

HELP!

MY FRIEND IS SUICIDAL



LIFELINE
suicide prevention

bruce ray

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SUICIDAL**

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My Friend is Suicidal

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CONTENTS

Introduction	4
1 What is Suicide?	7
2 Suicide and Scripture	19
3 Help Your Suicidal Friend	33
4 Hope for the Hopeless	45
Conclusion	53
Personal Application Projects	56
Where Can I Get More Help?	58
Notes	60

INTRODUCTION

“TOO MUCH DEATH!”

We had responded to our third suicide call in less than a week when one of the detectives working the case, a veteran investigator, looked at me and muttered through clenched teeth, “Too much death!” Then, without another word, he turned and walked off the scene. I should have gone after him, but I didn’t.

The questions that drove my detective friend away that day were also swirling around my own weary mind. What’s going on? Why would Kathy, a friendly and popular employee of a local business, take her life on her lunch hour? Why did Jimmy, barely in his teens, end his life before it had really begun? And how could Matt, a loving husband and father, abandon his young wife and children when they needed him so much?

We understand that people die. They die of old age and cancer. They die in traffic accidents

and disasters and wars. We even understand that some people are victims of homicide. But suicide is different. Suicide is self-inflicted. Suicide is a choice. Why? Why do so many people today think suicide is the solution to their difficulties? I've had to think a great deal about suicide in the past twenty-plus years, and I've learned a great deal about suicidal subjects, too.

Suicide is not new. But its acceptability and even popularity are quite new. Early in the 20th century, Masaryk called suicide "a social ailment peculiar to modern society."² Only fifty years later, Myers labeled depression "the common cold of psychological disorders."³ Today there are more than 36,000 confirmed suicides in the US every year (2009=36,909).⁴ More than 101 people take their own lives every day; four every hour; one every fifteen minutes. That's "too much death!":

The actual numbers are underreported. For every completed suicide there are an estimated 25 attempts.⁵ In 2006, there were almost 600,000 hospital Emergency Room visits attributed to suicide attempts.

That means there are a lot of friends who are suicidal!

Statistics like these provide useful information,

but we must never forget that these numbers represent husbands and wives, mothers and fathers, sons and daughters, friends, neighbors, coworkers and classmates.

You picked up this book on purpose. You picked it up because you have been affected by the “ripples of suicide”⁶ and you know that you will be affected again when another friend or loved one ends his or her life. You picked up this mini-book because you want to be able to help.

Suicide literature often distinguishes between suicide prevention, intervention and *postvention*. “Vention” comes from the Latin *venire* (to come) plus *pre* (to come before), *inter* (to come between) and *post* (to come after).

This booklet will address suicide prevention and intervention. It will help you to recognize the warning signs of suicidal thinking and to be able to defuse a suicidal subject before a suicide takes place. You have a good possibility of being successful. Those who work in the field tell us, “A significant number of suicides are preventable, provided help is available.”⁷

Another book in this series, *Help! Someone I Love Has Committed Suicide*, will address suicide *postvention*: how to help family and friends (“suicide survivors”) after a suicide has occurred.

What is Suicide?

Art Linkletter was a beloved radio and television pioneer in the '50s and '60s. Many of us will never forget his interviews of school children, "Kids Say the Darndest Things." Art Linkletter was also a suicide survivor. His daughter, a UCLA student, committed suicide by jumping out her sixth-floor kitchen window in 1969. In the foreword to *Ripples of Suicide* by police chaplain Harold Elliott, Linkletter wrote,:

The word "suicide" is without doubt one of the most dreadful expressions in the English language.

People wince at the sound of it, and avoid using it to describe the tragic death it implies. Leprosy and Cancer are spoken of in the same hushed tones.

And yet it must be faced squarely and discussed openly because it has become

one of the leading causes of death among both the young and the very old in this country.

No one can be sure of the exact figures because suicides are deliberately misreported and misdiagnosed as an accident.

