

## SUICIDE AND OTHER ISSUES

- **SUICIDE (SUI-CIDIUM):** The intentional killing of oneself. The means of killing oneself vary according to the person, circumstances, location of the act, and the state of mind of the individual.

Americans commit suicide at a rate of 12 per 100,000. The rate is higher for the 15 to 24 age cohort.

"Every 10 minutes someone in the U.S. dies by Suicide. Every 19 minutes someone is left to make sense of it," (American Foundation of Suicide Prevention).

- **SUICIDE IDEATION:** Thinking about suicide, wanting to take one's own life, or being pre-occupied with suicide.
- **SUICIDOLOGY:** The scientific study of suicide. It includes the suicidal behaviour, causes and prevention.

- EDWIN S. SHNEIDMAN (May 13, 1918 - May 15, 2009): The founding father of modern day Suicidology, a psychologist, thanatologist (the scientific study of death), and renowned Suicidologist.  
 In 1958, together with Norman Farberow and Robert Litman, was a founding member of the Los Angeles Suicide Prevention Center, America's first comprehensive suicide prevention center.  
 In 1968, Shneidman founded the American Association of Suicidology and the Suicide and Life Threatening Behaviour journal.  
 Shneidman began studying suicide shortly after the Second World War. He was profoundly instrumental in bringing about the serious academic study of suicide as an interdisciplinary field.

Depression appears to be the most common denominator regarding suicide however, other mental illnesses are also common. An estimated 90 percent of all suicidal persons have at least one mental illness or a substance abuse problem at the time of death.

A major depressive disorder or bipolar disorder can affect how a person thinks, feels, and behaves. For the suicidal person, depression can be an ongoing nightmare, with no long-term end in sight, or perhaps brief respites with a resumption of depression. Feelings of loneliness, bitterness, frustration, despair, anger, and apathy aggravate the suicidal person's mental state.

Dysthemia, a chronic, but mild form of depression reduces a person's ability to find or experience the feelings of pleasure as a normal individual would.

At least 25 percent of people with bipolar disorder attempt suicide. Some estimates go as high as 50 percent. It is imperative that individuals with bipolar disorder be treated properly to prevent suicide attempts and other serious problems.

The suicidal person may feel that there's no hope in sight, no true remedy for his or her problems, and that the surest way to end every problem in life is suicide. Suicide is the supposed cure-all; 'upon taking my own life all of my problems will vanish'.

Even the suicide of one person is a terrible tragedy. Regardless of how many people inhabit this planet, we must always remember this fact. But there are cases when people don't care about a particular case of suicide. Take for example, a typical case of a serial rapist or serial child molester who hangs himself while in custody. How many of us feel relieved, or

at least couldn't care less about this particular suicide victim?

In the United States it's estimated that 2 percent of deaths are suicides. Males that are 70 years of age or older are more likely to commit suicide than their younger counterparts, except the 15 - 24 year old cohort. Suicide is the tenth leading cause of death in the United States. Worldwide it is estimated that one million people commit suicide annually. This figure is likely lower than the real number. Many suicides, such as vehicular accidents, go unreported. A person may decide to slam his or her car into a tree, another vehicle, or a stationary inanimate object.

Furthermore, many people who commit suicide choose not to tell anyone about their act.

Chronic mental pain or discomfort of any sort can be caused by a neurochemical imbalance; serotonin and nor-epinephrine.

A person who has made even one suicide attempt needs to seek help immediately. A psychiatric history and mental health examination are imperative.

A patient on psychiatric medication should be monitored for side effects, in particular if it is the patient's first time on the particular medication. In some patients, anti-depressant medications may actually increase suicidality. Psychiatric medications can sometimes take several weeks to kick in. In addition, the first prescribed medicine may not be the correct one.

Alcohol, illicit drugs, and tobacco will not solve a suicidal person's problems. On the contrary, alcohol and illicit drugs tend to be addictive; the level of addiction depends on the particular drug used, and the physical and mental state of the user. Huffing, methamphetamine, crack, heroin, and LSD can wreak havoc on a suicidal person's life. These poisons can induce very powerful addiction after only one use, or even cause death after just one use!

