

Deliberate suicide risk

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As I have mentioned before between 70 to 80 percent of people who make a suicide attempt or complete a suicide tell some body about their suicidal thoughts first. This usually brings a sense of relief because that seems like a high percentage and means that we are given a window of opportunity to 'save' someone if they tell of their suicidal thoughts before acting on those thoughts.

The problem is that this also mean that 25 percent or 1 in 4 don't give any indication before a suicide attempt. 1 in 4 is quite a significant number unfortunately. Those people who don't tell I have cited as DSR, those who are at risk of a concerted and deliberate attempt at suicide - Deliberate Suicide Risk



The DSR person is fully cognisant
of their actions

Personality of the suicidal person

To kill oneself is not an easy thing to do as the body has many, many back up systems to stop the person dying. If someone is going to have a very concerted effort at killing self then they are going to have to do some planning and

preparation. Below is a list of personality features that one needs to have to make a very deliberate attempt at a suicide

1) The (DSR) person will tend to stay quiet and unnoticed at least about the suicidal urges. If you want to do a completed suicide it is best to have those around you not watching out for it or watching out for the signs of suicide preparation. Thus we have one of the common characteristics of a DSR person. They may be quiet, stay in the background and are not trouble makers who get noticed. This highlights the complete lack of insight with the current Australian laws. These laws require counsellors to tell if a person mentions strong urges to suicide. So the seriously suicidal person is further pressured into not saying anything to anyone. So the current laws make the highest risk group (DSR), an even higher risk!!

2) As stated before to kill oneself is not an easy thing to do. Thus we have a second characteristics of the person who is going to deliberately make a concerted attempt to kill self. They have to be capable of planning. They must have the ability to think about how one would suicide and to plan how to obtain the necessary items and arrange the necessary time and place. This means those who are brain damaged, of low intelligence, or actively psychotic, have poor planning ability or have for whatever reason have poor thinking ability do not have the intellectual capability to plan a DSR suicide.



3) To complete a suicide someone would have to be somewhat determined, patient and deliberate. Not only is it not easy to kill self one also has to make sure that they are not found during the attempt. This is more likely to happen if the person is capable of patience and determination to find the right place and time.

4) Degree of isolation. A person who suicides is sometimes quite isolated. This isolation may be emotional isolation. The person maybe involved in community activities but feel very little connection with others

5) When asked the DSR person will tend to understate matters. If someone is contemplating a serious suicide attempt they will be unlikely to give too much away as that brings them to others attention and thus the likelihood of plans being disrupted are increased.

They maybe very reluctant to mention thoughts of suicide. They may be conservative in their statements. They may say they have had a bit of trouble sleeping and when asked for actual details they have been only sleeping 2 hours per night for the last 2 weeks. Or they may say that they have had a few suicidal thoughts and upon further inquiry it becomes apparent that they think about it everyday.

To be or not to be

The more a person has of these five qualities the more able they will be to make a very serious attempt at suicide. Remembering of course there are many, many people who have all five of these qualities who are not suicidal at all.

ASSESSING SUICIDE RISK - QUANTITY OR QUALITY?

THE MATH OF ASSESSING SUICIDE RISK

Most systems that set about assessing suicide risk almost do it in a mathematical fashion. They highlight certain factors that are statistically related to suicide.

For instance,

- * in Australia the highest daily average for suicide is Monday, followed by Tuesday and the lowest is Saturday
- * people who have a history of depression are more likely to suicide
- * there are higher suicide rates in Australian cities than in rural areas
- * people who have poor coping skills
- * the rate of male suicide increases significantly with the publication of suicide stories in the Australian media
- * people who have little social and family support
- * people who have a history of substance abuse have a higher suicide rate

THE ASSUMPTION

In these assessment systems one then sets about adding up the number of "boxes ticked" for the person. The assumption is the more ticks for the person the more

likely the person is a suicide risk. This is the quantity approach to suicide risk assessment.

THE QUALITY APPROACH

The problem with the quantity approach is that most of these points don't actually mean any thing for the individual being assessed. There are plenty of people with a substance abuse history who are not suicidal at all. Some people can feel hopeless and helpless and are not suicidal at all, some can be very depressed and not suicidal. Then you can others who feel a bit down and next thing they are planning suicide.

