

Suicide Prevention: Understanding Why

by Celine Kennelly

Unfortunately, suicide is a growing part of Irish life today - at home in Ireland and wherever Irish people live in the world. One could almost say that it has become part of the Irish psyche over the past ten / fifteen years. Always a nation of deep thinkers, we seem to have developed an inability to deal with many of the inner turmoils that over centuries has inspired so many of our great writers and poets. We have lost the ability to find a way to deal with the demons that can manifest and ultimately can be overcome through therapy, medication and a sharing of burdens.

No matter how many people you know that have chosen this path, it never gets easier to hear about, to accept, to understand. It just leaves us once again full of questions - why did they do it, how did life become so bad, when did this become the only option, why didn't I see it coming.

None of us can expect to be able to see the inner workings of another's mind, but we can all start to develop an understanding of the common traits and patterns and eventually the outward signs and characteristics of one who is living a life of despair. Having an understanding of how the suicidal mind works may give us a better chance of being able to help a friend/loved one/family member to come out of that dark place and see a bright future.

As Ethel mentioned last month, the Coalition of Irish Immigration Centers met in April in Seattle, Washington to address the growing crisis of suicide in Irish Immigrant communities in the United States. The conference opened with a full day seminar and workshop led by Liam McCarthy and Josephine Murphy, co-founders of the Personal Counseling Institute (PCI) College, Dublin. Liam and Josephine are considered leading figures in the field of counseling and adult education in Ireland, particularly in the area of suicide.

In order to help us to understand the thought process behind suicide, Liam and Josephine worked through the 'Ten Commonalities of Suicide' as outlined by Edwin Shneidman, a clinical psychologist who is a leading authority on suicide, described ten characteristics that are commonly associated with completed suicide. His work is further defined by Thomas F. Oltmanns, Robert E. Emery of the University of Virginia.

We learned it is essential to understand the common characteristics if we are to be of help in preventing someone from taking their own life:

1. The common purpose of suicide is to seek a solution.

Suicide is not a pointless or random act. To people who think about ending their own lives, suicide represents an answer to an otherwise insoluble problem or a way out of some unbearable dilemma. It is a choice that is somehow preferable to another set of dreaded circumstances, emotional distress, or disability, which the person fears more than death.

Attraction to suicide as a potential solution may be increased by a family history of similar behavior. If someone else whom the person admired or cared for has committed suicide, then the person is more likely to do so. Unfortunately, we see this all too often with young people.

2. The common goal of suicide is cessation of consciousness.

People who commit suicide seek the end of the conscious experience, which to them has become an endless stream of distressing thoughts with which they are preoccupied. They can't get them out of their minds and so suicide offers oblivion and an end to these thoughts that torment them.

3. The common stimulus (or information input) in suicide is intolerable psychological pain.

Excruciating negative emotions - including shame, guilt, anger, fear, and sadness - frequently serve as the foundation for self-destructive behavior. As with the never ending stream of thoughts, they seek a solution to end the emotional pain that they can't escape.

4. The common stressor in suicide is frustrated psychological needs.

People with high standards and expectations are especially vulnerable to ideas of suicide when progress toward these goals is suddenly delayed or ended. People who attribute failure or disappointment to their own shortcomings may come to view themselves as worthless, incompetent or unlovable.

Family turmoil is an especially important source of frustration to adolescents. Occupational and interpersonal difficulties frequently precipitate suicide among adults.

5. The common emotion in suicide is hopelessness-helplessness.

An all-encompassing sense of hopelessness for the future is an important sign in predicting suicidal behavior. The suicidal person is convinced that absolutely nothing can be done to improve his or her situation; neither they nor anyone else can help.

6. The common internal attitude in suicide is ambivalence.

Most people who contemplate suicide, including those who eventually kill themselves, are unsure about this decision. They are sincere in their desire to die, but they simultaneously wish that they could find another way out of their dilemma. This provides us with a window of opportunity to make a difference.

7. The common cognitive state in suicide is constriction.

Those in a suicidal frame of mind seem to have tunnel vision. There is no solution, no way out, any light at the end of the tunnel. They are unable or unwilling to engage in effective problem-solving behaviors and often see their options in extreme, all or nothing terms.

8. The common action in suicide is escape.

Suicide provides a way to escape from painful, unbearable circumstances, which include painful self-awareness.

9. The common interpersonal act in suicide is communication of intention.

One of the most harmful myths about suicide is the notion that people who really want to kill themselves don't talk about it. Most people who commit suicide have told other people about their plans. Many have made previous suicidal gestures. Shneidman estimates that in at least 80 percent of completed suicides, the people provide verbal or behavioral clues that indicate clearly their lethal intentions.

10. The common consistency in suicide is with life-long coping patterns.

During crisis that precipitate suicidal thoughts, people generally employ the same response patterns that they have used throughout their lives. For example, people who have refused to ask for help in the past are likely to persist in that pattern, increasing their sense of isolation.

I hope that this gives you some understanding of a where a person contemplating suicide finds themselves. It is a difficult thing to get one's mind around as, thank God, many of us have not been there, but it is good to try. In addition to the 454 people who died of suicide in Ireland in 2006, there were over 18,000 people who committed an act of self harm - a cry for help. Our increased knowledge and understanding can only lead to an ability to intervene and to help.

If you or anyone you know may be experiencing difficulties --feeling lost or depressed or overwhelmed-- please contact Celine Kennelly at the Irish Pastoral Immigration Center, San Francisco, 415-752-6006, or email iipc@pacbell.net. *All queries are treated with the utmost confidentiality.*

You're not alone, and you don't have to suffer in silence any longer.

