

# Suicidal Behaviour

Eight out of ten people who kill themselves have given definite clues as to their intentions.

Suicidal people are often undecided about living or dying. They often give clues and then “gamble” on whether or not they will be saved.

## Emotional Clues

- Depressed and sad
- Mood change (depressed to elated or vice versa)
- Tearful
- Sullen
- Quiet, withdrawn
- Inability to concentrate, agitated
- Feelings of hopelessness, worthlessness, self-hate

## Behavioral Clues

- Sudden change in behaviour
- Giving away favorite possessions
- Drug and/or alcohol abuse
- Thanking people for their kindnesses, settling affairs, tying up loose ends, writing goodbye letters
- Previous suicide attempt by themselves, family members or friends

## Physical Clues

- Loss of interest in appearance
- Loss of interest in friends, activities, and/or intimate (or sexual) relationships
- Loss of energy
- Poor sleep habits (either sleeping all the time or hardly ever sleeping)
- Weight gain or loss

## Verbal Clues

- No longer communicating effectively with other
- Speaks of not being here in the future: e.g. “They’d be better off without me” or “You won’t have to worry about me much longer”
- A noticeable absence of any future in conversation
- Asks questions about dying
- Talks openly about suicide
- Talks of issues related to sexual or gender identity; in particular about being gay/lesbian
- Talks of identity or cultural conflicts that lead to such beliefs as “I don’t know who I am” or “I’m different and don’t fit in anywhere”.

# Suicidal Behaviour

Learn the clues to suicide:

## Verbal:

- “You won’t have to worry about me much longer”
- “It’s not worthwhile getting up in the morning”
- “I’m going to kill myself”
- “They’ll be sort when I’m not around any longer”

## Behavioral:

- Person becomes a loner
- Increased use of drugs/alcohol
- Lack of attention to personal habits or appearance
- Change in sleeping/eating habits

## Situational:

- Loss of loved one
- Failure at school/job/goal
- Major life change

## The Core Danger Signs

If you observe clues that lead you to suspect someone may be suicidal it is imperative that you check it out in more detail. Persons of any age in crisis may be at greater risk of making an attempt if they have:

- Experienced the loss of a friend or family member, or even the threat of a loss, through serious illness, divorce, quarrel, move to another city etc.
- Experienced the loss of self-esteem through failure or rejection
- Made a suicide attempt or gesture in the past
- Discussed or threatened suicide
- Made specific plans to commit suicide
- A method at hand, e.g. pills, gun etc.
- Given away important personal possessions
- Been pre-occupied with death
- Known someone else who has committed suicide

It can be difficult to acknowledge clues that seem to indicate that a person you know may be planning to kill him/herself. But it can be tragic to disregard them.

## How You Can Help

1. Learn the clues to suicide
2. Encourage a person exhibiting some of these clues to talk about his/her feelings, problems and life dilemmas
3. Involve yourself, talk about details of the plan, but do not try to probe into the area of unconscious motivation
4. Solicit the help of others – don’t try to carry the heavy emotional weight yourself.

In most societies, suicide is still often a taboo subject, so when persons who are feeling suicidal try to talk about their feelings of desperation, hopelessness and alienation, there is often no one there who can really hear their pain.

When such feelings are shared and accepted, they can be lived with and eventually overcome. If they are ignored or denied, the person may feel no recourse but to “show the world” how serious they are about committing a suicidal act.

If someone you know is threatening suicide or showing signs of feeling suicidal, your reaction and course of action could make the difference between life and death.

**The following steps are important to remember:**

- Trust yourself. Believe your suspicions. Say something. The suicidal person may be so convinced that no one cares that he/she may reject your initial overtures. Be persistent. Keep saying things like: “I see what you are doing and how much you are hurting. I’m concerned about you. I want to talk. I want to hear what’s going on with you.”
- Be a good listener. Communicate your concern for his/her well-being by offering to listen. Good listening is more than just listening quietly. It means you can be supportive without being judgmental. It means accepting his/her feelings as his/her truth, no matter how irrational they might appear to you. It means that you are comfortable enough with your own feelings to set them aside and listen to his/hers.
- Be direct. Talk about suicide and death openly. Ask the person specifically if he/she is thinking about suicide. It is a myth that if you talk with someone about their suicidal feelings this will encourage them to commit the act. If you are vague, the suicidal person will be vague, believing that it’s not okay to talk about these subjects. Avoiding feelings does not make them go away. But allowing people to say what is already on their minds can be the first step to ending their isolation.

