SUICIDE

Analysts focus on methods of intervention and how educating the public can help prevent suicide

By JAMES FLAGAL

Sandra called on her two closest camp friends. She had been spending more and more time on her own lately, and her friends seemed to be getting sick of listening to her problems. Together, the three 15-year-olds sat on the cabin deck under the hot Alberta summer sun as she swore her friends to secrecy. "You can't tell anyone about this," she insisted, and the two friends waited anxiously for her next words.

"I'm seriously thinking about suicide a lot lately. Sometimes, I'd like to take my shaver and cut the smallest slit above my wrists and watch the blood pour out all over the bathroom floor. I just can't handle it anymore."

The two friends stared at Sandra in shock and disbelief. she had been experiencing a difficult summer with her parents divorcing, but Sandra always seemed to have problems. We've all got problems, the friends thought, but suicide? Was she just trying to get attention? The two friends looked at one another for an answer.

A volunteer at Metro's Distress One settles in for another long shift filled with phone callers who long for someone to talk to. The phone starts ringing immediately, and the volunteer attentively answers, prepared to offer emotional support to the person on the other end of the line. This man is incomprehensible. Between breaths, he tells the volunteer that he is about to throw himself onto the subway tracks. He says he feels like there is no use living anymore, and in the background the volunteer can hear subway trains passing in and out of the station. The volunteer begins to try and comfort the suicidal person on the other end of the line. For now all the volunteer can offer is emotional support on the phone—hopefully it's enough.

"I can't believe it, Michael had everything going for him." The devastation was obvious on Steven's face as he tried to grapple after hearing the news from his mother with the reality of the situation.

"Why? This guy was the friendliest, most confident guy I ever met, everyone like him." Michael had killed himself the night before by jumping from a four-storey building on the outskirts of Ottawa. Steven's brother was rushing home to bury a close friend with whom he had grown up.

Suicide has always been an enigma. According to French author albert Camus, suicide "is the only truly serious philosophical problem," and Dr. Bryan Phillips of the York Counselling and Development Centre says it is a dilemma which has confronted men and women since the beginning of the species. The World Health Organization estimates that over 1000 people around the world commit suicide each day.

According to last year's Report for the National Task Force on Suicide, the number of suicide cases in Canada have increased at alarming rates, especially among certain age groups. Whereas in 1971, the rate of suicide in Canada per 100,000 was 11.9, it rose to 15.1 in 1983. In explaining the loss of life these figures involve, the report says that between 1963 and 1976, more than 2,00,000 years of life was prematurely lost to suicide in Canada.

The growing number of adolescents taking their own lives is partially to blame. Ever since the early 60's, suicides have skyrocketed among the 15-24-year-old age group. For instance, between 1961 and 1984, suicide among males aged 15-19 increased by 5.5 times while the female rate increased 3.5 times. Though among 20-24-year-olds over the same period showed a slightly slower growth, it's suicide rate remains alarmingly high at 18.8 (per 100,000), far above the national average. There are some who believe that suicide may be the leading cause of death among this age group. In Ontario in 1984 alone, approximately 200 persons aged 20-24 killed themselves, an average of four every week.