My own personal experience with it is still a nightmare. The death of my nineteen-year-old daughter, Diane, after experimenting with LSD, changed my life and the lives of everyone in my family. We still find it difficult to understand or discuss.⁸

You never “get over” a suicide. Art Linkletter wrote these words in 1993, 24 years after Diane’s death. He died in 2010, still grieving the loss of his daughter.

Suicide is the *intentional* killing of oneself. Accidental drug overdoses and other self-injurious acts resulting in death that are determined to be unintentional are not included in suicide statistics.

Suicide is often described as a permanent solution to a *temporary* problem.

Navy Chaplain Gary Stewart reminds us that suicide is the culmination of a process; it is seldom provoked by just one unresolved problem. He states, “Suicide is a permanent, intentional and selfish action taken against one’s self in order to eliminate what for the moment appears to be unrelenting and unfaltering pain. It is a tragic culmination of a process in which unresolved events converge, leaving a person lonely, depressed, and thoroughly hopeless.”⁹ Security consultant Gavin de Becker agrees, “The process of suicide starts way before the act of suicide.”¹⁰

Myths and Misperceptions

There are many myths and misperceptions about suicide that hinder us from dealing effectively with suicidal persons. Here are some of them, with brief comments:

Suicide is always caused by depression.

Actually, other factors such as anger,

revenge, remorse and drug and alcohol abuse may be more dominant influences. Bill and Mary were a young couple who were living together. They went to a bar to celebrate a special occasion. Both had been drinking and Bill accused Mary of flirting with another bar patron. They argued all the way home, where Bill decided to show Mary how upset he was by forcing her to watch him commit suicide in front of her.

People who talk about suicide won't really do it – they just want attention. It is true that sometimes suicide “attempts” are cries for help, but remember the boy who cried “Wolf!” One day the wolf actually came, and no one believed him. It is dangerous to assume that a suicide threat is “only” to get attention.

Thinking about suicide means you will commit suicide. Many people have fleeting occasional suicidal thoughts, but do not act on them. A key concern is when thinking about suicide extends to the point of actually making a plan.

If you talk about suicide to a suicidal subject, you may encourage her to do it. The fear of pushing someone over the edge leads us to avoid the subject. Actually, talking about her thoughts and feelings to someone who is really listening and interacting may be a release for the suicidal subject that makes it unnecessary for her to act.

A true believer cannot commit suicide. Samson was chosen by God to be one of the judges who would deliver and protect his people from the Philistines (Judges 13-16). Despite his many faults, Samson seems to have been a true believer who prayed for God to give him the strength to collapse the Philistine temple on his captors even though it meant his own death as well. Samson is named in “the great faith chapter” of the Bible (Hebrews 11) as one of many “who through faith conquered kingdoms, administered justice, and gained what was promised” (Hebrews 11:32-33)¹¹. Other factors may affect the decisions believers make. Pastor Bob stunned everyone when he

put a handgun to his head and pulled the trigger one night. Weeks later, his wife discovered that a new heart medication he was taking listed depression and suicidal ideation as possible side effects. If they had known, they could have removed all guns from the house as a precaution and discussed changing the medication with his cardiologist.

Suicide happens without warning.

Actually, most people give warning signs that they are considering suicide. The problem is that often we don't recognize they were warning signs until after the fact.

Once suicidal, always suicidal. Not true. The primary value of a 72-hour involuntary commitment by a mental health professional is that it puts a suicidal subject in a safe place and enables him or her to get past a critical period and reconsider other options.

The risk goes down when the mood goes up. Not necessarily true. Actually, the

mood may seem to improve because a decision has been made.

Suicidal people are intent on dying. More often, suicidal persons want to end the pain and think they are out of options and out of hope. Not wanting to go on living as you are is not the same as wanting to die.

Suicide runs in families. That's often true, but that doesn't mean suicide is hereditary. It is more likely that family history provides unhealthy patterns of dealing with issues and "permission" to end life when solutions can't be easily found.

