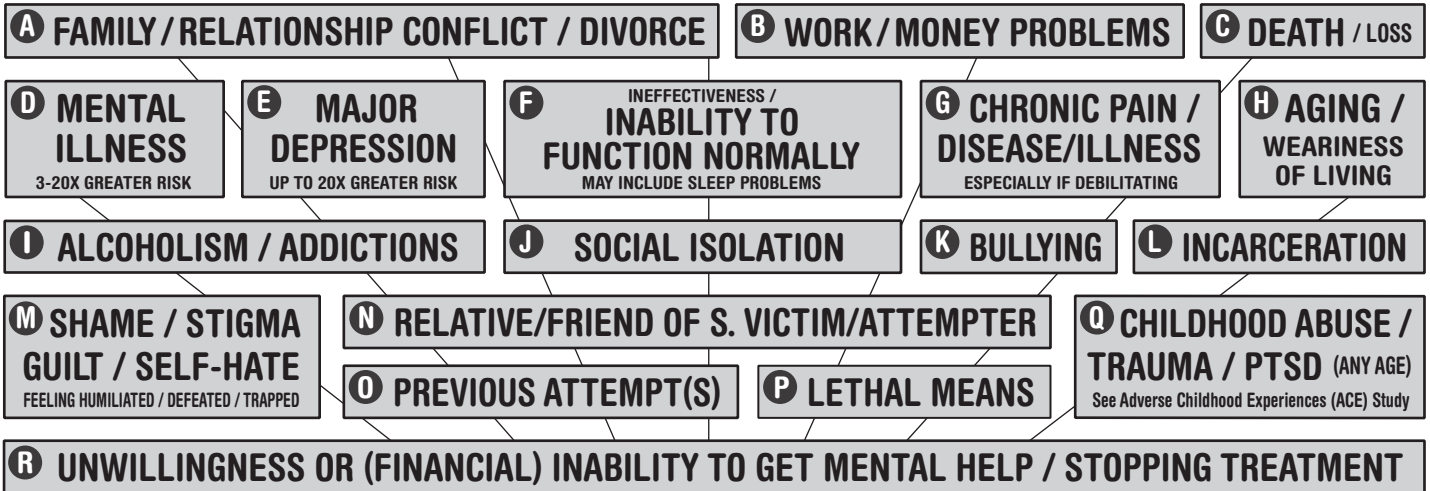


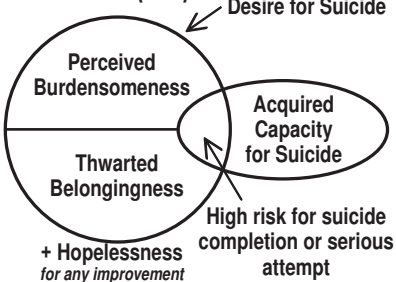
MODEL OF SUICIDE RISK

THEORETICAL MODEL LOOSELY BASED ON DR. THOMAS JOINER'S ORIGINAL MODEL, WITH THANKS TO HIM AND MANY OTHER RESEARCHERS. IDEAS FOR IMPROVING THIS MODEL? VISIT MYLIFEISSUES.ORG.



Depression that is undiagnosed, untreated or ineffectively treated is the #1 cause of suicide. Up to 90% of all suicide victims suffer from some type of mental disorder. 30-70% suffer from major depression or bipolar disorder. Those with bipolar disorder are 10-20X more likely to commit suicide. Those with substance abuse issues are nearly 6X more likely to attempt suicide; rape survivors are 13X more likely to attempt; LGBT youth/adults are 3X more likely to attempt; Having autism or Asperger's (ASDs) also greatly increases the risk of suicide.

