While persons experiencing psychotic disorders may commit suicide, the majority of suicides involve individuals who do not demonstrate psychoses. However, there is considerable controversy over the extent to which "rational" suicide is possible (e.g., Consider the play, Whose Life Is It, Anyway?).

If a Person Commits Suicide, His or Her Situation Was Probably So Bad That Suicide Was the Best Solution
This derives from a value judgement as to what makes life worth living. One often hears comments that suicide would be understandable or reasonable for patients with terminal illnesses. However, while the life circumstances of suicidal individuals are often bad, most people in similar circumstances do not attempt suicide. Some research suggests that patients with terminal illnesses are rarely suicidal and that those who do become suicidal tend to be clinically depressed as well. In contrast, the suicide rates for individuals with AIDS is many times higher than in the general population.

People Who Threaten Suicide Don't Do It
This is the "attention-seeking" myth. The notion is that people who are "serious" would proceed quietly with their suicide plans. While there is no data on the number of threateners who actually carry out their threats, several studies have shown that about two-thirds of suicides have expressed their intent before committing suicide.
People Who Really Want To Die Will Find a Way; You Can't Stop Them

It is probably not the case that most suicidal individuals "really want to die." Most suicidal people are ambivalent about suicide; at the same time as they wish to die, they hope someone will rescue them. Further, the impulse to commit suicide is usually acute and transient and will dissipate with or without treatment if delayed. Finally, post-mortem studies have demonstrated that the majority of suicides involved individuals who were experiencing depression, schizophrenia, and/or alcohol abuse at the time of their deaths. These are treatable problems and their amelioration almost always eliminates the impulse to commit suicide.

Don't Discuss Suicide with Depressed People; It Might Give Them the Idea or Push Them Over the Edge

Suicide is rarely a new and surprising idea to depressed individuals. In most cases, it is a relief to have "permission" to talk about it. A more dangerous situation is where the individual feels that suicide is too "shameful" to mention which may result in increased feelings of isolation. Probably the worst thing which may come from a inquiry about suicidal thoughts is minor irritation. In the best case, it can lead the client to receiving the help she or he needs.

The Overwhelming Majority of Suicides Are Among Minority Groups from Lower Socioeconomic Classes; Young People Are at Greatest Risk

Anglos have suicide rates higher than African-Americans or Hispanics although recent trends are showing increasing rates for these latter groups. Lower suicide rates tend to occur in the middle ranges for socioeconomic class, with higher rates at the upper and lower ranges. Elderly individuals continue to be a greatest risk for suicide. However, the rate of suicide has increased for young people over the past 40 years, and is now about at the overall population rate.

Most Suicides Occur Around Thanksgiving and Christmas

Of the six major U.S. holidays, Christmas and Thanksgiving are the least risky. The incidence of suicide is fairly consistent year around, although it is lowest in Winter and highest in Spring. The reasons for these seasonal variations have not been adequately explained.

PROFESSIONAL MYTHS ABOUT SUICIDE

The Main Factor in Suicide is Psychopathology; Suicidal Individuals Have About the Same Level of Life Stress as Nonsuicidal People

This is the professional variant on "only psychotic people commit suicide." While it is true that some people respond with suicidal behavior to situations that others would more successfully cope with, it is also true that the frequency and severity of stressors are greater in the lives of individuals who attempt suicide.

Suicide Is To Be Expected in Cases of Severe Hardship, Especially in Persons with Terminal Illness

This is the professional variant on the "best solution" popular myth.
If a Person Is Talking to a Therapist about Suicide, He or She Is Probably Not Going To Do It.

People Who Really Intend To Commit Suicide Are Likely To Try To Hide It from Those Who Might Attempt To Stop Them

This is the professional variant on the "people who threaten suicide don't do it" popular myth. As many as 80% of people who kill themselves have talked about their intentions or fears with someone.

If Someone Survives a Suicide Attempt, He or She Must Have Been Doing It as a Manipulation

This is the professional variant on the "they'll find a way, you can't stop them" popular myth. Calling parasuicide (a nonfatal suicide attempt) "manipulation" is an example of circular reasoning:

"Elwood made this nonfatal suicide attempt because he wanted to manipulate us."
"Why is that?"
"Because the attempt was nonfatal?"
"Why was it nonfatal?"
"Because he wanted to manipulate us."
"Why is that?"
"Because the attempt was nonfatal?"
"Why was it nonfatal?"
"Because. . ."

A better course to follow is to lose the perjorative label and determine the problem the person was trying to solve (presumably maladaptively) through self-destructive behavior.

There Are Two Groups of Suicidal Individuals:
Those Who Are Serious About Dying and Those Who Are Trying To Manipulate Somebody

This is an example of rigid, dichotomous cognition (which is common in persons at risk for suicide). It is another variant on the "they'll find a way, you can't stop them" popular myth.