Someone who commits suicide must be mentally ill. Nevada's suicide prevention plan authoritatively declares, "90% of people who die by suicide have a diagnosable mental health and/or substance use disorder at the time of death." Only four sentences later, however, it acknowledges that "over 90% of the people that died by suicide in

Nevada had not been seen by a mental health professional.”¹² Then how were they diagnosed? This sounds like circular reasoning to me: “People who commit suicide must be mentally ill. Jenny committed suicide; Jenny must have been mentally ill.” As we’ll see later, that argument will quickly discredit you when talking with a suicidal subject.

Who Is at Risk and Why?

Who is at risk of committing suicide? Everyone. No one is immune. The group at highest risk of *attempting* suicide is white females. Women are ten times more likely to attempt suicide than men. However, the group at highest risk of *succeeding* is white males, ages 15-25 and 55-65. Why? Men generally use more lethal means of committing suicide, such as firearms. Why those ages? Both of those age groups represent periods of great change and transition. In the late teens/early twenties young people are trying to “find themselves” and figure out how they want to spend their lives and with whom. In the late fifties/sixties they are

facing the end of careers, retirement, perhaps a failure to achieve certain life goals, and the prospect of declining health and finances. These can be dangerous times.

Why do people take their own lives? I've heard people give many explanations for contemplating suicide, and I've also read suicide notes in which people made their case for self-destruction, sometimes in great detail and other times in broad, rambling sentences. Here are some of the reasons people have given:

Anger

Jealousy

Depression – but consider this: “Not everyone who is depressed is suicidal, and not everyone who is suicidal is depressed. Bitterness, anger, and an unwillingness to forgive are common features of suicidal thinking.”¹³

Self-pity

Pride

Shame

Guilt

Revenge

To avoid greater pain

Loneliness and isolation

Rejection

Loss of status, income, or power

Bored – “life has lost its meaning”

Autonomy – “I’ll be the captain of my fate”

Divorce or the death of a spouse – “I can’t live without him/her”

Bad relationships

Accidental – trying to achieve a different outcome, as in a drug overdose or sexual asphyxia

Stress

Bad theology – A teenage couple near Seattle were convinced that physical limitations and mortality are merely illusions that we ourselves create, an idea popularized by novelist Richard Bach¹⁴. When life proved disappointing, they thought they could just drop out of this illusory world and start over again by driving their Camaro through a brick wall at 110 mph. The wall was very real.

One teen died on impact; the other survived but with critical injuries.

A chronic or terminal disease diagnosis. “The risk of suicide spikes in the weeks immediately following a cancer diagnosis, a new study shows. Patients were almost 13 times more likely to commit suicide in the first week after learning they had cancer than they were prior to the diagnosis. Twelve weeks after the diagnosis they were still nearly 5 times as likely to commit suicide as they had been before, according to the study published today in the *New England Journal of Medicine*.”¹⁵ Oregon and Washington both have physician-assisted suicide laws (PAS). Washington’s Death with Dignity Act (2008) states, “The attending physician may sign the patient’s death certificate which shall list the underlying terminal disease as the cause of death.”¹⁶ These suicides are not even counted as suicides!

One of the things to take away from a list like this is that all of these are reasons why people think about committing suicide. They may not be good reasons, or compelling reasons, but they

are still reasons – and that means that suicide is not an unreasonable or irrational act. Remember this when you talk to your suicidal friend. Always show respect. Some suicidal persons have obvious mental distress, but the fastest way to lose your friend is to treat him like he's out of his mind and devalue his thoughts and emotions.

Another thing to recognize from a list like this is that none of these reasons is sufficient to explain suicide. These are the issues that people present, but they are not the reasons why they end their own lives. There is ultimately only one reason why people commit suicide. Most of them have not lost their minds, but all of them have lost hope. They have developed tunnel vision and cannot see any other workable options. Suicide is the only choice left that makes sense – i.e., the only option that to them seems *reasonable*.