Death can occur by the drug's attack on the body, or in the case of LSD wreak havoc on the person's mental faculties; for example a person on LSD may be so out of it that he or she walks into heavy traffic oblivious to the dangers therein, or jump off a balcony while in a state of euphoria.

IF YOU OR SOMEONE YOU KNOW HAS BEEN OR IS SUSPECTED OF BEING SUICIDAL, BELOW ARE WARNING SIGNS TO LOOK FOR. SOME OF THE SIGNS ARE MORE SEVERE THAN OTHERS. THIS IS NOT A DIAGNOSTIC TOOL, BUT A GENERAL GUIDE:

- Previous suicide attempts (even once, doesn't matter how long ago it was).

- A suicide note.
- Recent loss of a loved one/s.
- A suicide in the family.
- Undergone a recent catastrophic event.
- Severe physical pain or a terminal illness.
- A history of abuse, trauma, or severe neglect (especially in a household).
- Serious mental illness (mood disorders, phobias, eating disorders, obsessive compulsive disorders, personality disorders, PTSD, major anxiety, persistent unjustifiable fear, postpartum depression).
- Being the frequent victim of bullying or harassment at school.
- Severe culture shock.
- Unavailability or lack of funds to acquire proper medical and mental health care.
- Gender (males tend to use more lethal methods than females).
- Unanticipated rage or anger.
- Impulsivity.
- Painful life experiences and circumstances.
- A person who talks, sometimes obsessively about suicide.
- Talks about how life in general or his or her own life is worthless, demeaning, unfair, etc.
- Visiting family members and friends for 'a last time'.
- Suddenly making a will or making sudden changes in the will.
- Noticeable change in appearance.
- Noticeable decline in academic work (in particular for teens).
- Trouble eating.
- Economic hardship or instability.
- Insomnia.
- Noticeable fluctuations in behaviour and mood.
- Loses interest in important things in life, like work, school and friends.
- Sudden increase in alcohol or substance abuse.
- Becomes apathetic, withdrawn, doesn't care.
- Suddenly gives away personal items of great worth.
- A sudden obsession or purchase of instruments used for suicide (easy access to a firearm, barbiturates or other medications that can be used for suicide; firearm, rope, chord, etc.).

- Obsessive thoughts about something bad that's going to happen.
- Unnatural risky behaviour.
- For Seniors (old age, retirement, loss or significant reduction of income, loss of a loved one, physical or mental degeneration, daily pain), actual neglect or perceived neglect by society in general, lack of a legitimate support network, inability to pay for badly needed medications).

BE AWARE OF STATEMENTS IDENTICAL OR SIMILAR TO THE FOLLOWING:

- My family and friends will be better off without me.
- Nobody cares about me.
- I'm better off dead.
- I'm a loser or I'll never make it in life.
- Life's not worth living anymore.
- I wish I was never born.
- If we ever see each other again.
- I'll see you in the hereafter.

If anyone you know talks about suicide take it seriously. You don't know how long this person will talk about suicide before making an actual attempt; it may be in a while or a lot sooner than you think. It could be the last time that he or she talks about suicide before an actual attempt.

Many suicidal persons don't ask for help, at least not in a direct manner. The listener must be proactive. A great many suicidal persons really don't want to die they just want an end to their ongoing suffering. This suffering is immense, and in their eyes, only suicide can end it.

IF YOU SUSPECT SOMEONE OF PLANNING A SUICIDE THE FOLLOWING POINTS MAY BE OF INTEREST:

- Be proactive don't wait until it's too late to respond.
- If you're not certain, ask the person if he or she is suicidal.
- Ask what is causing these feelings (Get the person to open up about his or her feelings).
- Acknowledge the person's pain.
- Don't do a run-around; be direct.
- Always be polite.