Once you have won a suicidal person’s confidence, it is important to assess the degree of risk. Here are some key questions you might ask:

- 1) Have you been thinking about harming yourself? How would you do that?
- 2) Have you been thinking about taking your life? Do you have a plan?
- 3) Do you have the means available?
- 4) Have you ever attempted suicide in the past?
- 5) What has been keeping you alive so far?
- 6) What’s your hurry? Why do it now?
- 7) What does the future hold in store for you?
- 8) Who would be most affected if you killed yourself?

In situations where you have assessed a high degree of risk, it is essential that you get professional help. It is okay to be assertive. People who are seriously suicidal are often in a highly suggestive state. If they feel your concern and clarity, they are likely to respond to your support and direction. This does not mean that you are responsible for their lives. Your task is to prepare them for further support or professional counseling.

If a friend or acquaintance requests your confidence, explore his/her need for secrecy. But never promise to conceal his/her suicidal condition. For children or youth, families must be contacted when a suicide potential arises. Once the family has been notified, then an appointment with a psychologist or a counselor should be arranged.

## **Remember:**

- Stay with them or arrange for someone to be there.
- Remove lethal weapons or other methods on hand.
- Get help – don't try to carry this responsibility alone.
- Above all, have the courage to act. It is worth the risk of “over-reacting” if it averts a tragedy.

Suicide is not something we can leave to the experts; there are not enough experts to go around. We are all qualified when it comes to human caring.

## **Suicide Facts to Dispel Common Myths**

It is no longer against the law in Canada to kill oneself. It is however, against the law to counsel or aid a person in suicide.

Persons who attempt suicide might eventually kill themselves. This might happen “accidentally” or through a determined effort to be successful.

Talking to a person about suicide will not encourage them to go through with it. Accepting their feelings of hopelessness will help them work through the crisis.

Family responsibilities do not prevent suicide. This person may feel that anybody is better for the kids than they are.

The person who jokes about suicide might be deadly serious. It does no harm to check this out and let them know that you will listen to them.

Suicide does not “run” in families. However, the grieving period places a heavy burden on the survivors. It is not unusual for more than one person in a family to kill themselves.

Suicide is neither a rich man's disease nor a poor man's curse. It is common through all levels of society.

Stories of hundreds of genuine suicide notes indicate that although the suicidal person is extremely unhappy, they are not mentally ill. They may be apprehended under Section 24 or the Mental Health Act for their own protection. This will allow the police to transport the suicidal person against their will to medical facilities.

Improvement following a suicidal crisis does not mean the risk is over. Most suicides occur within about three months of such “improvement” - when the individual has the energy to put his morbid thoughts and feelings into action. It is necessary to be especially vigilant during this period.

Once a person is suicidal, they are not suicidal forever. Happily, individuals who want to kill themselves are “suicidal” for only a limited time. If saved from self-destruction, they can go on to lead useful lives.

**Remember:** When giving help to others, it is important to get support for yourself.

## **Survivors of Suicide Pamphlet**

The death of someone close to you is one of life's most stressful events. When the death is by suicide, family and friends must cope with sadness at the loss plus all the conflicting feelings of anger, guilt, confusion, and sometimes relief that their loved one is no longer in pain. Then there are the **WHY**'s that will never be answered.

It takes time to heal and each of us grieves in our own way. We may need help to cope with the trauma and unexpected changes in our lives. Coping effectively with our grief becomes vital to our physical and mental health.

If someone close to you has died by suicide, we hope that this information from our Survivors' pamphlet will help you, as a survivor of a suicide loss, to understand that you are not alone and that help is available.

### **Why Suicide?**

Approximately one in four people will know someone who has died by suicide. The deceased leaves behind a network of family and friends who have to cope with the same inner turmoil that you are attempting to understand and cope with right now.

People of all ages die by suicide; men, women and children; the rich and the poor. No one is immune to this tragedy.

