

Is suicide related to impulsiveness?

Impulsiveness is the tendency to act without thinking through a plan or its consequences. It is a symptom of a number of mental disorders, and therefore, it has been linked to suicidal behavior usually through its association with mental disorders and/or substance abuse. The mental disorders with impulsiveness most linked to suicide include borderline personality disorder among young females, conduct disorder among young males and antisocial behavior in adult males, and alcohol and substance abuse among young and middle-aged males. Impulsiveness appears to have a lesser role in older adult suicides. Attention deficit hyperactivity disorder that has impulsiveness as a characteristic is not a strong risk factor for suicide by itself. Impulsiveness has been linked with aggressive and violent behaviors including homicide and suicide. However, impulsiveness without aggression or violence present has also been found to contribute to risk for suicide.

Is there such a thing as “rational” suicide?

Some right-to-die advocacy groups promote the idea that suicide, including assisted suicide, can be a rational decision. Others have argued that suicide is never a rational decision and that it is the result of depression, anxiety and fear of being dependent or a burden. Surveys of terminally ill persons indicate that very few consider taking their own life, and when they do, it is in the context of depression. Attitude surveys suggest that assisted suicide is more acceptable by the public and health providers for the old who are ill or disabled, compared to the young who are ill or disabled. At this time, there is limited research on the frequency with which persons with terminal illness have depression and suicidal ideation, whether they would consider assisted suicide, the characteristics of such persons, and the context of their depression and suicidal thoughts, such as family stress, or availability of palliative care. Neither is it yet clear what affect other factors such as the availability of social support, access to care, and pain relief may have on end-of-life preferences. This public debate will be better informed after such research is conducted.

What biological factors increase risk for suicide?

Researchers believe that both depression and suicidal behavior can be linked to decreased serotonin in the brain. Low levels of a serotonin metabolite, 5-HIAA, have been detected in cerebral spinal fluid in persons who have attempted suicide, as well as by postmortem studies examining certain brain regions of suicide victims. One of the goals of understanding the biology of suicidal behavior is to improve treatments. Scientists have learned that serotonin receptors in the brain increase their activity in persons with major depression and suicidality, which explains why medications that desensitize or down-regulate these receptors (such as the serotonin reuptake inhibitors, or SSRIs) have been found effective in treating depression. Currently, studies are underway to examine to what extent medications like SSRIs can reduce suicidal behavior.

Can the risk for suicide be inherited?

There is growing evidence that familial and genetic factors contribute to the risk for suicidal behavior. Major psychiatric illnesses, including bipolar disorder, major depression, schizophrenia, alcoholism and substance abuse, and certain personality disorders, which run in families, increase the risk for suicidal behavior. This does not mean that suicidal behavior is inevitable for individuals with this family history; it simply means that such persons may be more vulnerable and should take steps to reduce their risk, such as getting evaluation and treatment at the first sign of mental illness.

Does depression increase the risk for suicide?

Although the majority of people who have depression do not die by suicide, having major depression does increase suicide risk compared to people without depression. The risk of death by suicide may, in part, be related to the severity of the depression. New data on depression that has followed people over long periods of time suggests that about 2% of those people ever treated for depression in an outpatient setting will die by suicide. Among those ever treated for depression in an inpatient hospital setting, the rate of death by suicide is twice as high (4%). Those treated for depression as inpatients following suicide ideation or suicide attempts are about three times as likely to die by suicide (6%) as those who were only treated as outpatients. There are also dramatic gender differences in lifetime risk of suicide in depression. Whereas about 7% of men with a lifetime history of depression will die by suicide, only 1% of women with a lifetime history of depression will die by suicide.

Another way about thinking of suicide risk and depression is to examine the lives of people who have died by suicide and see what proportion of them were depressed. From that perspective, it is estimated that about 60% of people who commit suicide have had a mood disorder (e.g., major depression, bipolar disorder, dysthymia). Younger persons who kill themselves often have a substance abuse disorder in addition to being depressed.

Does alcohol and other drug abuse increase the risk for suicide?