- Never trivialize the matter.
- Make it clear that you are concerned and care about the person, that there are many people out there who really care.
- A suicide affects more than one person; family, friends, and society suffer too.
- Make it clear that there are better alternatives than suicide.
- Don't be afraid to mention the word 'suicide' when inquiring about the state of mind of a potentially suicidal person.
- Speak softly but clearly; do not use technical terms unless you are absolutely certain they will be understood; there can be no room for misunderstandings.
- Smile, shake the suicidal person's hand, and if possible give an embrace or a gentle hug.
- Kind words can be like good medicine to a person in dire straits.
- Tell the person that you've noticed a marked behavioural change.
- How long has the person felt like this.
- Inquire about previous or ongoing counselling, therapy, or medical treatment. If the person answers in the negative offer to help find treatment.
- Inform the suicidal person that professional help is available; suicide hotlines in general are absolutely free.
- Ensure the suicidal person that things will get better.
- Tell the suicidal person 'never give up on yourself'.
- Offer hope. Hope is an important factor in the healing process. Loss of hope can lead a suicidal person to act out his feelings.
- Do not show shock or disbelief.
- If necessary call 911, or an official to prevent an imminent suicide.

If a suicidal person has a plan, the means of carrying out that plan, the time, and the intent to go through the act, dial 911 if you are living in North America. If elsewhere, dial the emergency number in your locale.

There is another kind of plan though, it's a tool used to help prevent suicide.

## GENERAL CLASSIFICATION OF SUICIDE RISK:

- **WEAK RISK:** Thinks about suicide sparingly, without a plan. Denies the intent to commit suicide.
- **MEDIUM RISK:** Thinks about suicide. Denies that he or she will commit suicide, has an unclear, indistinct non-lethal Plan.
- **CONSIDERABLE RISK:** Thinks about suicide and has a particular plan that is deadly. Denies that he or she will commit suicide.
- **PROFOUND RISK:** The person thinks about suicide and has a particular plan that is deadly. A declaration is made that he or she will commit suicide.
- **IMMINENT OR INTERRUPTED SUICIDE:** Engulfed in the thought of suicide. No denial whatsoever. Has already begun the suicidal act, or is about to commit the suicidal act (ex. firearm at the ready, standing on the edge of a cliff, has taken pills or has a pill box in his or her hand).

Suicidal acts are impulsive in nature. As such, even if a person appears to be at minimal risk, for the time being, it's possible for the problem to escalate quite rapidly.

Regarding the interrupting of a suicide attempt you must be careful, especially if the person is brandishing a firearm, knife, or other potentially lethal weapon.

Trying to wrestle a firearm or knife from a suicidal person may result in the intercessor to be harmed, worse yet, both parties.

On the other hand, if a person is standing on a high precipice a failed physical attempt at saving the suicidal person may appear like a push or a shove to witnesses on the ground. Thankfully, this kind of case scenario is quite rare.

The best option is to try to calm the situation through your actions and your words.

A suicidal person should never be left alone except if the situation poses a danger to the caring person. If you find yourself in this kind of a situation secure your own personal safety and then call 911; do not hesitate to call this number.

Calling 911 should ensure emergency treatment for this dangerous suicidal stage. First responders may include paramedics and/or the police. Both groups are trained to respond to attempted suicide events.

Ensure the suicidal person not to worry about what close relatives, friends, neighbours, and society in general will think. His or her health and well-being are of prime importance.

Ask the suicidal person if he or she wants to be accompanied by you or a particular loved one to the emergency room. Doing so will show the person that you care, and that he or she is important.

Upon arrival to the emergency room an emergency physician, psychiatrist, nurse, or other mental health worker will assess the level of danger the suicidal person poses to him/herself. This may be done through an interview to understand the severity and risk of danger to the patient.

If the interview is conducted in a hospital, it's referred to as triage. After triage, the patient will be transferred to the proper area.

Although voluntary hospitalization is usually preferred, involuntary admission is used if a person is in imminent danger or in serious substance abuse cases.

Physically violent or physically resistant patients may have to be restrained. Most patients are not restrained. Be mindful that there are some horror stories out there. Relatives, and in the case of minors, guardians, should understand the law.

