



# Suicide: Listening to Stories of Pain

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# Case 1

- **Female, 28, poet/Sunstar daily writer. Mother of 1 girl. At 18, has been diagnosed by a “psychiatrist” intern/lover as having dysthymia. Saw her sister attempt suicide by hanging when she was 6. Mother was a BPD. Father left because of mother’s erratic behavior. Female subject got married at 20. Cries during family (husband’s side) gatherings. Solitary life. Scuba dives. Fantasizes taking off oxygen and just drift into the dark; driving off a cliff.**



## Case 2


- **Female 42, found husband to have a string of affairs. Almost immediately and upon prodding of priests, forgives husband. Renews vows, goes on to 2<sup>nd</sup> honeymoon and a couple of months later resumes their daily business. Quiet for 4 months. Then attempts suicide by overdosing. As a child, father was extremely controlling, moralistic, pontificating, judgmental. Mother was verbally abused as well. She recalls having been called a prostitute by father for just being late coming home.**

# The act of taking one's own life:

## Assumptions

- **Most people who commit suicide are ambivalent about taking their own lives.**
- **An irreversible choice that is made when the person is alone and in a state of severe psychological distress; a state of hopelessness**
- **Made when the person is unable to see his or her problems objectively or to evaluate alternative courses of action.**
- **To the ones left behind this becomes a seemingly senseless death of a person who may be ambivalent about living or who doesn't really want to die.**



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- **Another tragic fact is the distress of the people left behind.**
  - **As Shneidman put it “The person who commits suicide puts his psychological skeleton in the survivor’s emotional closet...”**
  - **Family members are often the cause of much of the stress that suicidal individuals experience, and they are the resources that may be unavailable to the suicidal individual**



# Some statistics

- **2.5 Filipino males and 1.7 females committed suicide for every 100,000 population**
- **the average Filipino suicide attempter is female (although males are more likely to succeed in killing themselves).**
- **She is between the ages of 22 and 30, single, has a high school diploma, and is unemployed**
- **The most likely method chosen would be poisoning, the most likely trigger an interpersonal conflict or a relationship problem**
- **Substance abuse is strongly linked to suicidal behaviour. A survey of suicide attempters showed that a large number of them tested positive for alcohol and methamphetamine hydrochloride (Pascual, WHO)**



# Means

<b>Suicide by:</b>	<b>Males (%)</b>	<b>Females (%)</b>
Firearms	57	32
Suffocation	23	20
Poisoning	13	38




# Some associated variables

- **Suicide rates are higher in the divorced and widowed than in single people, who in turn have higher suicide rates than married people**
- **Even though those who are married have lower suicide rates than those in other marital statuses, Walter Gove (1972) has documented that marriage is more beneficial for men than for women, in that the reduction in the suicide rate (and also in rates of psychiatric disturbance) is greater for married men than for married women**
- **Abuse of children, both physically and sexually, appears to result in an increase in later suicidal behavior as well as other psychiatric disorders and symptoms.**
- **Loss of parents during childhood, especially between the ages of six and sixteen, increases the risk of suicide.**
- **Suicidal behavior in family members increases the risk of suicide in other family members**




# Paradoxical observation

- **Although people also commit suicide for reasons other than depression, most who complete the act do so during or in the recovery phase of a depressive episode.**



Based on statistics. . . The following assessment of suicide risk is presented

1. *Direct verbal warning*
2. *Plan*
3. *Past attempts* (about 80% of completed suicides were preceded by past attempts)
4. *Indirect statements and behavioral signs*
5. *Depression* (20 x greater than normal population); the strongest predictor of suicide
6. *Hopelessness and Pessimism*
7. *Intoxication*

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- 8. Sex (risk is two to three times for men than for women); although women are 3 times more likely to attempt**
  - 9. Age. At least 2/3 of suicide attempters are under 35. Risk increases with age. Among attempters above 65 higher risk of completed suicide than those under 65.**
  - 10. Living Alone**
  - 11. Bereavement**
  - 12. Unemployment**
  - 13. Illness**
  - 14. Impulsivity**
  - 15. Rigid Thinking**
  - 16. General Stressful life event**
  - 17. Lack of a sense of belonging.**



# Easy to Remember Signs: IS PATH WARM?

- **I**deations
- **S**ubstance abuse
- **P**urposelessness
- **A**nxiety
- **T**rapped
- **H**opelessness
- **W**ithdrawal
- **A**nger
- **R**ecklessness
- **M**ood change



