



# SUICIDE: WHY PEOPLE TAKE AWAY THEIR OWN LIVES



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## THE SANCTITY OF LIFE - FINDING HOPE IN DESPAIR

It is hard to find anyone whose life has not been touched by suicide. In spite of this, suicide is one subject that no one likes to talk about.



It is especially difficult for those who have been directly affected by suicide. A few come forward

and break the silence to help others and, more importantly, to pre-

vent another tragedy. Thankfully, some survivors have gone on to write books about their experiences to help themselves and others. But many remain silent. The subject of suicide is a taboo in all cultures but the stigma appears to be particularly strong among South Asians.

Suicide is very personal. Most people know someone in their family, social circle, community, college, work or school who has died of suicide. Many of us are survivors who miss our friends, relatives and clients who have died of suicide. There are some who are attempt survivors--they know someone who has attempted suicide. Like death by suicide, an attempt to take one's life also has significant impact on family and friends.

Suicide is a major public health crisis. It is currently one of the 10 leading causes of death and within each age group from 1 to 64 years. It is the second leading cause of death among 10-24 year-olds. Over 42,000 people die by suicide in the U.S. every year. (CDC report, April 2016). According to the American Association of Suicidology 2014 data, an average of 1 person killed himself or herself every 12.3 minutes.

Suicide results in more deaths than war, homicide and natural disasters combined. Among high schoolers, 8% attempted in the past year and 17% seriously considered it (Adam Lasser LCSW, Columbia University and New York State Psychiatric Institute).

Amongst the South Asians in this



country, we often hear about death by suicides through the grapevine and occasionally through the media. However, the official data on the prevalence and incidence of suicides in South Asians is lacking. Stigma has been noted as one factor. Many families label such deaths as accidents because of the tremendous shame and embarrassment attached to suicide. People's effort to perpetuate the South Asian community's myth of model minority further reinforces the need for secrecy. Another problem might be that South Asians are not separated when data of suicides are collected and analyzed.

As per the WHO, data a life is lost through suicide every 40 seconds worldwide. Suicide occurs in all kinds of families. Achieving high education and celebrity status does not prevent suicides. It affects people from all walks of life - from farmers to physicians to psychiatrists. Some of the celebrities from film industry in India who have tragically died by suicide are Guru Dutt, famous director and actor; his son Tarun Dutt; Jiah Khan and Silk Smitha (Vijayalakshmi Vadlapati). We often think of suicide as happening in a distant place and community. Unfortunately, it is closer to each of us than one wants to believe and accept.

### CAUSES OF SUICIDE - WHAT DRIVES PEOPLE TO COMMIT SUICIDE?

Suicide is not always associated with diagnosable mental illness, although it often is. There have been reports of suicides by farmers in India as well as by Dalit students at IIT India.

Some believe that those who decide to die by suicide cannot help or prevent it. That is not true. Most people who choose suicide have mixed feelings about this choice. Part of them wants to die by suicide. Another part of them wants to live. Multiple studies have found that over 90% of the most serious attempters do not go on to die by suicide. (Adam Lasser LCSW, Columbia University and New York State Psychiatric Institute).

## FOLLOWING ARE SOME OF THE FACTORS THAT ARE ASSOCIATED WITH INCREASED RISK OF SUICIDE:

- Family history of suicide
- Talking about wanting to die or kill themselves
- Family history of child maltreatment
- Previous suicide attempt(s)
- Mental illness, particularly depression
- Alcohol and drug abuse
- Feelings of hopelessness; feeling of being trapped and seeing no way out of the situation.
- Finding no reason to live. Individual gives away their precious possessions.
- Impulsive or aggressive tendencies
- Cultural and religious beliefs e.g., belief that suicide is noble resolution of a personal dilemma. Aruna Jha, PhD, LCSW, research assistant professor, University of Illinois at Chicago, writes, "When informed of a death by suicide, Asians are more likely to say it was understandable."
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment – not getting adequate needed psychiatric care.
- Unwillingness to seek help because of the stigma attached to mental health
- Loss (relational, social, work, or financial)
- Those suffering from severe physical illnesses.
- Easy access to lethal methods e.g. firearms.