See the room ask about restraints, and about treatment methods.

The fact that the suicidal patient is still alive means that the suicide attempt was a failure.

Relatives and friends should visit the patient regularly, unless a legitimate reason is given by the mental health workers assigned to the particular case.

Poor individuals without medical insurance and especially homeless persons may be tossed out of the hospital prematurely. If you live in a medium-sized or especially a large-sized city, you've likely noticed that a large proportion of the homeless do indeed suffer from mental illness.

## FACTS REGARDING FAILED SUICIDE ATTEMPTS:

- Never assume that it can't or won't happen again.
- The person must be helped.
- Follow-up treatment (therapy, medical care, medication) is essential.
- According to the World Health Organization for every successful suicide there are 20 failed attempts. The latter statistic is likely lower than the real number.
- Carbon monoxide poisoning can result in permanent neurological, physical, and mental health damage or coma.



- Drug, alcohol, or caustic chemicals poisoning can lead to permanent neurological, physical, and mental health damage or coma. Furthermore, additional or unwarranted injuries can occur from combining two or more harmful agents. Sudden loss of balance can lead to damaging falls. Swallowing poisonous substances can result in horrendous vomiting or horrible burning of the mouth, throat and stomach.
- Drowning can result in severe neurological damage or coma.
- Electric shock can cause serious nerve damage, terrible burns, or in rare cases loss of limbs or other chunks of the body. Electric burns can affect large parts of a person's body.
- Self-abuse by cutting, slashing, or beating can cause internal bleeding, severe blood loss, permanent scarring (the latter is a permanent reminder of the suicide attempt).
- Gunshots do not always hit their 'designated target' and do not always result in suicide regardless of where the firearm is pointed. Flinching can cause a shot to be directed 'off course', jittery hands, horrific damage to the face, head, or other body parts may result. In one example a young man placed a shotgun underneath his chin then he pulled the trigger. The result wasn't death. On the contrary, he blew off his entire jaw and lower mouth and much of his lower face; gruesome disfigurement. Gunshots to the temple or other part of the head may result in horrendous brain damage and very gruesome disfigurement.
- Leaping or jumping off a high point may result in horrendous bones and internal damage. Furthermore, humans do not have the righting-reflex abilities of cats, therefore, the person has little or no control over how he or she lands.
- In a hanging, the person may dangle in the air for an extended period of time. Severe oxygen deprivation may result in permanent brain damage. Permanent rope burns will be a permanent reminder of the suicide attempt.
- Crashing a vehicle into a tree or other inanimate object may result in horrible injuries throughout the body.
- Leaping in front of an ongoing vehicle can result in horrendous injuries throughout the body.

#### SUICIDE PREVENTION EMERGENCY PLAN:

- Should be written clearly or typed.

- Several copies should be made, one of which should be in the person's wallet or otherwise on his or her person.
- Write down important phone numbers of close family members, family physician, social worker, school counsellor (if applicable), and other relevant persons.
- Indicate persons who can be called at any time of the day or night. A suicide attempt can occur at any time of the day or night.
- Indicate all medications, precise dosage.
- Allergies to medications or foods.
- Illnesses.
- Outline specific actions to take when a crisis occurs.
- Medical insurance information; in Canada always have Medicare Card and relevant Hospital Cards in your wallet or on your person.
- Copies should be given to immediate family members, close trusted friends, family physician, social worker, school counsellor (if applicable), and any other relevant professional.
- The particular plan is specially designed for a particular individual.
- Indicate particular relaxation exercises or actions that work for you.
- Discuss this plan with a professional. Thereafter discuss it with immediate family members and other loved ones.
- The plan may have to be modified every-so-often to maintain its effectiveness.
- Where applicable, notify your medical insurance provider and ask if an official suicide prevention plan is required. Some medical insurance companies will not reimburse an insurance carrier in cases of suicide attempts or for self-inflicted injuries.

School is supposed to be a place of learning and socializing; not so for all students. Bullying at school is a seriously under-rated problem. Too many bullies and victims roam our schools, and elsewhere, for that matter.