JOINER MODEL (2005)

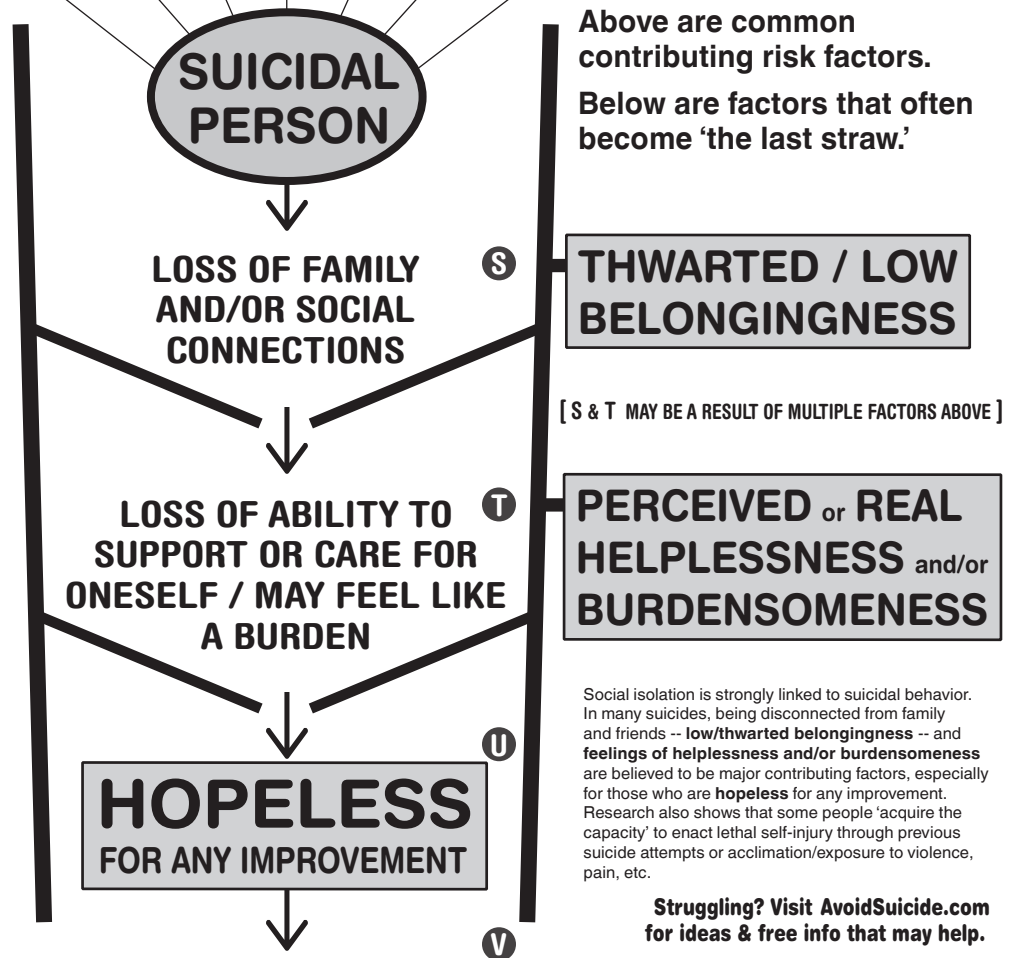


Suicide is the 10th leading cause of death. Women are 3X more likely to attempt suicide; men are 4X more likely to complete suicide, since men typically choose more lethal means (78% of suicides are men). Access to firearms significantly increases the risk of suicide. Children of suicide victims (or attempters) are 3X-6X more likely to attempt it themselves, in addition to other risks. Those who lose a friend or family member to suicide are 65% more likely to attempt it. A previous suicide attempt is the #1 predictor of suicide, followed by a history of depression or bipolar disorder. Approximately 50% of those who die by suicide have previously attempted to harm themselves.

"Most people don't want to die. They just want the pain to stop."

Above are common contributing risk factors.

Below are factors that often become 'the last straw.'



Social isolation is strongly linked to suicidal behavior. In many suicides, being disconnected from family and friends -- **low/thwarted belongingness** -- and **feelings of helplessness and/or burdensomeness** are believed to be major contributing factors, especially for those who are **hopeless** for any improvement. Research also shows that some people 'acquire the capacity' to enact lethal self-injury through previous suicide attempts or acclimation/exposure to violence, pain, etc.

Struggling? Visit AvoidSuicide.com for ideas & free info that may help.