Improvement Following a Suicidal Crisis Means the Suicide Risk Is Over

A reduction in the intensity and/or frequency of depressive behaviors should be interpreted cautiously. It may mean that the depressive episode is ending, or it may mean that the individual is experiencing a sense of relief from finally having made the decision to end her/his own life. Further, many of the response chains which, in certain individuals, lead to suicidal thinking in stressful situations are relatively stable and may re-emerge when a new stressful situation arises. Even when the overt signs of a suicidal crisis have departed, it is advisable to carry out a thorough inquiry into possible suicidal thinking. The client may wish to move on to other topics, but the worker should persist in the inquiry, explaining to the client the reasons.
One Should Not Reinforce Pathological Behavior by Attending to Vague References to Suicide

This is another example of fear of manipulation interfering with the worker's ability to receive real messages about suicidal intent. As mentioned previously, many individuals are ambivalent about suicide and may be ashamed of their suicidal ideation since suicide is generally tagged as socially undesirable behavior. This can serve to inhibit the individual from directly discussing the distressing suicidal thoughts and lead to vague references about suicide.

Most People Who Parasuicide Once Will Make Multiple Attempts; Most People Who Kill Themselves Have Made Multiple Previous Attempts

In fact, for most individuals, their first attempt is their last. About two-thirds of attempters never make another attempt. Further, about half of the individuals whose suicide attempt results in death have never made a previous attempt. Still, attempters as a group have a 15% to 20% of eventual death by suicide.

People Who Think About, Attempt, and/or Complete Suicide Are All Part of the Same Population with Completers Representing a More Severe Manifestation of the Problem

There is some truth to this statement in that there is overlap between attempters and completers: about half of suicide fatalities have made previous attempts. However, there are some modal differences between parasuicides and suicides.

<table>
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<tr>
<th>Variable</th>
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<th>Completers</th>
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<td>Response to Survival</td>
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A Person Who Makes a Non-Life-Endangering Attempt or Who Makes an Attempt with a High Chance of Rescue Must Not Have Been Serious about Dying and Is Not at High Risk for Suicide

This involves a confusion of lethality with intent. Many people are not sophisticated about what is life-threatening and what is not. Some deaths result from this type of misjudgment.
Risk Factors

CLINICAL FACTORS

Presence of Psychiatric Disorder

Presence of psychiatric disorder may increase suicide risk. The most frequent mental disorder diagnoses tend to be, in rank order,

1. **Mood Disorders** - Depression is the psychiatric disorder most closely associated with suicidal behavior in children and adults. More severe depression and longer depressive episodes tend to be associated with increased risk of suicide.

2. **Psychosis** - Most commonly, this involves a diagnosis of schizophrenia. Psychosis should be considered to increase the risk of suicide, especially in cases where command hallucinations are present.

3. **Substance Use Disorders** - Alcohol and other drug use may decrease inhibitions against self-destructive behavior and/or increase depressive affect. This increases risk of successful suicide. Late stage, poly-substance users are at higher risk. Substance abuse combined with strong feelings of hopelessness substantially raises risk.

4. **Eating Disorders** - Bulimia has been associated with heightened risk for suicide among adolescents. Bulimia is considered by many to be a behavior which itself is self-destructive and impulsive.

Cognitive Factors

The following pathological cognitive factors have been associated with increased suicide risk:

- **Dysfunctional Assumptions** - these include irrational beliefs and depressogenic attitudes. For example, a comparison of suicidal and nonsuicidal depressed inpatients revealed that the suicidal individuals were less likely to see unhappiness as resulting from excessive needs for success and approval and more likely to see unhappiness as a result of circumstances rather than one's view of them. This was consistent with earlier findings of external locus of control (fatalistic attitude) in suicidal individuals.

- **Cognitive Rigidity** - Suicidal individuals often show an inability to consider alternative possibilities to their current situations or points of view. This is sometimes interpreted as resistance, but is generally an actual inability to generate alternatives, a basic component of problem-solving.

- **Dichotomous Thinking** - Dichotomous or "all-or-nothing" thinking is a cognitive distortion typical of several psychiatric disorders, including depression. It has been specifically linked to suicidal ideation and behavior. Dichotomous thinking categorizes experience into one of two opposite extremes and is a form of cognitive rigidity.
**Problem-Solving Deficits** - Suicidal adults and children often have a limited ability to find solutions to problems. They tend to be less able to produce new ideas and think flexibly, to consider alternatives, and may persist in ineffectual problem-solving even when a more effective strategy is presented to them (cognitive rigidity). Evidence suggests that many suicidal children have an impaired ability to generate active cognitive coping strategies in response to stressful life events. Active cognitive coping strategies include self-comforting statements and consequence-driven problem-solving.