90% of individuals who die by suicide have untreated mental illness. 60% of these have depression. 50-75% of those in need receive no treatment or get inadequate treatment (Alonso et al., 2007; Wang et al., 2005). Eighty per cent of adolescents and college students who die by suicide never received any consistent treatment prior to their death.

Dr. Ghanshyam Pandey of the University of Illinois at Chicago, has investigated the role of stress hormones and immune factors in suicide. He has shown that the mechanism by which levels of stress hormones are regulated is compromised in the brain of suicide victims. He has also shown that those chemicals, which regulate the immune function, are abnormally expressed in the brain of such victims.

### PREVENTING SUICIDE:

Here is what CDC writes about

preventing suicide:

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: Reduce factors that increase risk (i.e. risk factors) and increase factors that promote resilience (i.e. protective factors). Ideally, prevention addresses all levels of influence: individual, relationship, community, and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

In order to prevent suicide we need to bust some of the myths about suicide. Here are some of the common myths (Adam Lasser LCSW, Columbia University and New York State Psychiatric Institute):



**Myth:**

If someone is really suicidal, they are probably going to kill themselves at some point no matter what you do.

This is NOT TRUE. Suicide is preventable. 80% of people who die by suicide give some indication or warning. Most people are suicidal only for a short amount of time. So, helping someone through a suicidal crisis can be life-saving. Over 90% of the most serious attempters do not go on to die by suicide.

**Myth:**

Asking a depressed person about suicide may put the idea in their heads.

This is NOT TRUE. Asking about suicide does not amount to suggesting suicide or increasing the likelihood of suicide. In fact, asking might open up a discussion and a feeling of relief rather than an intrusion. The risk is NOT ASKING when it is appropriate.

**Myth:**

“There’s no point in asking about suicidal thoughts...if someone is going to do it they won’t tell you”

This is FALSE! Often a suicidal individual is relieved when asked about suicidal thoughts. As mentioned elsewhere in this article most suicidal people (about 95%) have mixed feelings about dying by suicide.

**Myth:**

“Someone making suicidal threats won’t really do it, they are just looking for attention”

This is FALSE! Those who talk about suicide or express thoughts about wanting to die are at risk for suicide and need your attention. 80% of people who die by suicide give some indication or warning. Take all threats of suicide seriously. Even if you think they are just “crying for help”—a cry for help, is a cry for help—so help!

**Myth:**

“If you stop someone from killing themselves one way, they’ll probably find another.”

This is FALSE! Reducing a suicidal person’s access to highly lethal means e.g., firearms has strong evidence as effective suicide prevention strategy.

Suicide is everyone’s business. Anyone including those who have had no training in mental health can ask someone who is depressed and despondent about having thought about suicide e.g. parents, brothers, sisters, teachers, primary care physician, pediatrician, spiritual teacher/clergy, coaches, counselors, and so on.

Many studies have shown that children and adults recover more quickly when they realize that hardships aren’t entirely their fault.

**Tips to decrease risk of suicide:**

- Avoid drinking alcohol or using drugs to get relief from emotional pain. This invariably complicates the situation and increases the suicide risk. Alcohol increases depression. It also has a disinhibiting effect on the brain. In other words, the normal controls in our brain are derailed.
- Get adequate treatment for depression or other mental illness.
- Manage your stress. Evaluate sources of stress in your life. Learn to avoid increasing stress even if it means a compromise and giving up something.
- Improve your skills to cope with stress. Find ways to de-stress