INNATE OR ACQUIRED ABILITY TO ENACT LETHAL SELF-INJURY

HIGH RISK OF DEATH BY SUICIDE

This model (2016) is based on Dr. Thomas Joiner's Interpersonal Theory of Suicide (2005) that was developed through a variety of methods including studying suicide notes, which often refer to feelings representative of 'low/thwarted belongingness' and 'perceived burdensomeness.' However, this model DIFFERS from Dr. Joiner's model in four ways: It considers these two issues as sometimes being the 'final contributing factor(s)' in completed suicides, rather than (necessarily) being primary causal factor(s); it adds ineffectiveness/helplessness and the inability to support or care for oneself to the element of 'perceived burdensomeness'; it explicitly acknowledges the presence of many other risk factors that in some cases may be primary causal factors; and it acknowledges that some people (especially men) may have an innate ability to enact lethal self-injury apart from any need to acquire this ability through exposure or acclimation to violence. This model is theoretical and should not be taken as fact; it may be used, changed or copied freely. For more info, visit www.MyLifeIssues.org. **SUICIDE LIFELINE: 1-800-273-8255**

Ten Commonalities of Suicide

In his book, *The Suicidal Mind*, Edwin Shneidman, Ph.D., (a co-founder of the American Association of Suicidology, www.suicidology.org) outlines what he calls **“The 10 Psychological Commonalities of Suicide”**:

1. The common **purpose** of suicide is **to seek a solution**: A suicidal person is seeking a solution to a problem that is "generating intense suffering" within him or her.
2. The common **goal** of suicide is **cessation of consciousness**: The anguished mind of a suicidal person interprets the end of consciousness as the only way to end the suffering.
3. The common **stimulus** of suicide is **psychological pain**: Shneidman calls it "psychache," by which he means "intolerable emotion, unbearable pain, unacceptable anguish."
4. The common **stressor** in suicide is **frustrated psychological needs**: A suicidal person feels pushed toward self-destruction by psychological needs that are not being met (for example, the need for achievement, for nurturance or for understanding).
5. The common **emotion** in suicide is **hopelessness-helplessness**: A suicidal person feels despondent, utterly unsalvageable.
6. The common **cognitive state** of suicide is **ambivalence**: Suicidal people, Shneidman says, "wish to die and they simultaneously wish to be rescued."
7. The common **perceptual state** in suicide is **constriction**: The mind of a suicidal person is constricted in its ability to perceive options, and, in fact, mistakenly sees only two choices—either continue suffering or die.
8. The common **action** in suicide is **escape**: Shneidman calls it "the ultimate egression (another word for *escape*) beside which running away from home, quitting a job, deserting an army, or leaving a spouse ... pale in comparison."
9. The common **interpersonal act** in suicide is **communication of intention**: "Many individuals intent on committing suicide ... emit clues of intention, signals of distress, whimpers of helplessness, or pleas for intervention."
10. The common **pattern** in suicide is **consistent with life-long styles of coping**: A person's past tendency for black-and-white thinking, escapism, control, capitulation and the like could serve as a clue to how he or she might deal with a present crisis.

Thanks to Franklin Cook of Unified Community Solutions for compiling the information above.

Edwin S. Shneidman, Ph.D. (1918–2009), the author of the book, *The Suicidal Mind*, from which the '10 Psychological Commonalities of Suicide' came, was an American clinical psychologist, suicidologist and thanatologist (thanatology is the scientific study of death). Dr. Shneidman co-founded the Los Angeles Suicide Prevention Center, the nation's first comprehensive suicide prevention center. In 1968, Shneidman co-founded the American Association of Suicidology and the principal U.S. journal for suicide studies: *Suicide and Life-Threatening Behavior*. In 1970, he became Professor of Thanatology at the University of California, where he taught for decades. He published 20 books on suicide and suicide prevention. Dr. Shneidman is often called the father of contemporary suicidology.

**Struggling with suicidal thoughts? Visit AvoidSuicide.com for some ideas that may help. Or call 1-800-SUICIDE (24/7).
Post or chat here: [Reddit.com/r/SuicideWatch](https://www.reddit.com/r/SuicideWatch). Read stories of suicide survivors here: LiveThroughThis.org.**

What Suicidal People Feel Like

A SAMPLING OF SUICIDAL THOUGHTS & FEELINGS AND AN ILLUSTRATION DEPICTING HOW SOME SUICIDAL PEOPLE FEEL. DOES NOT REPRESENT ALL SUICIDAL PEOPLE.