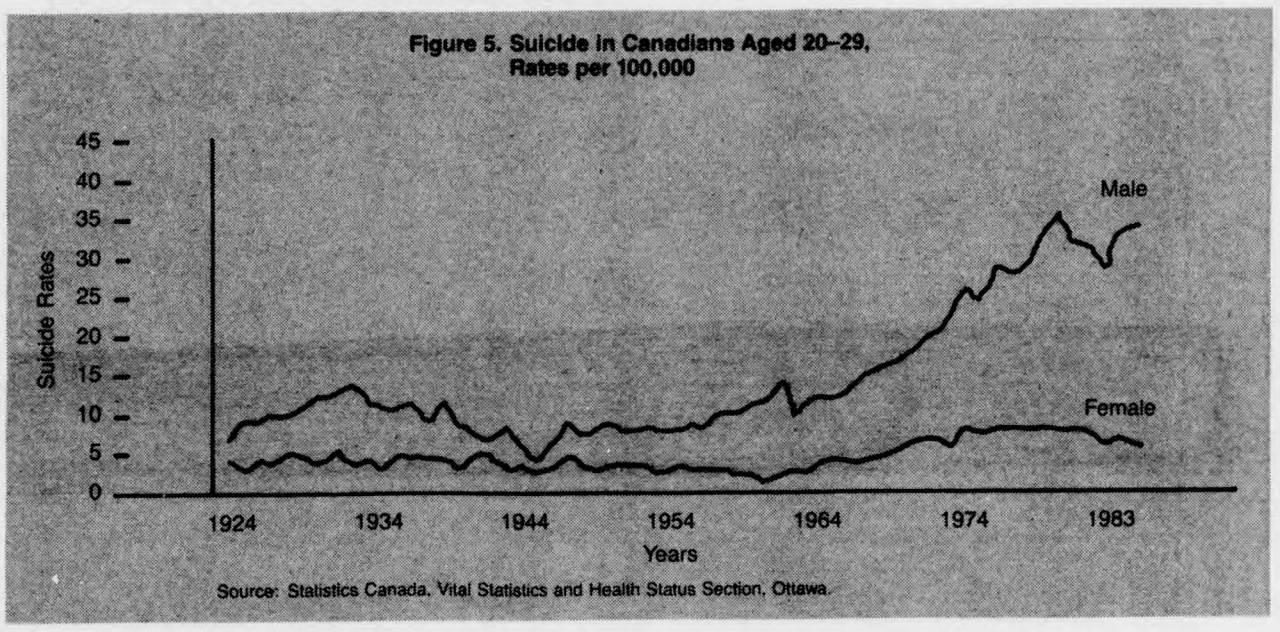
One of the many mysteries of suicide is the lopsided male to female ratio. In both age groups male suicides outnumbered female suicide by a ratio of 7:1; ironically, female attempted suicides (parasuicides) exceeded males 4:1. These discrepancies appear at all age levels, and according to Phillips, the male "success rate" can partially be attributed to their climatization to violence. Males will most often use fire arms in choosing their method of suicide, while females most often kill themselves by drug overdose.

Phillips says that suicide is especially high among adolescents in North America, because it's "the first transition phase and the hardest . . . You've never felt anything like this before and don't know that it's going to end." Phillips explains that in today's society, a person is dependent on the family for an extended period, and when they reach 20-24 years of age, "the family expects you to go out on your own, start a family with reduced resources. It's a very stressful time, with conflicting messages making it very tough to cope."

To combat this growing social problem, governments and institutions are attempting to develop a comprehensive approach in dealing with suicide. Besides outlining the current need to bolster existing resources available to suicidal patients, the approach also begins to look at the importance of education in tackling suicide. Generally, educational programmes operate on three levels: prevention, intervention and postvention.

According to Phillips, progress is possible only when certain myths which surround the topic are dispelled. Phillips says, the first step to prevention cannot be made until the majority of people know how to detect potentially suicidal people, and then know how to effectively deal with that person. The first misperception people commonly have, says Phillips, is that suicide is an impulsive act. In fact, according to the federal government's report, over 80% of suicides leave many clues behind of their intent. The case described at the opening of this article is a perfect example of how ignoring such a sign could result in suicide.

Phillips stresses that there's "no such thing as crying wolf when someone says they're going to commit suicide. These threats must be taken seriously." Instead of looking for attention, he explains, the person in question is essentially giving a plea for help which must be answered immediately. Without a response to that plea, says Phillips, the person in distress may resort to suicide.



According to Reverend Gording Winch, Executive Director of Metro's Distress Centre One, "If someone cares enough to listen to these people's problems, it starts the process of letting the person see that there are things to live for." The Distress Centre receives up to 45,000 calls a year, says Winch, with about 10% of those suicide related. The cases range from distraut students attempting to cope with the stress of exams to an impoverished mother unable to feed her children.

For the person at the subway station, "You give emotional support to that person trying to sort things out." Winch's volunteers are not trained to counsel over the phone, but to empathize with the caller and "tell them that they have permission to feel terrible. You must have this permission," explains Winch, "If a person is denied this permission, they'll think they're going crazy, which could ultimately lead to suicide." The person wants reassurance that he/she is not crazy and that it's acceptable to feel suicidal. Phillips, points out that "A high proportion of the population at one point or another will experience fleeting thoughts of suicide, but very few will voice that thought. When the frequency and duration of these thoughts grow, this is definitely cause for concern.