**BULLIED TEENS ARE MORE LIKELY TO CONSIDER SUICIDE THAN NON-BULLIED TEENS. SEVERE BULLYING MAY RESULT IN ONE OR MORE OF THE FOLLOWING:**

- Depression.
- Anxiety.

- Frustration.
- Anger and lashing out.
- Fear.
- Lowered or low self-esteem.
- Exhibition of anti-social behaviour.
- Mental trauma.
- Physical harm.
- Skipping school.

Schools must have a no-tolerance policy against bullying. Depending on the severity of the case, persistent violators should be subject to suspension, expulsion, and if needed, legal action.

The bullied student must lodge an official complaint with school officials, and if needed the police. Parents of the bullied student must be involved.

A school policy must be in place safeguarding the rights of all of its students, including bullied students. School must be a safe place for all students.

We only hear about the publicized cases of teens attempting to, or actually committing suicide as a result of being constantly, ferociously bullied by one or more persons. Many of these acts occur in school.

#### CASES INVOLVING BULLIED TEENS:

- TOM: One sad case that wasn't publicized is that of a teen named Tom (his parents don't want his last name revealed). Tom was brilliant, hard-working, and quite talented, acquiring a flying license at the age of 14. He is from Anchorage, Alaska. Tom walked with a noticeable limp resulting from a physical problem acquired at birth. He was also somewhat uncoordinated. Things at school became unbearable as soon as Tom entered Middle School. Tom had to endure persistent bullying, harassment, shunning, being mocked and taunted and sometimes having his books knocked out of his hands. Not to mention, the physical abuse he received. He was also avoided, not because of his behaviour, only because of his limp, and his lack of coordination. In one particular incident, Tom was physically assaulted by a group of students. But after complaining to the school administration, he and the bullies were suspended.

After being assaulted on another incident he was suspended. Following this incident and suspension, Tom could no longer endure any more suffering. In his own particular way, he decided to end his suffering once and for all; he hanged himself.

The attempt was unsuccessful though, leaving Tom with permanent brain damage. Last known, he was in a vegetative state. Tom's parents sued the school, won a settlement, but no matter how much money they received, it won't revive Tom.

One good thing came out of this sad story; Tom's attorney was so shocked by the case he started an anti-bullying program in the area.

- **AMANDA TODD:** committed suicide in her home, by hanging on October 10, 2012. She was from Coquitlam, British Columbia.

Amanda was a 10<sup>th</sup> grader at CAFE Secondary School. This is a special school for students who've endured social and behavioural problems in prior educational environments.

Amanda was severely cyber-bullied, intimidated, and threatened. She was also deceived.

On September 7, 2012, Amanda posted a YouTube video entitled My Story: Struggling, Bullying, Suicide and Self-Harm. She used flashcards to convey her message.

The problem began with innocent chats in 7<sup>th</sup> grade. She met many good people, and being that she was good looking, she was complimented for that.

But as usual, when a person is chatting or conversing with so many people online, sooner or later, a predator or two will appear. The most dangerous kinds are those individuals who pose as sincere, friendly, and 'willing to help' persons.

A total stranger was somehow able to convince Amanda to bare her breasts on camera. This resulted in blackmail, then a widespread viewing of her bare breasts.

Amanda soon began to suffer from anxiety, depression, and panic disorder; she also began to use drugs and alcohol. One year later, this same person used the bare-breasted image in his Face book profile image. Shockingly, there's more; this person contacted classmates at Amanda's new school; her parents had apparently moved to a new home.

The situation continued to worsen, resulting in Amanda trying to commit suicide by drinking bleach. She was revived.

Her failed suicide attempt was posted on Face book; her parents moved again. But the teasing and harassment continued. Amanda began to self-cut. Counselling and anti-depressants weren't enough to help Amanda. She hanged herself.

Amanda's mother, Carol Todd, founded the Amanda Todd Trust in the Royal Bank of Canada. Donations are used for anti-bullying awareness education and programs for young people with mental health problems.