I feel hopeless. I feel helpless. I feel worthless. I feel defective.
I feel like a burden. I feel miserable. I'm tired of struggling.
I feel isolated and alienated. I feel ashamed, stigmatized,
depressed, defeated, humiliated, guilty, evil. I feel unloved.
I feel like a failure. I feel trapped. I hate myself. I hate life.
I want the pain to stop. I want to disappear forever.

THE GIANT BACKPACK OF MISERY PROBLEMS, CONDITIONS, CIRCUMSTANCES, HISTORY:

DEPRESSION	MENTAL ILLNESS	ISOLATION	LONELINESS
ANXIETY	DIFFICULTY FUNCTIONING NORMALLY	SLEEP	
PROBLEMS	PTSD	TRAUMA/ABUSE	CHILDHOOD ABUSE
BULLYING	LGBT ISSUES	DEATHS/LOSSES	LOST OR
BROKEN RELATIONSHIPS	FAMILY CONFLICTS	MONEY	
PROBLEMS	WORK PROBLEMS	ADDICTIONS	LEGAL
TROUBLE	INCARCERATION	PAIN	ILLNESS / HEALTH
PROBLEMS	AGING	WEARINESS OF LIVING	SHAME
STIGMA	SELF-HATE	GUILT	FRUSTRATION
HUMILIATION	HELPLESSNESS	HOPELESSNESS	
FEELING LIKE A BURDEN	FEELING WORTHLESS		
FEELING DEFECTIVE / ABNORMAL			
TRAPPED	HAVING A DESPERATE		
DESIRE TO STOP THE PAIN AND			
ESCAPE A LIVING HELL...			

**DAILY
LIFE
STUFF**

EVERYTHING YOU
HAVE TO **DO** TO
SURVIVE
EACH DAY:

GO TO WORK
GO TO SCHOOL
PAY THE BILLS

DEAL WITH PARTNER
KIDS PARENTS
FAMILY FRIENDS
HEALTH HOUSE CAR
PETS OTHER RESPONSIBILITIES

TRY TO BE NORMAL
TRY TO BE HAPPY
TRY NOT TO GIVE UP HOPE

THE MOUNTAIN OF LIFE

HIGHLIGHT OR CIRCLE THE ONES THAT APPLY TO YOU
& ADD YOUR OWN. THEN SHARE IT WITH A FRIEND.

DON'T LET DREAD MAKE YOU DEAD. IN CRISIS? CALL 1-800-273-8255 (24/7).
Visit AvoidSuicide.com for ideas that may help. Read stories of survivors at LiveThroughThis.org.

NOTE: THE SUICIDAL FEELINGS EXPRESSED HERE ARE A SAMPLING AND DO NOT REPRESENT ALL SUICIDAL PEOPLE. TO READ WHAT ACTUAL SUICIDAL PEOPLE FEEL, VISIT: Reddit.com/r/SuicideWatch/
WHAT SUICIDAL PEOPLE FEEL LIKE (V.1.7) (6/2016). FOR MORE INFO, VISIT MYLIFEISSUES.ORG OR AVOIDSUICIDE.COM. YOUR LIFE MATTERS. GET HELP. DON'T GIVE UP & DON'T LOSE HOPE!

REALLY What Suicidal People Feel Like

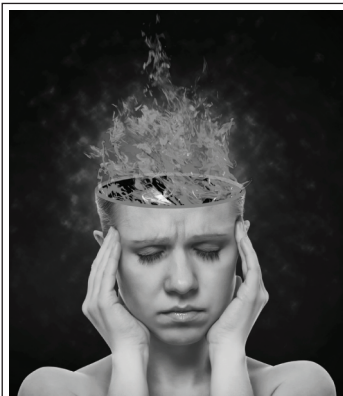
A SAMPLING OF SUICIDAL THOUGHTS & FEELINGS AND AN ILLUSTRATION DEPICTING HOW SOME SUICIDAL PEOPLE FEEL. DOES NOT REPRESENT ALL SUICIDAL PEOPLE.

12 years before his suicide, David Foster Wallace wrote:

"The so-called 'psychotically depressed' person who tries to kill herself doesn't do so out of quote 'hopelessness' or any abstract conviction that life's assets and debits do not square. And surely not because death seems suddenly appealing. The person in whom its invisible agony reaches a certain unendurable level will kill herself the same way a trapped person will eventually jump from the window of a burning high-rise. Make no mistake about people who leap from burning windows. Their terror of falling from a great height is still just as great as it would be for you or me standing speculatively at the same window just checking out the view; i.e. the fear of falling remains a constant.



