

A SUICIDE STATE OF MIND

What were they thinking???

This is unimaginable! I cannot even begin to understand what he could have been thinking when he chose to take his life. Why would he do this?



- Every suicide is different. Studies of suicide suggest that intense psychological pain and extreme feelings of hopelessness play a role.
- Psychological pain can come about when someone either has a mental illness or when there is a seemingly irresolvable and totally frustrating life situation. This may be a compelling personal or interpersonal problem, a financial or job loss, or something else. Whatever the nature of this problem, it is something that an individual may find devastating and something they feel cannot be resolved.
- Coping and problem-solving skills are not enough, and self-esteem and control breakdown. This brings about hopelessness. Psychological pain may become so unbearable that someone may believe (wrongly) that it can only be stopped by death. This is when a suicide may happen.
- The tragedy of suicide is that a person may not realize the pain is only temporary. They just want this pain to end. Suicide is a permanent solution to a temporary problem.
- Suicide risk is increased by drinking or using drugs. These lessen inhibitions, impair judgment, increase depression, and heighten impulsiveness. This makes thoughts of suicide more likely and makes things seem much worse.
- Suicide is not predictable. We can sometimes determine if someone may be suicidal, but we cannot tell if, when, or how they may attempt suicide. Suicide is generally the outcome of a process over time and infrequently the result of a single recent experience.
- While there are several distinct warning signs, not all suicidal individuals show any signs of their risk or danger. Even when there is concern, it is very hard to accept and realize that someone you know so well is in danger of suicide.



- Being life-affirming makes it hard to recognize the opposite state in others. It is hard for us to believe that someone that we care for dearly, someone that we would do anything for, may be suicidal. This may happen with those who have made previous suicide attempts. We wanted to believe that our loved one or friend was no longer at risk.
- Few of those who attempt suicide go on to complete suicide, but no one can tell for sure who will.
- Some individuals are chronically suicidal. They are constantly troubled by suicidal thoughts and make frequent threats. They may not make an attempt or harm themselves in any way, but their danger may be growing. Those around them may not realize they were at risk until they complete suicide.
- Some people find it very hard to ask for help. Suicidal individuals often believe that they are a great burden to others. This may cause them to not say anything to those they most care for.
- Some may feel shame at being suicidal. While suicide bears less stigma than in the past, it is still stigmatized, and many suicidal individuals stigmatize themselves. Personal and religious beliefs may also cause them to keep their feelings to themselves.
- Psychological pain is distracting and consuming. It makes its sufferers feel self-centered and believe they are disconnected from those around them. Severe pain takes away this sense of control and the sense that anything can be done about it.
- Being suicidal may distance those feeling this way from those who care about them. Most suicidal individuals do not really want to die. They want to end the pain and hopelessness. Many who complete suicide struggle with this contradiction to the end.
- Suicide is also related to changes in the brain and to chemical imbalances. These factors may override the ability to reach out, may increase impulsivity, or may lower resistance to self-harm.
- The incidence of suicide is high among those suffering from major depression, bipolar disorder, and schizophrenia. However, while mental illness is a risk factor for suicide, it is not a cause. People without mental illness also complete suicide.
- Other serious risk factors include abuse, trauma, alcohol or drug use, poor problem-solving, undertreatment, a history of suicidality, social isolation, and chronic illness. Suicide is more common among those with mental illness because they experience more risk factors.
- Often, a person's thought processes become distorted. They would likely not choose suicide if they could think more clearly and see other options to end their pain. Reports show that about 40% of suicide victims had a known history of mental illness. Many more had an undiagnosed mental illness.
- Just because the one we lost did not or could not share their anguish does not mean that he or she didn't care for those now suffering because of their loss. Tunnel vision is part of being suicidal as these individuals are often so caught up in their own pain that they could not think beyond that to see who they would be leaving behind.