A number of recent national surveys have helped shed light on the relationship between alcohol and other drug use and suicidal behavior. A review of minimum-age drinking laws and suicides among youths age 18 to 20 found that lower minimum-age drinking laws was associated with higher youth suicide rates. In a large study following adults who drink alcohol, suicide ideation was reported among persons with depression. In another survey, persons who reported that they had made a suicide attempt during their lifetime were more likely to have had a depressive disorder, and many also had an alcohol and/or substance abuse disorder. In a study of all non-traffic injury deaths associated with alcohol intoxication, over 20 percent were suicides.

In studies that examine risk factors among people who have completed suicide, substance use and abuse occurs more frequently among youth and adults, compared to older persons. For particular groups at risk, such as American Indians and Alaskan Natives, depression and alcohol use and abuse are the most common risk factors for completed suicide. Alcohol and substance abuse problems contribute to suicidal behavior in several ways. Persons who are dependent on substances often have a number of other risk factors for suicide. In addition to being depressed, they are also likely to have social and financial problems. Substance use and abuse can be common among persons prone to be impulsive, and among persons who engage in many types of high risk behaviors that result in self-harm. Fortunately, there are a number of effective prevention efforts that reduce risk for substance abuse in youth, and there are effective treatments for alcohol and substance use problems. Researchers are currently testing treatments specifically for persons with substance abuse problems who are also suicidal, or have attempted suicide in the past.

Is it possible to predict suicide?

At the current time there is no definitive measure to predict suicide or suicidal behavior. Researchers have identified factors that place individuals at higher risk for suicide, but very few persons with these risk factors will actually commit suicide. Risk factors include mental illness, substance abuse, previous suicide attempts, family history of suicide, history of being sexually abused, and impulsive or aggressive tendencies. Suicide is a relatively rare event and it is therefore difficult to predict which persons with these risk factors will ultimately commit suicide.

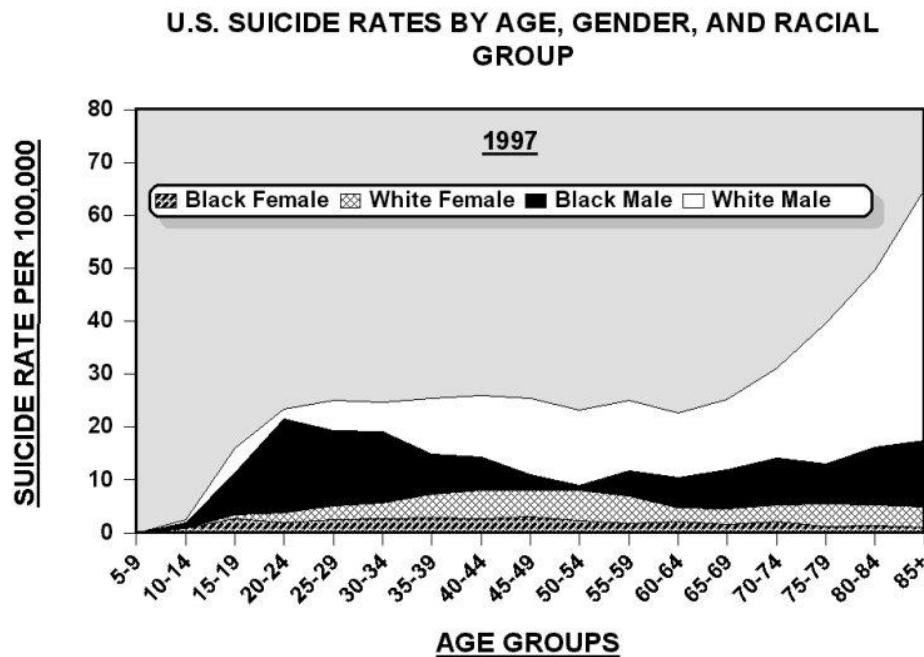
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Prevention

All suicide prevention programs need to be scientifically evaluated to demonstrate whether or not they work. Preventive interventions for suicide must also be complex and intensive if they are to have lasting effects. Most school-based, information-only, prevention programs focused solely on suicide have not been evaluated to see if they are effective, and research suggests that such programs may actually increase distress in the young people who are most vulnerable.¹⁵ School and community prevention programs designed to address suicide and suicidal behavior as part of a broader focus on mental health, coping skills in response to stress, substance abuse, aggressive behaviors, etc., are more likely to be successful in the long run.