**Hopelessness** - This may be thought of as the culmination of dichotomous thinking and deficient problem-solving. It is defined as a set of negative expectancies (e.g., despair, lack of control, pessimism about the future). Hopelessness has a stronger relationship with suicidal intent than depression. Feelings of hopelessness have been found to be associated with increased suicidal behavior among children as young as 8 years. It increases the risk of successful suicide.

**View of Suicide as a Desirable Solution** - Many suicide-prone individuals have a unique cognitive deficit in solving interpersonal problems: When their usual solutions do not work, they become paralyzed and view suicide as a way out. There is evidence to support the notion that attraction to death could be a cognitive characteristic of suicidal individuals.

**Intensity of Suicide Ideation**
Suicidal ideation may be thought of as the degree to which someone is currently thinking about suicide. Intense suicidal ideation, especially in conjunction with strong feelings of hopelessness, substantially increases the risk for completed suicide.

**History of Previous Suicide Attempts**
This increases risk of successful suicide. More frequent, lethal, and recent attempts tend to increase risk. Some research suggests that suicidal intent increases with successive suicide attempts.

**Family History of Suicide**
This increases risk of successful suicide. Parental modeling of suicidal behavior may result in children's learning maladaptive coping strategies in response to stress. Similarly, severe parental depression seems to predispose children to the development of mood disorders which are themselves a risk factor for suicidal behavior.

**Developmental Factors**
The following cognitive factors related to concepts of death should be considered in assessing suicide risk:

**Death As A Reversible State** - very young children (under 5) typically consider death as a reversible and temporary state. Between the ages of 5 and 9 children come to recognize the permanence of death, but may not tend to associate it with themselves. After age 12, most children recognize death as an inevitable part of life. Children who consider death a temporary condition may see suicide as a "viable" alternative to a currently uncomfortable state. Not understanding the potential finality of self-destructive acts, suicide may be regarded as a solution to stress.
Adolescent Immortality and Romanticizing Death - Many adolescents regard themselves as practically immune from harm and frequently engage in dangerous behaviors. Reckless and dangerous behaviors may be indicators of distress and the worker should evaluate the function of these behaviors. They may be maintained by peer attention. In other cases, they may be a maladaptive way of communicating distress. Suicidal behavior may also be viewed as a way of dramatically communicating their feelings to significant others.

Preoccupation with Death - Preoccupation with death and related self-injurious behaviors as evidenced in statements, music, or jokes, and when chronic, should lead to investigation of suicidal ideation. Anecdotal observations have been made about a relationship between involvement in Satanic cults and self-destructive behavior, although empirical evidence for such a relationship is entirely lacking.

PROXIMATE RISK FACTORS

Recent Loss of a Close Interpersonal Relationship/Bereavement
There is some slight evidence to suggest that loss due to abandonment or divorce constitutes a greater risk than loss through death of another. Losses experienced in early childhood are more often associated with completed suicides, while those experienced during adolescence are more often associated with suicide attempts. Among adolescents, the termination of a significant relationship may precede a suicide attempt. The suicidal response may be intended to end emotional pain or to influence the other to return.

Parental Violence and Sexual Abuse
Physical and sexual abuse have been associated with self-destructive behavior in children. In one study, parental maltreatment was found to be the immediate antecedent of suicide threats and attempts.

Poor Health
Although a common antecedent to suicide among adults, poor health does not appear to be a primary risk factor in child/adolescent suicide. However, physical illness may decrease ability to cope with other stressors.

Life Stressors
Children who have made a suicidal attempt have generally experienced more life stresses than nonsuicidal children. The most common stressors involved losses such as death or divorce.

Access to Lethal Means
This increases risk of successful suicide.

Knowledge of Lethal Methods (dosage when drugs are used)
There is little empirical evidence about this factor. It is suggested that, when degree of suicidal intent is high, knowledge of lethality increases risk, but when degree of suicidal intent is low, ignorance of lethality increases risk.

Precautions against Discovery during Previous Attempts
This increases risk of successful suicide.
Correct Conception of Probability of Medical Rescuability after an Attempt
There is little empirical evidence about this factor. It is suggested that, when degree of suicidal intent is high, knowledge of knowledge about rescuability increases risk, but when degree of suicidal intent is low, lack of knowledge about rescuability increases risk.

Presence of Persons who Might Intervene
This decreases risk of successful suicide.

Final Arrangements
Youths who talk about not being present for future events, who say goodbye to friends with finality, and/or who give away favorite possessions should be considered at risk. Such children may appear unusually calm and contented, having made a decision on the thoughts of ending their lives.

Consumption of Alcohol within Past 24 Hours
Alcohol consumption at the time of a suicide attempt increases risk of successful suicide.