Cyber bullying can be very devastating to the victim. Bullycide is the term used to describe bullying in general.

No doubt, Amanda's suicide was shocking to her mother, other family members, those individuals who stood by her, and the community at large.

A study conducted by Yale University showed that bullied victims were 2 to 9 times as likely to indicate that they have suicidal thoughts (suicide ideation).

- **MEGAN MEIER:** A 13 year-old girl from Dardenne Prairie, Missouri. In this particular case, Megan thought she was messaging a cute 16 year-old guy named Josh.

Apparently, Josh was really an adult female neighbour. A friendship was formed between Megan and her neighbour. Megan didn't even know that 'Josh' was a neighbour either. She was deceived from beginning to end, never discovering the true identity of the person who would eventually cyber bully her to death.

Soon, the situation became sour, with 'Josh' calling Megan 'a liar and a slut', 'the world would be a better place without her', and that 'he' didn't want to be Megan's friend anymore.

Megan hanged herself on October 17, 2006, the day after this 'friendship' ended. Shockingly, 'Josh' went to Megan's funeral before 'Josh's' true identity was discovered.

- **JEREMY LASSITER:** A 15 year-old freshman at Vasquez High School shot himself in the head on October 20, 2008. The suicide occurred in the school bathroom.

According to school sources, Jeremy was persistently bullied. Although he was nearly 6 ft. 4 in. tall and

large framed, he was passive, not harming anyone, even those persons that bullied him often.

Sexual orientation, especially for a young person can be an aggravating factor in suicide risk.

Suicide and attempted suicide rates are higher in the lesbian, gay, bisexual, and transgender (LGBT) communities than the general population.

The vast majority of the population is straight, and most cultures around the world are geared to this 'straight ethic'.

Laws against alternative lifestyles and 'coming out' are stressful for individuals. These laws often lead to increased depression, anxiety, drug and alcohol abuse, and mental distress in the LGBT community. Being a teen is often an aggravating factor. More so, being 'outed' not by choice but by some extenuating circumstances is excessively stressful. It may lead to suicide ideation or an actual attempt at suicide. The reaction of family, friends, and the community may help determine the response to the 'outing'.

Especially amongst teens, identity confusion, discrimination, embarrassment and humiliation, harassment, bullying, rejection by family and friends, and minority status are issues to be dealt with.

It's impossible to know exactly what percentage of any population falls under the LGBT categories. Depending on where the survey is conducted, closeted LGBTs, are just that. They keep their sexuality hidden.

#### SUICIDES OF LGBT TEENS:

- TYLER CLEMENTI : In September of 2010, Tyler, an 18 year-old gay Rutgers University Student jumped to his death (the George Washington Bridge) after being 'outed' by his roommate. Unlike most LGBT suicide cases, this particular case received much publicity likely because of the unusual, but not unique circumstances that resulted in Tyler's suicide. Dharun Ravi, Tyler's roommate, cunningly broadcast Tyler having gay sex over the internet. Although Ravi's friends claim that he's a good guy, whether Ravi was gay or not, he committed this particular act against Tyler. Although I do not support the LGBT lifestyle in any way, shape, or form, I feel disgust about what Ravi did. It's almost like broadcasting a person's actions in a toilet stool. The line of dignity and tact was crossed by a mile.

Being a student at Rutgers University, Ravi was certainly mature enough to know right from wrong. Under the circumstances, even if Tyler had been a heterosexual and the broadcasted act had been in a heterosexual content, the stress level it causes would be profound to say the least.