**WHAT TO DO WHEN ONE EXPERIENCES SUICIDAL THOUGHTS:**

- Remember that suicidal thoughts are temporary. Suicide is permanent.
- Storms come and go. So do problems. Despair is temporary even when it feels eternal.
- Call someone you can talk to – a friend, spouse, parents, siblings, priest, spiritual teacher/leader, swami or clergy who you have relationship with.
- Avoid being alone even if you are compelled to do so.
- Call National Suicide Prevention Lifeline: 1800-273-TALK (8255); their motto: With HELP comes HOPE. Trained volunteer crisis counselors can help turn a hot moment to a cool moment.
- Go to the nearest emergency room.
- If you are in treatment, call your psychiatrist, social worker or psychologist.
- Remember we live in a time when we are fortunate to have a lot more options for treatments than a few decades ago.
- Mental illnesses like severe depression changes and distorts the way we see and perceive things. When you believe there is NO HOPE, you have to remind yourself that it is not the truth. It is your illness talking.
- You should not have access to weapons.
- Remember the 3 P’s – avoid personalizing the problem and putting undue blame on yourself; do not perceive that the problem or event will pervade all areas of your life; and do not let yourself believe that the aftershock of the event will be permanent and last forever.
- Check out some of the helpful resource links listed at the end of this article.



your self. Indulge in your hobby. Consider yoga and meditation.

- Avoid isolating yourself from friends and family even if you feel compelled to do so. Stay connected with your family, friends, and community.
- If the person is under tremendous pressure at school or job, it is not the end of the world to take some time off or, if necessary, to even change the job or school. Nothing is more important than the life itself.
- Encourage the individual to continue psychiatric care, including taking the prescribed medications. If the individual has side effects from medications these should be discussed with the treating physician.
- Engaging in spiritual teachings.

### WHAT CAN OTHERS DO WHEN SOMEONE IS SUICIDAL?

Often, an individual contemplating suicide, even seriously, has mixed feelings about it. There is a part, however small, that wants to live. You want to connect with that part. The part that still has hope. Often, after an individual attempts suicide e.g. by taking an overdose of medications, he or she has second thoughts, and realizes a few seconds later that they want to live. They reach out to someone for help. This happens all too frequently. It saves lives.

If your loved one expresses suicidal thoughts or talks about wanting to die, take it SERIOUSLY and don't minimize it. Talk to the individual – ask about details – how, when, where.

Even though statistics show that

42,000 people die by suicide in a year, it is very important to remember that there are many more that attempt suicide and survive.

Avoid keeping firearms at home and avoid the individual's access to firearms. Avoid stockpiling medications.

Monitor closely until the individual is in treatment and out of danger.

### If the person is threatening suicide:

- Stay calm
- Don't try to handle it alone
- Involve others
- When there is danger of harm when you become aware of someone's suicidal thoughts or intent, call 911 or local Mobile Outreach. Every county has Mobile outreach or crisis center. You should be able to find the

## TIPS FOR SURVIVORS

- Acknowledge the loss.
- Acknowledge your emotions, which will change from time to time- numbness, anger, sadness, crying, confusion, guilt.
- Don't pretend it did not happen.
- Don't try to explain the death by saying it was an accident or some other inaccurate explanation. People shy away from using the word "suicide" when talking about the death.
- Healing begins when the survivor finds a comfortable shoulder or a safe place to talk about their emotional reactions – often conflicting and complicated. It helps to talk about it.
- It gets easier with time.
- The person who committed suicide is sometimes seen as selfish. Truth is, as one survivor put it, "people who commit suicide are so desperate that they don't feel emotional connections to the rest of us . . ."
- You must take care of yourself and eventually try to follow your usual routine.
- "The death of a significant other by suicide is a stressor of unparalleled magnitude in most people's lives and even the most psychologically mature individual may encounter difficulty in responding to it." (Suicide and its Aftermath: Understanding and Counseling the Survivors - Edward Dunne and Karen Dunne-Maxim)."

- Suicide survivor group.
- Accept the pain to surge on first anniversary and other special occasions. Don't be surprised if you relive many of the details surrounding the suicide. Prepare yourself with what might help ease the pain – surround yourself with family, do something special in the loved one's memory, attend more support group meetings if you have been attending. Some will find comfort in arranging for a puja and listening to a comforting discourse from spiritual teacher or attending a service in a church.
- It gets easier with subsequent years. "Grief is an unfolding process," said one survivor whose mother committed suicide.
- Learn to forgive the person who committed suicide and to forgive yourself.
- You will always miss your loved one.
- Find a support group in your area through American Foundation for Suicide prevention website (copy and paste if link fails):
  - <https://afsp.org/find-support/ive-lost-someone/find-a-support-group/>
- Take care of yourself. Be in touch with your own emotions. Don't be secretive. Talk to a close friend or family member. It helps. Get help – see a counselor or a therapist if needed.
- Above all, don't judge the person who is suicidal and don't blame yourself.



number if you search on Internet.