The variable here is the other terror, the fire's flames: when the flames get close enough, falling to death becomes the slightly less terrible of two terrors. It's not desiring the fall; it's terror of the flame. Yet nobody down on the sidewalk, looking up and yelling 'Don't!' and 'Hang on!', can understand the jump. Not really. You'd have to have personally been trapped and felt flames to really understand a terror way beyond falling."



I HATE MYSELF. I'M WORTHLESS. I'M DEFECTIVE.
I'M FILLED WITH SHAME. I'M UNLOVED. I'M UNWANTED.
I FEEL HELPLESS. I'M A BURDEN. I'M A LOSER.
I CAN'T STAND LIVING. IT HURTS TOO FUCKING MUCH.
I HAVE TO ESCAPE. I'M DONE.

**If your brain is burning,
you've got to learn how
to put out the fire!**

**THERE IS HOPE.
AND THERE IS HEALING.
BUT IT TAKES TIME.
AvoidSuicide.com**

**DON'T LET DREAD MAKE YOU DEAD. IN CRISIS? CALL 1-800-273-8255 (24/7).
Visit AvoidSuicide.com for ideas that may help. Read stories of survivors at LiveThroughThis.org.**

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40 WAYS TO AVOID SUICIDE

BESIDES 'JUST NOT DOING IT'

THESE ARE MERELY IDEAS, NOT MEDICAL OR PROFESSIONAL ADVICE. IF YOU ARE SERIOUSLY SUICIDAL, PLEASE SEEK MEDICAL OR PROFESSIONAL HELP IMMEDIATELY.

WHEN YOU'RE IN CRISIS:

1. Call the Suicide Lifeline (24/7) at 1-800-273-8255 or text: 741-741. Or call 911 or go to the hospital ER. *Get help now & stay alive!*

WHEN YOU FEEL SUICIDAL:

1. If you're in crisis, get help! Don't wait until it's too late.
2. Don't stay alone. Try to go somewhere and be around people. *Take a shower. Get dressed. Go some place special or fun!*
3. If you have friends or family you can be with, go be with them.
4. Give someone a hug and tell them how much you love them!
5. Do something kind for a friend, family member or stranger.
6. If you can't be with anyone in person, call a friend and chat.
7. Think about your family and friends – how much they love you and need you. Realize they'll feel the pain of your suicide every day for the rest of their lives. If you have kids, your suicide will greatly increase the chances they'll attempt or commit suicide.
8. Think about your pets. Who'll be there for them if you're gone?
9. Discuss your issues with a therapist, counselor or mentor.
10. Write in a journal, or post on [Reddit.com/r/SuicideWatch](https://www.reddit.com/r/SuicideWatch).
11. Distract yourself with TV, comedy, music, hobbies, exercise, etc.
12. Procrastinate! You can always kill yourself another day.
13. Realize that even though you may feel suicidal, you don't have to kill yourself. Allow the feeling to exist and continue living.
14. Realize that countless people have wanted to die or even attempted suicide, but later improved, and are happy to be alive and thriving!
15. Use reassuring, positive self-talk. Remind yourself that no matter what you're feeling: "This too shall pass" and "Right now, in this moment, I'm okay, and that's all that matters!" Repeat these and other statements whenever needed.
16. Try sleeping! We often feel the worst when we're tired. Take a nap or sleep until you feel rested. Wake up refreshed!
17. Accomplish something large or small to feel more productive.
18. Drink some water, juice or soda. Have a snack, meal or dessert.
19. Take any and all medications your doctor has prescribed.
20. Avoid alcohol and drugs, which will only make things worse.