# Community Interventions

- Broad-level population strategies, which are aimed at promoting youth resilience and strengthening their social environments, are an important aspect of any youth suicide prevention strategy.
- Increasing the capacity of individuals, families, schools and communities to detect potential suicide risk through high quality education and awareness efforts is a key aspect of youth suicide prevention work.
- Being familiar with effective clinical interventions for youth who are struggling with suicide ideation and/or who have already made a suicide attempt, which includes collaborating with family members and other care providers, is a key component of ethical and effective clinical practice.
- Knowing which strategies and approaches to employ following a youth death by suicide in a school or community is an important consideration for reducing risks for imitative suicidal behavior and promoting healing and assisting after a suicide.
- Child and youth mental health practitioners and their community partners can make an ongoing commitment to enhancing and sustaining their local youth suicide prevention practices by engaging in a series of system-level support strategies. These include: ongoing professional development for clinical staff; leadership, planning and service coordination; multi-sectoral coalition-building; developing proactive policies and protocols; and setting goals, monitoring progress and incorporating new learning.



# Contagion (aka cluster suicides)

- **Contagion refers to the observed phenomenon of one person's suicide leading to other suicides, often referred to as imitative or "copy-cat suicides." In such cases, the initial suicide appears to have a triggering effect on some specific individuals, especially those who have pre-existing vulnerabilities, including for example: a history of suicidal behavior, depression, and those who have perceived similarities to the person who died**



# Strategies for Minimizing Contagion

- **Avoid romanticizing someone who has died by suicide**
- **Educate reporters about the importance of responsible media reporting**
- **Identify potentially high risk individuals (e.g. friends of the person who died by suicide and/or those with previous suicidal behavior)**
- **Assess and provide active follow-up to those identified at high risk**
- **Notify family members of the need to be vigilant, since suicidality can fluctuate**

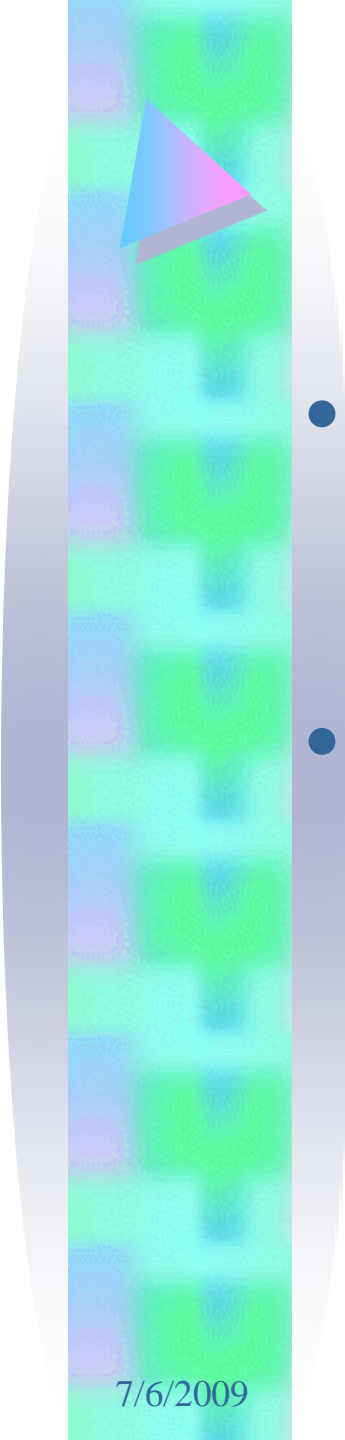


- **Facebook and Contagion**



# Transactional Analysis and Suicide

- **Messages and their Ulterior meanings**
- **Father to a son who attempted suicide: "Next time pick a higher bridge."**
- **Or a wife whose 70-year-old husband said to her, "If I had a gun, I'd shoot myself," replied, "I'll buy you a gun." He used pills a few days later instead.**
- **A father said to his 17-year-old daughter, "We'd all be better off if you were dead. At least we'd know where you are."**
- **Or the Ateneo student who jumped from the 3<sup>rd</sup> floor down.**

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- **While there are things worth dying for, there is nothing worth killing one's self for. . .**
  - **So how do we become ambassadors of hope?**