SUICIDE : WHY ?

The Facts

How many completed suicides are there in the United States?

Suicide is the 9th leading cause of death in the US, claiming about 30,000 people each year. The actual number may be higher due to under-reporting or misclassification of the cause of death.

Do only “bad” people kill themselves?

No. Both “nice” people and “bad” people kill themselves and suicide occurs in both “nice” and “bad” families. In a foolish attempt to prevent suicide, long ago society placed a taboo and stigma on people who attempted or completed suicide, and on their families.

A taboo is society’s way of censoring something it decides is so awful that people are forbidden to talk or learn about it. A stigma is the mark of shame and embarrassment placed on people who break the taboo. As a result, placing blame for suicide became common. Blame is often placed on parents, marital problems, alcohol / drug abuse and the “terrible times” we live in.

Who are the people that kill themselves?

Suicide in the US (& in Canada) is a Caucasian and male phenomenon. Two-thirds of all suicides each year are committed by Caucasian men over 35 years old. Caucasian and minority men represent about 75% of all suicides, however, minority men and women together represent only about 10% of the total each year.

Do women make more suicide attempts than men?

Yes. Women attempt suicide three times more often than men, but men kill themselves four times more often than women. This is probably because women and men are socialized differently. Women ask for help more easily than men - even in the form of a suicide attempt. Men also use more deadly methods such as shooting themselves.
Does it take courage to kill oneself, or is suicide a coward’s way out?

Neither. People who are contemplating suicide are not debating large issues of right and wrong. Nor are they facing life bravely or “slinking off” to die. The desperate anguish that results in suicide is not “taking the easy way out”. There would be an uproar if the same were said and done about any other death. Dying from pneumonia is not cowardly or courageous, neither is suicide. The taboo causes people to look at it as a moral issue rather than a health issue.

How many people leave suicide notes and why?

Only about one-third of the people who commit suicide leave notes. Researchers expected to find clues and explanations from suicide notes, but studies over many years have shown that suicide notes are not particularly insightful. One expert thinks if a suicidal person could write a meaningful note, he/she would not have killed him/herself.

Suicide notes fall into four categories. Most are loving communications asking forgiveness and understanding. Some are angry and hateful and directed at particular people. Some mix feelings of love and anger. Still others almost like wills, with sets of instructions about possessions and funerals. In this increasingly electronic age, more suicides are leaving tape & or video recorded messages.

Why do people choose the methods they use for suicide?

People who want to die choose methods that are deadly. Their choice is affected by their culture and the methods available to them. Because of the increasing availability of guns, over 50% of suicides kill themselves with guns.

Is every suicide an act of anger or revenge?

No. Some people who complete suicide are feeling very angry - often at people near to them. This anger may or may not be justified. Others who kill themselves genuinely believe their families would be better off without them, and perceive their deaths as being a benefit. Still others feel abnormally guilty, ashamed and deserving of punishment.

A small number of people who kill themselves are delusional (out of touch with reality) and may hear voices telling them to do so. Nonetheless, suicides are seeking escape from unbearable emotional pain.
History & Religion

“God of those who hope, look upon our brother / sister tragically taken from our midst. Do not consider his / her sins nor judge him / her with the haste of a human heart ....”

Christian prayer for someone who committed suicide

Do religious beliefs and taboos prevent suicide ?

They might. Catholics kill themselves least frequently, followed by Jews and Protestants. This does not necessarily result from a belief in life after death. Belief in punishment after death may deter some, but a desire for reunion with a dead loved one may be a motive for suicide in other cases. In general though, a taboo is an unhealthy form of suicide prevention, and takes a heavy toll on families where suicides occur.

Do most religions give full funeral rites to people who committed suicide ?

Yes. The major organized religions now realize that suicide is not caused by sin. They give compassionate and loving burial to people who kill themselves and care deeply for their survivors. Some religious groups still think suicide is a sin, but not an unforgivable one.

Do rational and perfectly normal people kill themselves ?