Why would anyone choose to end their life? Researchers who have been searching for this answer believe that people who take their own lives have felt trapped by what they perceive as a hopeless situation. Whatever the reality, whatever amount of emotional support provided, they felt isolated and cut off from life. Even if no physical illness was present, individuals who die by suicide feel intense emotional pain, anguish, despair and hopelessness.

### **Am I to Blame?**

No, you are not to blame. After a suicide, family and friends often revisit the pre-death circumstances and events, blaming themselves for things they think they should or should not have done. "If only I had done..." or "If only I had said or not said..."

Even though suicide is an individual decision, it is normal for the bereaved to feel tremendous guilt and sense of responsibility. For those left behind it may be a time to seek bereavement counseling or group support to work through these difficult feelings.

## **Bereavement After a Suicide**

Grief is a process and is the work we do to come to terms with our loss. Grief is not a single emotion, but it is a combination of many. Just as there are many ways to express our grief, there are many ways to come to terms with our grief.

Shock and disbelief, physical and emotional numbness, are often the first reactions. Confusion and forgetfulness are also common. Denial can be powerful and is often a necessary cushion to the full impact of the loss.

Gradually denial gives way to feelings such as anger, guilt, shame and self-blame. Unanswerable questions arise. This is the time it may be important to ask these questions and to openly and safely express your feelings.

Experiencing many different and conflicting emotions is a natural part of the grief process. You may find yourself moving through waves of emotion while learning to understand, cope and adjust to your loss. At times you may feel overwhelmed by the intensity of these feelings, but all your feelings are normal. You may feel that you are going crazy. You are not, you are in mourning.

Over time, these emotions will become less intense and you will gradually feel ready to re-enter the mainstream of life. You will not want to lose your cherished memories of the person who has died, and you won't. This is the time when many people begin to restore lost connections, make new contacts, and set new goals.

The length of time necessary to grieve will vary from person to person, so be patient with yourself and with others. The suicide grief process can be complicated and challenging. Remember, there is hope. Know that you can survive. You may not think so right now, but you can.

## **What About the Family?**

It is important to realize that not all members of the family will grieve in the same way at the same time. Each person will need room and understanding while moving through their own grief process.

Children experience many of the same feelings of adult grief. Be honest with them about the cause of death, otherwise, they will re-experience their grief when they learn the truth. Remind them that they are still loved by sharing your thoughts and feelings with them and asking them to share theirs with you. Children may also need outside help in dealing with the death.

## **How Will Friends React?**

Generally, friends are well meaning. They want to give support, but they may not know how. They may be afraid that they will overwhelm you or think that you want to be alone. They may be confused about what to say or do. Guide them. Telling your friends what you want and need from them will help both you and your friends support each other through this difficult time.

## Recommended Reading and Websites

### Books:

- **How to Go On Living When Someone You Love Dies**, Therese Rando
- **Beyond Grief: A Guide For Recovering From The Death Of A Loved One**, Carol Staudacher
- **Silent Grief: Living In The Wake of Suicide**, C. Lukas & H.M. Seiden
- **Bereaved Children And Teens**, Earl Grollman
- **Men & Grief**, Carol Staudacher
- **Cry of Pain: Understanding Suicide**, M. Williams
- **Making Meaning Of The Madness**, Dan Lundine
- **My Son, My Son: A Guide To Healing After Death, Loss Or Suicide**, Iris Bolton

### Websites:

A.A.S. – American Association of Suicidology

<http://www.suicidology.org>

C.A.S.P. – Canadian Association for Suicide Prevention

<http://www.suicideprevention.ca/main.html> or email

[casp@suicideprevention.ca](mailto:casp@suicideprevention.ca)

S.I.E.C. – Suicide Information & Education Centre

<http://www.suicideinfo.ca>

## NEED Crisis and Information Line

### Mission Statement

**NEED** offers a continuous, confidential, anonymous telephone service delivered through the concern and respect of professionally trained, caring volunteers.

**NEED** is committed to serving people by offering emotional support, crisis intervention, suicide prevention and information on community services.

If you are bereaved and feel you need more assistance than friends and family can provide, you are not alone. Help is available. **NEED** Crisis Line will provide 24 hours a day, 7 days a week:

- Immediate emotional support.
- Community resource information.
- Resource information on a range of bereavement support services for survivors of suicide – individuals, their families and friends.