- Talk to the individual without judging him or her.
- Avoid leaving the person alone.
- Remember, this is a difficult situation. It takes courage to help such individual.

### THE SURVIVORS:

Survivors are friends and family members of the person who has died by suicide or has attempted suicide. Death by suicide has a significant emotional impact on those left behind. It is devastating for the family and close friends. While grieving the loss of the loved one they are also burdened with many confusing thoughts and emotions e.g. anger, shame, loneliness. They are often plagued by blame and guilt. They keep wondering endlessly what they might have done wrong or what could they have done to prevent it. One survivor, 20 years after a family member had died by suicide, said, "Suicide is part my family legacy."

Taboo and stigma result in survivors to stay silent. Carla Fine writes in her book, No Time to Say Goodbye, "The taboo against suicide can often condemn us to a life sentence of silence." When a survivor finally begins to discuss suicide openly, there is a sense of relief. As we become more open about our experiences, the stigma of suicide will start to recede.

Here is a helpful quote from Suicide and Its Aftermath: Understanding and Counseling survivors (edited by Edward Dunne and Karen Dunne-Maxim), "We do not believe in ascribing 'responsibility' for suicide to anyone other than the victim. The failure to choose life is the failure of the deceased, not of the survivor."

**Psychologist, Martin Seligman has found in his research that three P's can pose setbacks in the recovery from loss:**

1. Personalization – the belief that we are at fault
2. Pervasiveness - belief that an event will affect all areas of our life.
3. Permanence – the belief that the

aftershocks of the event will last forever.

These beliefs result in the individual beginning to see that everything is awful forever in all areas of life. Such belief can only limit the resilience and increase unhappiness of the individual.

As mentioned in this article, many of us are survivors who miss our friends, relatives and clients who have died of suicide. There are some who are attempt survivors i.e. they know someone who has attempted suicide.

### CONCLUSION

Despair is temporary. Avoid the

trap of 3 P's. Remember, that adverse events are not personal, pervasive or permanent. This will help to decrease likelihood of getting depressed and improve coping with the adversity.

Sharing eases pain. When the veil of secrecy is lifted, the healing begins. Write to us if you want to be connected in confidence with others who have had similar experience. Those who have lost a loved one by suicide and want to help others please let us know at [info@samhin.org](mailto:info@samhin.org). We can connect others with you so you can help them. We can try to connect those with similar experiences so they can help each other.



### Suggested Readings:

No Time to Say Goodbye – Carla Fine  
Touched by Suicide - Hope and Healing After Loss – Michael F. Myers, MD and Carla Fine  
Words I Never Thought to Speak: Stories of Life in the Wake of Suicide – Alexander, V.  
My Son, My Son: A Guide to Healing After a Suicide in the Family – Iris Bolton, with Curtis Mitchell.

### Other resources:

National Suicide Prevention Lifeline 1-800-273-TALK (8255) – Calls are confidential.  
<http://www.suicidepreventionlifeline.org/>

The Crisis Text Line: 741741  
After an Attempt  
<http://store.samhsa.gov/shin/content/SMA08-4355/SMA08-4355.pdf>  
Learn the Warning Signs  
<http://store.samhsa.gov/shin/content/SVP11-0126/SVP11-0126.pdf>

NJ Hopeline  
1-855-654-6735  
<http://www.njhopeline.com/>  
Youth Hotline ages 10-24.

<https://www.2ndfloor.org/>  
App for suicidal people:  
<http://my3app.org/>  
A Friend Asks App:  
<http://jasonfoundation.com/get-involved/student/a-friend-asks-app/>

LGBT  
<http://www.thetrevorproject.org/>

Suicide Prevention Resource Center  
Suicide Prevention App  
<http://www.sprc.org/collaboration-continuum>

Suicide Prevention App  
<http://www.suicidepreventionapp.com/about>

American Foundation  
<https://afsp.org/>

Facebook suicide prevention  
<https://www.facebook.com/help/594991777257121>

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