No. The mood in which people kill themselves prevents them from seeing any alternative to death. Many people believe suicide is a voluntary choice from among other options, but this is not true. Rational and perfectly normal people, even in extremely painful situations, can see alternatives to death.

Is suicide a choice ?

No. Choice implies that a suicidal person can reasonably look at alternatives and consequences and select among them. If they could rationally choose, it would not be suicide. Suicide happens when all other alternatives are exhausted - when no other choices are seen. Everything has failed. It happens at the point of hopeless despair. It happens when they have one slender, last thread of control over their lives. If a suicidal person could choose among alternatives, he / she would not have to kill him / her self. The only choice or decision a suicidal person makes are the point of total hopelessness is to decide when & how they will die.
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**Causes**

**What are the causes of suicide?**

Suicide has its roots in the biology of the brain, genetic inheritance, psychological reactions to loss and environment, and social factors that affect all people. The brain is a physical organ of the body and it can get sick in a variety of ways just like any other organ of the body.

Genes, environment, psychological reactions and social factors all combine to form the biological diseases in the brain that we call mental illnesses. The trigger for a suicide is usually the last thing the person was upset about, and it is the thing people are used to thinking of as the cause of suicide.

Losing jobs, failing in school and divorce are often said to be causes of suicide. These kinds of events are triggers, not causes, of suicide. Many people who kill themselves, however, have no trigger others can see.

**Does suicide result from mental illness?**

Yes. The most common types of mental illness which may result in suicide are major depression, bipolar disorder and schizophrenia. Every year, about 10% of all suicides had schizophrenia and another 10% had bipolar disorder.

The vast majority of suicides had major depression, which most often was unrecognized and undiagnosed. 80% of the people who have major depression can be treated successfully with medicine and psychotherapy. This is the good news. The bad news is that of the people who have depression, most of them will not seek any treatment. Ultimately, 15% of people who have untreated mental illness will kill themselves.

The remainder of suicides are the result of anxiety / panic disorders, substance abuse, and “impulsive” suicides which may occur after a sudden catastrophic loss or disaster.

**Is suicide inherited?**

No, but people inherit genetic predispositions to certain illnesses, such as major depression, bipolar disorder and schizophrenia just as they do to heart disease and diabetes. One inherits a predisposition to a disease that can result in suicide. A history of suicide in a family makes one a statistically higher risk for suicide.

Although multiple suicides do strike some families, most others will have, for example, one suicide and then another two generations later. There will be many more cases of mental illness in the family than suicides, because many mentally ill people never consider it.

Suicide does run in families, and it is important for family health to identify the diseases it results from such as major depression, bipolar disorder and schizophrenia. People need to recognize the symptoms and understand the illnesses in their families so they can get treatment.
Do people learn suicidal behaviors?

Yes. Just as people learn other ways of coping emotionally from their families, they can observe and learn self-destructive behaviors as well. In about 20% of families where a suicide occurs, one will find other suicides or self-destructive behaviors. This is called learned behavior. A suicidal person may discover that threatening suicide gets an immediate response, and continue that behavior because it works. That is called manipulative behavior and it most often make family and friends anxious and angry. Manipulation is usually scorned by other people, but it is really a part of the behavior that results from the disease. Suicidal people may have a combination of learned behavior and genetic inheritance.

Suicide Survivors

What is a suicide survivor?

A suicide survivor is any person grieving a suicide death. A suicide survivor is sometimes confused with a person who attempted suicide but failed. Suicide survivors are the immediate family and others who are grieving a suicide death.

Historically, and continuing today, suicide survivors are put apart from other grieving people. Assumptions are made that they have “massive guilt” and were somehow in complicity with the death. Families of suicides do not get the sympathy that other grieving people do. They are often shunned.

Should there be a funeral service for people who kill themselves?

Of course. It is important to remember their life and meaning to family members and friends. Their lives had happiness and love as well as pain. Pastors, priests, etc. should be open about the cause of death, because it sets an example of the same love and forgiveness granted to others who die.