LONG-TERM STRATEGIES:

1. Realize there are really only two ways to stop being suicidal: Change your life or change your thinking. *Choose both!*
2. Learn 'radical acceptance,' where you have the ability to accept 'what is' without resistance. Suffering is caused by wanting a reality other than 'what is.' Remember: *What is, is all there is.*
3. Learn 'radical self-acceptance,' where you completely and unconditionally choose to love and accept yourself, exactly as you are. Forgive yourself for everything in the past & start fresh.
4. While you're 'radically accepting' yourself and everything in your life, begin taking small steps to change and improve whatever you can – *balancing radical acceptance with life change.*
5. Forgive others, don't hold grudges, free your mind of everything that's weighing you down and making you miserable inside.
6. Choose to live a life of love, kindness, caring, patience, grace, mercy, gentleness and acceptance – *toward yourself & everyone!*
7. Realize that every moment of your life, you get to choose what you think about (and dwell on), and that your thoughts create *your experience of reality*. Remember: *It's all thought!* But you are not your thoughts. In each moment, whether you dismiss a thought or dwell on it, your life may be affected for better or for worse.

LONG-TERM STRATEGIES (CONT.)

8. Make inner peace, joy & happiness *life goals* that you pursue daily!
9. Learn to avoid stress by staying focused on the present moment.
10. Create a safety plan for what you'll do or who you'll call when you feel suicidal; include your favorite coping strategies and a list of self-talk affirmations you can repeat to stay positive. *Keep a journal!*
11. Create a list of all your reasons to live, a list of goals & dreams, and a vision board with pictures of what you want to do, have, and be!
12. Plan exciting events in the future: dinner out, a movie, a game, a weekend trip or vacation. Always have something scheduled.
13. Try to plan weekly get-togethers with friends. *Stay connected!*
14. Remove firearms / lethal means from your home, office, car, etc.
15. Never forget the pain your death would cause to those who love you!
16. Consider therapy and/or medication. *They often work best together.* DBT and other therapies can reduce repeat suicide attempts by 50% or more. Remember: "When it comes to treatment, it may be trial and error, but if you're not trying, that's the error!" *Treatment works! Don't let the fear of shame or stigma keep you from getting help. It could cost you your life! Get help, whatever it takes – and stay alive!*
17. Consider joining a mental health support group, or any kind of group, club or team, where you'll have friends who support you.
18. Consider 'self-therapy' – reading books & watching videos that can give you coping and life skills for a brighter future! Learn more, download free books and audios, and find many other ideas for avoiding suicide – *and living a better life* – at AvoidSuicide.com.
19. Remember you only have this one life! Cherish it and everyone in it.
20. *Choose to be happy now! Keep moving forward & never give up!*

HOW SUICIDAL PEOPLE FEEL (SOME NOT ALL)

Hopeless, helpless, isolated, hurt, depressed, distressed, anxious, fearful, worthless, ashamed, stigmatized, humiliated, rejected, unwanted, unloved, filled with self-hate, tired/weary, lost, trapped, defective, dysfunctional, unproductive; like a burden, a loser, a failure, a piece of shit; evil, desperate for the pain to stop, desperate for escape... *While usually wishing they could be rescued, repair their lives, and have a happy future... but not believing it's possible.*

(URGENT) WARNING SIGNS:

Talking or joking about suicide, having no reason to live, or feeling like a burden; making plans or preparations for suicide (or for afterwards), giving away possessions, saying goodbyes, risky or reckless behavior, increased use of alcohol or drugs, rage, aggression, irritability, anxiety, depression, withdrawal, loss of interest, sleeping too much or too little, expressing hopelessness.

COMMON RISK FACTORS:

Mental illness, depression, isolation, impulsive or aggressive tendencies, childhood abuse, trauma, horrible self-image, shame, stigma, guilt, self-hate, inability to function normally / ineffectiveness, substance abuse issues, chronic health conditions or pain, access to firearms or lethal means, previous attempts, family history of suicide or attempts, recent loss/death, divorce, family conflict, unemployment, financial problems, poverty, bullying, LGBT issues, legal problems, incarceration, unwillingness or (financial) inability to get mental help / stopping treatment, feeling hopeless and helpless for any improvement, feeling like a burden.

DON'T LET DREAD MAKE YOU DEAD. IN CRISIS? CALL 1-800-273-8255 (24/7). Visit AvoidSuicide.com for ideas that may help. Read stories of survivors at LiveThroughThis.org.

WAYS TO AVOID SUICIDE (V.1.2) (7/2016). FOR MORE INFO, VISIT AVOIDSUICIDE.COM. YOUR LIFE MATTERS. GET HELP. DON'T GIVE UP & DON'T LOSE HOPE!