

## Suicide: facts and myths

The information contained in this article is from an interview on the Mind-Body Connection - CHSR-FM with Carolyn Rogers, Executive Director of CHIMO, and a member of the Interdisciplinary Committee on Suicide Prevention. The topic is *Suicide: Facts & Myths*.

Suicide is the "taking of one's life." Suicide is an epidemic among adolescents, and for individual between the ages of 20-24, it is the second leading cause of death next to car accidents. For the ages between 15 and 19, it is the third leading cause of death.

Some of the most effective ways of preventing suicide include: maintaining good relationships with loved ones; listen to someone who is experiencing a problem; be supportive and if the problem seems insurmountable, encourage the person to seek help.

Individuals commit suicide for many different reasons, and because of this uniqueness, it can be difficult sometimes to prevent. From the research reviewed, the most significant factor is loss - of self-esteem, a job, a death, separation, of status (the way an individual is perceived by their peers or in the community), financial resources, a pet (for those who live alone).

There are specific warning signs. From an adult perspective these include:

- Feelings of hopelessness and helplessness.

- Feelings of loneliness, low self-esteem.

- Changes in mood - severe or abrupt changes.

- Thoughts of "I wish I was dead", "all of my problems will end soon," "I won't be needing these things anymore," "I am a loser," "Everyone will be better off without me." "No one can do anything to help me now," "I just can't keep my thoughts straight anymore." This last statement is significant as it represents one of the three stages in the suicidal process. This is the stage the "warning signs" are the most apparent. These statements usually come after the individual has thought of suicide, made the decision to commit the act. This is the hardest part for the individual. They are in a struggle and there is still some uncertainty which makes it an important time to intervene as these signs are most visible during this stage. The "uncertainty - not knowing to live or die, is there until the end."

- Adults may become very inactive - either in the community or in an exercise program.

- Self-destructive behaviors - which could include drinking, reckless driving, drug/alcohol abuse, and self-mutilation. This is a result of the low self-esteem the individual is experiencing.

- Somatic changes include a lack of interest in one's appear-

ance. A change or loss is sexual interest. Disturbed sleep which include diurnal variations, and early morning awakening (which are both common factors in individuals who may be depressed). These are not the same as insomnia.

- Change or loss of appetite or weight. This could either be a reduction or an increase in appetite.

Warning Signs in Youth include:

- Giving away possessions.
- Abrupt changes in personality
- Increase use of drugs and alcohol.

- Eating and sleeping disturbances.

- Withdrawal and rebelliousness, and sexual promiscuity.

- Neglect of personal appearance.

- Depression.

- Exaggerated and/or extended apathy. An adolescent may experience the loss of a first love. Adults may not realize the importance of this relationship. An adolescent may be mourning this loss over a long period of time.

- Inactivity and boredom. Loss of interest in hobbies or usual activities.

- Neglects academic work.

- Family dysfunction or disruption.

- Abrupt ending of a romance (the person is "smitten" with love, but ends the relationship quickly on their own).

- Running away from home and

truncity.

These are all cries for help or warning signs. These are most prevalent when the person is still thinking about ending their life and there is still a fair amount of uncertainty. It is very important to both recognize these warning signs and to take them very seriously.

Once the individual has gone through this process of thinking, they enter the next stage of making a decision. This stage is characterized by serenity i.e. the individual has already started the process of the suicide (they have taken the pills), they appear relieved and happy that they have gotten through the process of making the decision to end their life.

The top three things to look for include:

- (1) Current Plan: Does your loved one, friend have a plan. How specific is it.

- (2) Prior Suicidal Behavior.

- (3) Resources (Support Network): This has to do with whether or not the "person" feels they have a support network that is important.

If any one of the above is obvious, the individual would be at low to moderate risk of attempting suicide. However, if all three are present, then they are at "high risk" - then it is important to intervene. These three indicators spell CPR.

As a friend or family member, you can be helpful by:

- (1) Allowing the person to ven-

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tilate (to talk about what they are thinking and feeling). It is important to discover what it is that is keeping the person alive.

(2) Normalize feelings. A study done recently stated that 15% of the population of North America has thought of suicide - that is in the millions. Thinking of suicide is normal.

(3) Don't judge the person or negate their expression of suicide. This lets the person know you are not open to their feelings or thoughts and may prevent them from expressing themselves. You may feel terrified to hear this, but it is important to listen.

(4) Don't ever keep it a secret! It is important for you to seek out help in dealing with the person.

(5) Explore what the stressors -

what the losses are that they have experienced.

(6) Check out how they have been feeling, eating, sleeping, or behaving.

During intervention - Listen. Don't promise to keep it Confidential. Do not leave the person alone - someone should be with them 24-hours a day. Sanitize the environment - that is take away all weapons or means of suicide - such as pills, knives, guns, etc. Seek help from a professional.

For help with Suicide Intervention call 453-4820 on Campus (open 24-hours a day) or CHIMO at 450-4357, or the Mental Health Centre at 453-2132. These services are free and staff are available to help.

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# Brunswickan Elections

**Elections for the 1992-93 year will take place on  
March 18th at 6:00p.m. in Rm. 35 in the SUB.  
Positions open for election are:**

★ **Editor-in-chief**  
★ **Managing editor**



To be eligible to run for the positions of Editor-in-chief or Managing Editor, a student must have contributed to at least three issues of this year's Brunswickan and must have held an editorial position.

Any student who has contributed to at least three issues of this year's Brunswickan is eligible to run for these positions. Please confirm your interest with Lynn Wanyeki, Editor-in-chief, if you wish to run for any of these editorial positions. For more information phone 453-4983.

🗳️ **News editor**

📍 **Sports editor**

🎮 **Entertainment editor**

🌸 **Features editor**

📄 **Offset editor**

📺 **Distractions editor**

📷 **Photo editor**