It also helps the survivors by getting the suicide out in the open so they won’t have to tell other people one by one. Because of the taboo and stigma related to suicide, survivors need more support and reassurance than other grieving people.

How can we help suicide survivors?

We can help by treating them like we treat others who have lost a loved one. Bring them food, offer to run errands or help in other ways. Express sympathy, tell them you’re sorry for their loss. Talk about the person who died, give them a happy memory you have of him / her. Be available & go to the funeral.

Don’t be afraid to talk to them, the worst that can happen is they might cry. Comfort them, tell them it’s okay to cry, to be sad or feel whatever they are feeling. Don’t give into the embarrassment and shame society imposes on suicides and their families. Reject the notion that suicide results from “bad” or “sick” families.
Is the pain of suicide survivors deeper or worse than other pain?

Probably not. It seems logical that each person can suffer only so much pain - that there is a limit to pain, it can hurt only so much and for so long. There seems to be a randomness that more or less fairly assigns the tragic things of life to each person. It is almost as if there are quotas of pain. Some people have lingering deaths from cancer or other terminal illness, some people have blindness, amputation and death from diabetes, and some people have the pain of suicide.

The extra pain of suicide survivorship is to know that society has not made the commitment that will drastically reduce suicide death. The people who felt the pain of cancer and diabetes banded together to reduce suffering and death from those diseases and families and friends of suicides need to follow their lead.

How is power related to grief?

One suicidologist made the distinction that in any situation there are things an individual can do, and some that are up to others or chance. Suicide survivors frequently yearn for the imaginary power of changing the past. They go over and over events that lead up to the suicide, and dream that they have the power to save their loved one. But there is no power in the past - only in the present.

While one cannot bring the person back, and while there are no second chances with the person who died, there are many second chances with the living. There is an opportunity to make up in the present what is desperately wished for in the past. The death of a loved one changes people; how they change is up to each individual.

What is delayed grief?

For various reasons some people are unable to grieve. Sometimes small children are not allowed to show their grief, and some adults refuse to feel its consequences. Their pain may lie dormant for many years until something triggers it.

One person whose mother killed herself when she was very young wrote about the “rock” she had carried all her life. She thought it would grow smaller as she grew, but it did not. She carried it everywhere until one day when she began to cry for her mother. Her tears fell on the rock and it began to dissolve, and it grew smaller and smaller with every tear, until it was gone.
Do women and men grieve differently?

Yes. People grieve in different ways, but the United States has a feminine, middle class standard of grief. It says the “right” way to grieve is to express emotion through tears and talking.

Because of the way most men have been socialized, however, they often are unable to show and express their grief. Not only that, but men are still expected to “hold up better” than women, return to work sooner, and to “be strong” for others. So when men grieve in the only way permitted them, or grieve in the only way they know how, society turns around and tells them they are “doing it wrong”.

Do suicide survivors grieve the same way other people do?

Yes. Suicide survivors go through the same grieving process other people do, but because of the taboo and stigma they have extra problems. They have to contend with people who avoid them, or people who avoid talking about the person who died. They are whispered about and pointed out. Suicide survivors suddenly discover there are numerous “funny jokes” about suicide. They meet all kinds of people who confide in them that they too had a suicide in their family.

Suicide survivors who are open about the cause of death usually find their families and friends rallying around them. More and more suicide survivors want public memorials given to aid suicide prevention. There is a long way to go before society gives an adequate response to suicide survivors, but the public and professionals have started taking steps to reduce the stigma and increase education about suicide. There is reason to be optimistic about the future.

Why do suicide survivors survive?

Because they have to. One way or another, people do survive, and most people do it well. Survivors’ lives are permanently changed by a suicide. They will never return to normal but they will find a new normal as they rebuild their lives. Grief produces a huge emotional wound that hurts terribly at first, and from time to time throughout life. Suicide survivors go on to lead happy and productive lives. Despite the extra problems brought on by the taboo and stigma, suicide survivors recover as other mourners do.