Recognition and appropriate treatment of mental and substance abuse disorders also hold great suicide prevention value. For example, because most elderly suicide victims—70 percent—have visited their primary care physician in the month prior to their suicides,¹⁶ improving the recognition and treatment of depression in medical settings is a promising way to prevent suicide in older adults. Toward this goal, NIMH-funded researchers are currently investigating the effectiveness of a depression education intervention delivered to primary care physicians and their elderly patients.

If someone is suicidal, he or she must not be left alone. You may need to take emergency steps to get help, such as calling 911. It is also important to limit the person's access to firearms, large amounts of medication, or other lethal means of committing suicide.



Source: National Institute of Mental Health
Data: Centers for Disease Control And Prevention, National Center For Health Statistics

I know what you must start thinking....

You start thinking that suicide is the only thing that can take away all the pain, fix everything.... and it sounds like the truth but it's a terrible lie.

Consider the truth for a moment.

Suicide doesn't take away the pain.... it multiplies it. It multiplies it ten times and gives it to everyone that loves you, likes you and cares about you.... and you're not that selfish! Look here, I'll show you what I mean. You can't steal \$10 from your grandmother, how can you kill her grandchild? You can't steal a hairbrush from your best friend, how can you murder her best friend? You can barely take a toy away from your child for an hour.... how can you steal their last line of defense, their parent, life as they know it? You can't. You aren't that selfish. You'll never be that selfish. Promise now that you won't ever forget. Not now. Not ever. Don't wait.... **PROMISE NOW!**

Before you try telling yourself that it's okay because nobody loves you... think again. Take five minutes to refocus. You have a family that may want to pinch your head off, but they still love you. You may be on the outs with your best friend, husband, wife, lover... whoever, but they care about you anyway. You are loved and needed by someone and if you take your own life you will only multiply your pain ten times and give it to them. I'll say it just one more time.... You aren't that selfish!

This is dedicated to the memory of Marty Felvus, who shot and killed himself July 5th, 1997. Marty's brother Fred is married to my best friend. He loved Marty. He feels like Marty wouldn't have done it if he'd thought of it this way first.

There are better answers than suicide. You just thought you had thought of everything. You haven't yet. You know suicide is no longer an option for you so just **KEEP THINKING**. You'll come up with something. You'll see.

Lollie McLain, Tahlequah, Oklahoma

The challenge we face is this: there are a lot of people out there who really *aren't* selfish enough to commit suicide and they know it. Yet, when they're very upset for a terrible moment.... they forget. Therefore we have to spread the Suicide Preventative around to plant it firmly in their memories. We must make sure they can't forget that they **CANNOT** commit suicide because they're not that selfish.

Dr. Grohol's thoughts on Suicide

You Are Special

by Max Lucado

The Wemmicks were small wooden people. Each of the wooden people were carved by a woodworker named Eli. His workshop sat on a hill overlooking their village. Every Wemmick was different. Some had big noses, others had large eyes. Some were tall and others were short. Some wore hats, others wore coats. But all were made by the same carver and all lived in the village. And all day, every day, the Wemmicks did the same thing: They gave each other stickers. Each Wemmick had a box of golden star stickers and a box of gray dot stickers. Up and down the streets all over the city, people could be seen sticking stars or dots on one another.

The pretty ones, those with smooth wood and fine paint, always got stars. But if the wood was rough or the paint chipped, the Wemmicks gave dots. The talented ones got stars, too. Some could lift big sticks high above their heads or jump over tall boxes. Still others knew big words or could sing very pretty songs. Everyone gave them stars.

Some Wemmicks had stars all over them! Every time they got a star it made them feel so good that they did something else and got another star. Others though, could do little. They got dots. Punchinello was one of these. He tried to jump high like the others, but he always fell. And when he fell, the others would gather around and give him dots.