Often though, clues can be far more subtle than a direct threat. Phillips says that suicidal persons will write letters to significant others such as family members, or may even write a will at a young age, some even travel around before a suicide attempt, giving away their possessions to friends. Other warnings include physical appearance of a person. For instance, a person who is usually well-groomed might, over time, begin to ignore his/her personal hygiene and appearance.

Dr. Norman Endler, a York Psychology Professor, also points out that suicidal behaviour is often masked by other forms of risk-taking, such as drinking and driving or drug abuse. Endler says that suicide is often underreported because many accidents are in reality "passive" forms of suicide. It is no coincidence that one of three reported suicides involve alcohol.

Emile Durkheim, one of the first sociologists to study suicide through a statistical model, noted over 100 years ago that "Suicides do not form . . . an isolated class of monstrous phenomena unrelated to other forms of conduct, but rather are related to them by a continuous series of intermediate causes. They are [suicide] merely the exaggerated form of common practices . . . the results from similar states of mind. The sole difference is a lesser chance of death." Indeed it is better to view suicide as part of a pattern of behaviour, and it's easy to see how many of us indulge in masked forms of suicidal behaviour.

Phillips says that once the signs are identified, the subject should be brought up with the individual. It's myth that one should not talk about suicide with someone exhibiting sucidal tendencies, says Phillips. One must demonstrate that a change in that person has been noticed with a gentle expression of concern, but a listener should not take the case on his/her own shoulders. Instead, Phillips stresses, a listener should encourage their friend to seek professional help. Getting professional help is apparently taboo in today's society, and the federal government's report recommends, that "the stigma attached to seeking treatment for states of depression . . . be reduced."

The report also recommends that intervention in suicidal cases be made by trained personnel who can begin to treat the suicidal person immediately. In most emergency wards, the report says, suicidal patients may be treated medically, but not psychologically at a time they need it most. It is imperative that psychological care begin immediately after a suicide attempt, says the report, in order to prevent further attempts and to encourage the individual to abandon ineffective coping mechanisms.

Other kinds of suicide intervention relate directly to dealing with distress in society as a whole, be it the result of child abuse, drug addiction, broken homes, or hard economic times. In fact, as Durkheim predicted in the 19th century, suicide rates would increase in boom-bust economies or during hard economic times, and certain religions and social backgrounds would affect suicide rates. For instance, the tight-nit, socially-integrated family unit emphasized in both the Roman Catholic and Jewish religions keep suicide rates relatively lower than those among Protestants.

Endler notes that during wartime, when everyone is fighting for the same cause and a high level of social integration exists, suicide rates decreases. According to statistics in the report, low suicide rates are related to stability of residence, intact families, and low unemployment. As Dr. Phillips explains, there is no such thing as a "suicidal type." Instead, people develop suicidal behaviour because of the environment they were brought up in, and some people "are simply more susceptible to depression than others."

An incident can also tell a lot about the intentions of a distressed person, Phillips says. There is a difference between a "gesture" and an "attempt" and Phillips says they can be distinguished by studying the situation leading up to the act. A person who takes a mild overdose of pills, or who slashes their wrists in a non-fatal area while other people are in the immediate vicinity are usually calling for help. In these instances, Phillips says, it is often a particular situation which induced the person to attempt suicide, like a fight with parents. In reality though, their intent is not as deep as other suicidal persons like the third case. Michael decided to jump off a building where nobody could intervene, thus making the likelihood of discovery very low. In short, Michael had a serious desire to kill himself. But were there signs that people around him missed which could have prevented his death?

Ignoring Sandra's threats, as melodramatic as they may have sounded to her friends nearly resulted in catastrophe. Her intentions were definitely intensifying, as Phillips explains, because she had begun to verbalize detailed plans of how she would kill herself. Her inability to cope with the divorce of her parents was not being dealt with, and her call for help was the suicide threat.

I did not listen to Sandra, and two nights later in the girls' showers she slit her wrists. Luckily, there were many girls in the shower room to prevent any serious damage. As Phillips pointed out, it was probably more of a gesture rather than an attempt. But it says something devastating about our society when Sandra felt she had to resort to a suicide attempt in order to gain the support she needed.