TAPS
Institute for Hope and Healing

Understanding Why People Die by Suicide

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Tragedy Assistance Program for Survivors

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Learning objectives

Upon the conclusion of this presentation, it is intended that participants will:

- Gain a deeper understanding around the concept of suicide as being a complex phenomenon and a multi-factored event;
- Become familiar with some of the prominent theories, latest research, and facts, which help to better explain the suicidal mindset;
- Increase the ability to recognize some of the indicators, signs, and factors that often contribute to individuals being at risk for suicide;
- Acquire new insights and resources to safely help those at risk, as well as support those who have been impacted by suicide loss.

National Suicide Prevention Lifeline: 1-800-273-8255 or Text HOME to the Crisis Text Line at 741741

A note for survivors of loss or those at risk…

- For those at risk or for those who have lost a loved one to suicide, talking about "prevention" efforts and details around suicide might elicit or evoke different feelings or emotional responses; in this regard, the following content **may not** be helpful to some individuals.
- Information in this presentation will provide some common psychoeducational information, contributing factors, and theories surrounding suicide, but will not speak to exact scenarios, address grief, and cannot give anyone the precise answers as to why their loved one died by suicide.
- Learning new information today **does not mean** you should hold yourself responsible for something you did (or did not do) in the past.

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A note for survivors of loss or those at risk…

- It is common to reflect back or wonder why more wasn't done to help. Some may struggle with self-blame; we may be angry if these efforts were not offered to our loved ones; we may have feelings of regret of how we didn't know then what we have come to know now.
- If you need support after the presentation, TAPS, along with other resources, will be here to help.
- **If you, or someone you know, may be at risk for suicide, please seek immediate help by:**
- **calling the National Prevention Lifeline at 800-273-8255**
- **calling 911**
- **going to the nearest emergency room.**

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When someone we love and care for dies by suicide:

- It can be overwhelming, confusing, and bring with it many emotions and questions.
- Those impacted by suicide often struggle with how, and if, their life will ever fit back together again, which often includes an endless list of questions around "why and how" this could have happened.
- Society as a whole also seeks an understanding around the nature of suicide: "What happened…"

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When someone we love and care for dies by suicide:

- While we may never get the exact answers we seek, understanding more around this subject matter can often help survivors of loss as they heal through the grieving process.
- Researchers and suicidologists have come to learn valuable information about people at risk and the suicidal mind explained by the prominent theories around why people die by suicide. This understanding often comes from exploring some of the contributories and risk factors, which can coincide together and result in suicide (and much of this information is learned from attempt survivors and people at risk).

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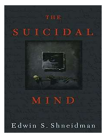
Understanding the Suicidal Mind (Shneidman)



Dr. Edwin Shneidman (cofounder of the American Association of Suicidology) explained what he referred to as some of the psychological commonalities of suicide

- The common purpose of suicide is to seek a solution: A suicidal person is seeking a solution to a problem that is generating intense suffering within themselves.
- The common stimulus of suicide is "psychological pain." Shneidman referred to it as "psychache," including intolerable emotion, unbearable pain, and unacceptable anguish.
- Common emotions of suicide are hopelessness and helplessness: A person at risk for suicide often feels despondent and utterly unsalvageable.
- The common cognitive state of suicide is ambivalence: Shneidman claimed that suicidal people "wished to die and they simultaneously wish to be rescued."

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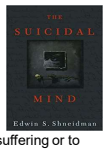
Understanding the Suicidal Mind (Shneidman) continued



- The mind of a suicidal person is constricted in its ability to perceive options, and in fact, mistakenly believes there are only two choices: either to continue suffering or to die.
- The common action in suicide is escape: Shneidman referred to it as the ultimate "egression" (another term for escaping).
- He referred to "communication of intention," where individuals intent on suicide might emit clues of intention, signals of distress, whimpers of helplessness, or pleas for intervention.
- A pattern in suicide can be consistent with lifelong styles of coping, which could serve as a clue to how people at risk might deal with a present crisis.