Sometimes when he fell, it would scar his wood, so the people would give him more dots. He would try to explain why he fell and say something silly, and the Wemmicks would give him more dots. After a while he had so many dots that he didn't want to go outside. He was afraid he would do something dumb such as forget his hat or step in the water, and then people would give him another dot. In fact, he had so many gray dots that some people would come up and give him one without reason. "He deserves lots of dots," the wooden people would agree with one another. "He's not a good wooden person."

After a while Punchinello believed them. "I'm not a good Wemmick," he would say. The few times he went outside, he hung around other Wemmicks who had a lot of dots. He felt better around them.

One day he met a Wemmick who was unlike any he'd ever met. She had no dots or stars. She was just wooden. Her name was Lucia. It wasn't that people didn't try to give her stickers; it's just that the stickers didn't stick. Some admired Lucia for having no dots, so they would run up and give her a star. But it would fall off. Some would look down on her for having no stars, so they would give her a dot. But it wouldn't stay either. "That's the way I want to be," thought Punchinello. "I don't want anyone's marks." So he asked the sticker-less Wemmick how she did it. "It's easy," Lucia replied. "Every day I go see Eli." "Eli?" "Yes, Eli. The woodcarver. I sit in the workshop with him. Why? Why don't you find out for yourself? Go up the hill. He's there."

With that the Wemmick with no marks turned and skipped away. "But he won't want to see me!" Punchinello cried out. Lucia didn't hear. So Punchinello went home. He sat near a window and watched the wooden people as they scurried around giving each other stars and dots. "It's not right," he muttered to himself. And he resolved to go see Eli. He walked up the narrow path to the top of the hill and stepped into the big shop. His wooden eyes widened at the size of

everything. The stool was as tall as he was. He had to stretch on his tiptoes to see the top of the workbench. A hammer was as long as his arm. Punchinello swallowed hard. "I'm not staying here!" and he turned to leave. Then he heard his name. "Punchinello?" The voice was deep and strong. Punchinello stopped. "Punchinello! How good to see you. Come and let me have a look at you." Punchinello turned slowly and looked at the large bearded craftsman. "You know my name?" the little Wemmick asked. "Of course I do. I made you." Eli stooped down and picked him up and set him on the bench. "Hmm," the maker spoke thoughtfully as he inspected the gray circles. "Looks like you've been given some bad marks." "I didn't mean to, Eli. I really tried hard." "Oh, you don't have to defend yourself to me, child. I don't care what the other Wemmicks think." "You don't?" No, and you shouldn't either. Who are they to give stars or dots? They're Wemmicks just like you. What they think doesn't matter, Punchinello. All that matters is what I think. And I think you are pretty special." Punchinello laughed. "Me, special? Why? I can't walk fast. I can't jump. My paint is peeling. Why do I matter to you?"

Eli looked at Punchinello, put his hands on those small wooden shoulders, and spoke very slowly. "Because you're mine. That's why you matter to me." Punchinello had never had anyone look at him like this, much less his maker. He didn't know what to say.

"Every day I've been hoping you'd come," Eli explained. "I came because I met someone who had no marks." "I know. She told me about you." "Why don't the stickers stay on her?" "Because she has decided that what I think is more important than what they think. The stickers only stick if you let them." "What?" "The stickers only stick if they matter to you. The more you trust my love, the less you care about the stickers." "I'm not sure I understand." "You will, but it will take time. You've got a lot of marks. For now, just come to see me every day and let me remind you how much I care." Eli lifted Punchinello off the bench and set him on the ground. "Remember," Eli said as the Wemmick walked out the door. "You are special because I made you. And I don't make mistakes."

Punchinello didn't stop, but in his heart he thought, "I think he really means it." When he did, a dot fell to the ground.

May all your dots fall silently to the ground, for if given by man, they matter only to other men, if given by the gods, no one questions the scars that make up our lives. When given the choice, pass out stars, drop the dots in the trash.

- Max Lucado