- **JAMIE HUBLEY:** 15 year-old of Ottawa, Ontario committed suicide in October 15, 2011. Jamie was openly gay, endured bullying throughout elementary school and into high school, and was suffering from depression. When Jamie was in seventh grade other teens attempted to stuff batteries down his throat on the school bus because he was a figure skater.
- **ZACH HARRINGTON:** Nineteen year-old committed suicide after hearing anti-gay rhetoric at a Norman, Oklahoma city council meeting. The reason for the meeting was to consider a proposal to designate October as LGBT History Month in Norman. Although the LGBT measure was passed by a majority vote, numerous attendees were against the measure. One of the attendees stated that he moved to Norman because he thought it was the kind of place that would never accept the LGBT community with open arms. Other members claimed that individuals within the LGBT would use the measure to infiltrate the school system; the 'gay lifestyle' would become part of the curriculum. A bi-racial woman stated that she was tired of the LGBT plight being compared to Civil Rights. Some attendees stated that recognition of October as LGBT month was a waste of their time. Some attendees went so far as to say that any person who voted for the measure would have a hard time getting re-elected. The anti-gay rhetoric heard by Zach was likely the last straw for him, not the entire cause of it.
- **JUSTIN LACY:** Eighteen year-old transgender shot and killed 'herself' days before 'her' 19<sup>th</sup> birthday. 'She' graduated from Buchanan High School in Clovis, California in 2009. In 2010, Justin began to live his life as a woman.

According to Justin's parents 'she' was accepted for who 'she' was by most of her peers. Justin's suicide resulted out of 'her' fear of being bullied.

A gender therapist or a therapist who has experience with or specializes in LGBT issues may be needed to prevent suicide within this particular group.

According to the Centers for Disease Control (CDC) suicide is the third leading cause of death for people 15 - 24 years of age.

Access to a firearm at home increases the likelihood of a suicide attempt. Three out of five suicides in the United States are committed with a firearm.

A teen may purchase dangerous drugs or trade one drug for another, needing the latter for a suicide attempt. The drugs may be carried on the person, hidden somewhere in his or her room, or placed inside a school locker.

Adolescent females attempt suicide twice as often as males. Females may overdose or self-cut (most self-cutters aren't suicidal).

A female who uses a firearm will likely shoot herself in the sternum or abdominal area. Males, on the other hand, shoot themselves in the head or shove the muzzle of the firearm into their mouth and then fire. This is why males are 4 times as likely as females to die in a suicide attempt.

Regardless of the reason for the suicide, this act inflicts a spiral of suffering beginning with immediate family members, extending to other relatives, peers, and to society as a whole. The suicide of a loved one can take a heavy toll on suicide survivors:

- SHOCK ANGER GUILT DESPAIR.
- "There are always two parties to a death; the person who dies and the survivors who are bereaved" (Historian Arnold Toynbee).
- The pain can be severe and unyielding.
- Depending on the particular culture, overall reaction may be excessively loud (wailing, loud crying, shouting, etc.), to a sad quietness.
- Why did he or she commit suicide; the question may be answered if a detailed suicide note was written.
- Suicide investigations are stressful for survivors. More so, if the police initially suspect that a close family member may have committed a murder, then later determine it was a suicide.



- The scene of the suicide may be gruesome and outright horrific.
- The suicide may occur at home.
- Calling 911 regarding a suicide is extremely stressful. Dispatchers can often sound cold and rough. The truth is, they're doing their job and they must get the facts straight.
- The 'suicide scene' may have to be cordoned off until it can be verified as such and not a homicide.
- Confusion.
- Stigma.
- Shame.
- Humiliation.
- PTSD.
- Frequent or occasional flashbacks.
- Nightmares or night terrors.
- Mental and/or physical breakdown.
- Gossip, criticism, and other prejudices by society in general.
- Knowing and understanding that no one knows 'how we feel'.
- Mental illness may occur, or intensified symptoms of pre-existing mental illnesses.
- Difficulty or a lessened ability to concentrate.
- Apathy.
- Physical illness.
- Feeling helpless; not being able to remove the pain.
- The horror of knowing that death is irreversible.
- Isolation from the rest of the community.
- Questioning; how much did he or she suffer from and before the act; what was he or she thinking of during the act.
- Feeling of being left behind.
- Some religions indicate that a person who commits suicide will go to hell or damnation. Mainstream Islam, Judaism, and Christianity are totally against suicide; 'our relative is going to hell'. Sometimes, relatives refuse to attend funeral services for a person who has committed suicide.
- Our relative has committed an immoral act.
- It came without warning.
- It's not fair.

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