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"The Interpersonal Theory of Suicide"

- Joiner's "Interpersonal Theory of Suicide" (2005) better explains why some individuals may engage in suicidal behavior.
- Difference between thoughts and actions (ideation vs. intent)
- Joiner's theory includes three main components that, when converged, can result in suicide behavior or death.
- Proposes that individuals have had personal experiences, occurring over a period of time, that may lead to a weakened fear around death; these individuals are more likely to make a subsequent attempt at suicide or die by suicide.

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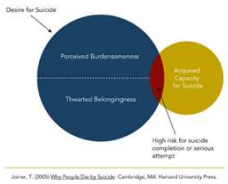
"The Interpersonal Theory of Suicide" (Joiner)



- Two major components are: the desire for suicide or to die ("I am not afraid to die") and the capacity or ability for self-harm.
- Desire for suicide: (blue section) includes the two main elements: Perceived Burdensomeness ("I am a burden) and Thwarted Belongingness ("I am alone")
- Acquired Capacity for Suicide: (yellow section) includes fearlessness of dying
- Conclusion: the feelings of loneliness and being a burden to others, combined with the ability for self-harm, create a fatal combination necessary for suicide behavior or death to occur (the cross section in red).

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Risk factors

The following factors can potentially place people at higher risk for suicide:

- ❑ Previous suicide attempt, suicide ideation, having a plan, level of intent
- ❑ Feelings of hopelessness, helplessness, and burdensomeness
- ❑ Alcohol and/or substance abuse
- ❑ Impulsive behaviors or lack of self-control
- ❑ Relationship problems (family conflict, separation, divorce)
- ❑ Legal, financial, or occupational struggles (such as unemployment from disability)
- ❑ Trauma exposure (life events, combat, specialty occupation, etc.)

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Risk factors, continued

- ❑ Recent discharge/separation from military, with decrease in normal support system
- ❑ History of abuse or violence (physical, sexual, emotional)
- ❑ Family history of suicide or mental illness
- ❑ Health problems (chronic pain, illness, injury, medical, or mental health diagnoses)
- ❑ Access to means (e.g. firearms, rope, knives, hoarding medications)
- ❑ Death of a loved one, friend, or colleague

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Warning signs or symptoms

- ❑ Threatening to harm or kill one's self (or others)
- ❑ Talking about death or relating strongly with other suicides
- ❑ Expressing feelings of the situation being unfixable or beyond help
- ❑ Talks about being a burden ("everyone would be better off without me")
- ❑ Isolation/withdrawal/loneliness ("I'm all alone," "nobody understands")

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Warning signs or symptoms, continued

- ❑ Mood or behavioral changes (appears sad or depressed, manic or uncontrollable, anxiety, reckless or self-destructive behavior)
- ❑ Lacks a sense of meaning or purpose in life
- ❑ Sleep disturbances (insomnia, sleeping all of the time, unable to get out of bed, and/or lethargic)
- ❑ Agitation, aggression, or irritability
- ❑ Increased substance use (self-medicating to numb the pain)

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Myths about suicide (and the facts)

- "Talking about suicide increases likelihood or causes it to happen."
  (Talking increases likelihood people will seek help; the risk is in NOT asking.)
- "People who talk about killing themselves don't really mean it."
  (Every threat must be taken seriously, and people want to be heard.)
- "Suicidal people just want to die."
  (The majority of people at risk are ambivalent about death; they want to end the pain.)
- "Suicide rates peak around the holiday season."
  (The highest rates are in May and June, with Monday and Tuesday being peak days.)
- "Suicide attempts are just for attention; the person didn't really mean it."
  (People in crisis do need attention, and care should be given to any and all attempts.)
- "People at risk for suicide give no warnings."
  (**In the lookback**, the majority of people who died by suicide gave some indication or warning signs. Many who may be considering suicide will tell clinicians *when asked about suicide* and are often relieved to be asked. Contradictory statements/behavior are common.)

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Myths about suicide (and the facts)

- "Depression is the only cause for suicide."
  (Many factors and possible mental health issues can contribute to suicide, such as depression and bipolar, PTSD, addiction, TBI, and other mental health diagnoses.)
- "Suicide results from people who are weak or of poor moral character."
  (The vast majority of those who died by suicide had an untreated mental illness(es), and more than half had depression, which is a treatable medical illness caused by changes in brain chemistry.)
- "A suicide gene is inherited or 'runs in families.'"
  (Just as with any other disease, a family history can place someone at increased risk; early detection and treatment can be preventative.)
- "If someone really wants to die, it is inevitable and cannot be prevented."
  (The majority of serious suicide attempters do not go on to die by suicide; many are at risk for only for a short amount of time, so help can be life-saving.)

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What can be done to help

- Be proactive
- Gain education, awareness, understanding (support groups, counseling, peer support, Psychological Autopsy Investigation)
- Know the resources

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Resources

AMERICAN ASSOCIATION OF SUICIDOLOGY

AMERICAN FOUNDATION FOR Suicide Prevention

SPRC • Suicide Prevention Resource Center
Promoting a public health approach to suicide prevention

IASP
International Association for Suicide Prevention (IASP)

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK
www.suicidepreventionlifeline.org

Crisis Text Line
Text a trained crisis counselor, 24/7.
Always CONFIDENTIAL.
Always FREE.
Need Help Now?
TEXT "START" TO 741-741

Veterans Crisis Line
1-800-273-8255 PRESS 1
or text to: 838255
U.S. Department of Veterans Affairs

BeThere
Peer Support Call and Outreach Center
Call: 844-357-PEER (7337)
Text: 480-360-6188
BeTherePeerSupport.org

VETS4WARRIORS
855-838-8255
Vets4Warriors.com

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What can be done to help

- Join forces and create partnerships
- Advocate and share your story (strategically and safely)
- Prevention and Intervention efforts and training (C-SSRS, ASIST, QPR, Mental Health First Aid)
- Know that postvention efforts lead to prevention

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Bereavement counseling information

- Hospice Foundation of America: www.hospicefoundation.org
- Association for Death Education and Counseling www.adec.org
- The Dougy Center: www.dougy.org
- Give An Hour: www.giveanhour.org
- Cohen Veterans Network: www.cohenveteransnetwork.org
- Home Base Programs: www.homebase.org
- Vet Center Program: www.vetcenter.va.gov
- Military One Source: www.militaryonesource.mil

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About the TAPS Institute for Hope and Healing

Through an alliance with Hospice Foundation of America, the TAPS Institute for Hope and Healing serves as a resource and training center, providing programs for both professionals working in the field of grief and loss and the public. The TAPS Institute for Hope and Healing was launched in March 2018.

TAPS Institute for Hope and Healing

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Contact information

If you have a concern about a loved one in crisis, utilize the resources on slides 18 and 20.

If you are in immediate crisis, please contact the National Suicide Prevention Lifeline at 800-273-8255.

For military survivors who have lost a service member, or to learn more about TAPS support and other services, contact Info@TAPS.org.

For information about today's webinar or other TAPS Institute programs, contact Institute@TAPS.org.

Upcoming TAPS Institute programs

- August 7 — *Understanding Children's Grief**
  - Live Webinar; 12 - 1:30 p.m. ET
  - Presenters: **Vicki Jay**, CEO, National Alliance for Grieving Children and **Bob Arrington**, Chair, Funeral Service Foundation, Arrington Funeral Directors
- August 21 — *#grief: Social Media and Mourning*†*
  - Live Webinar; 12 - 1:30 p.m. ET
  - Presenters: **Kelly Rossetto**, PhD, Assistant Professor, Boise State University and **Alesia Alexander**, LCSW, CT, CEO & National Program Director, Comfort Zone Camp
- August 23 — *Coping with Grief, Reaching Out for Support*
  - Live Webinar; 12 - 1:30 p.m. ET
  - Presenters: **Heidi Horsley**, PSYD, LMSW, MS, Co-founder, Open to Hope and **Debbie Rambis**, Executive Director, The Compassionate Friends
  - Moderator: **Gloria Horsley**, PhD, MS, CNS, Co-founder, Open to Hope

** Continuing Education Available*
† Program in partnership with Hospice Foundation of America

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