They don't address the definitive point that defines the suicidal individual, that is the don't exist decision. A person who has made that decision sees suicide as a viable and realistic option to solve a problem. And it does. The person who has not made the don't exist decision will not have suicide as a realistic option to solve a problem. It is simply not a course of action that they will take.



(All humans are unique. There is a fault in just comparing them to statistical data alone).

For instance for some people see physical violence is a realistic option to solve a problem and for others it simply is not an option. For some people going on a drink/drug bender for a month is a viable option for solving a problem for others it is simply not an option. They would not even contemplating doing such a thing.

For some people going into an incapacitated state such as a "nervous breakdown" or clinical depression is a realistic way to solve a problem. For others it is simply not. Suicide is the same, for some it is considered a way of solving a problem and for others it is not.

The qualitative approach looks at the the 'quality' of the don't exist decision of the person being assessed for such a risk. So it looks at the individual psychology of the person being assessed instead of comparing them to the factors that are seen as statistically significant for suicide.

In making this determination one makes the following judgements:

Finding out who has made the "Don't exist" decision that leads them to have suicide as an option is at times a difficult thing to do. If they have made such a decision then this means that the individual has suicide as course of action as an option. Most people will carry this around with them and the course of action will be implemented in certain situations.

The "Don't exist" decision will be implemented if certain circumstances arise. Obviously the goal here is to determine what those circumstances are. There is usually a number of them and the more that come into effect simultaneously then the more of a suicide risk the person becomes. An example of a practical one is from a man whom I have recently been working with. He was being considered for deportation and if he is told that he will be deported then his risk of suicide increases dramatically because it alters his family life in such a way that makes his anxiety intolerable for him.

The "Don't exist" decision can be implemented if the person attains a certain mind set. It is not just ones practical life situation that can set off suicidal ideation. Marilyn Munroe suicided and she had everything to live for as far as the practicalities of life go. People can get themselves into a suicidal mindset which is a way of thinking, an attitude about life and a set of feelings. One needs to determine the quality of that mindset and if the person is going further into it or drawing out of it.

SURPRISE

In the quality approach one does the "Don't exist interview". I must admit I was a bit surprised when I studied this area and found not one example of the "individual quality" approach. They all used the 'add up the ticks' approach alone. To me it seems essential that at least at some point in the assessment one looks at the individual's quality of suicidality rather than only just assessing the quantity.

A suicide note

In a previous comment on desensitisation there was a discussion about a newspaper article on a coronial enquiry in the UK. An 8 year old girl had been found hung. It was possible that she had done such a thing as it mimicked a scene that she saw on a DVD. The coroner had concluded that it was unlikely to be suicide and more like playing gone horribly wrong.



The journalist then later made a comment about what a psychologist had said: "Dr Broderick agreed with the Birmingham coroner that Kyesha would not have deliberately committed suicide" (!!!)

In fairness to the journalist she probably did not mean to say that. She has stated an oxymoron, a tautology, or a contradiction in terms. How can you not deliberately (ie accidentally) commit suicide. If you do it accidentally, then it is an accident not a suicide. Do you accidentally get a rope and accidentally tie a noose and accidentally put it around your neck and accidentally jump off the chair?

Accidental suicide

This does however highlight one good point about the "accidental" suicide. There are two main groups who exhibit suicidal type behaviour.

The suicidal person

The suicide attempter

They have different motives. The suicidal person wants to die and the 'suicide

attempter' does not want to die. However the suicide attempter can complete a suicide by accident in that they did not mean for it to actually happen. So technically this person has died by accident and not by suicide.

I had an example of that happen recently. A woman in her early 20s had sent an email to her boyfriend that she had taken an overdose. She knew he was very likely to get the email and 'save' her as had happened a number of times before. He never got the email and she died. Her motive was never to kill herself.

So why does someone who does not want to die do suicidal behaviour. There are many reasons but the two most common are manipulation and attention seeking. This is not a politically correct thing to say and some may now think I am being harsh in my view of such people. Let me clarify. The 'suicide attempter' is a person who is in pain and is confused on how to get her basic emotional needs met. They have a Child ego state that is doing the best with the resources it currently has.



(Would this grab your attention if you saw it. I think so).

If you work with such people for any length of time it just becomes so obvious that manipulation and attention seeking is one of the main motives of many such people. If you can establish some rapport with such people they will tell you so to your face, which has been done to me on many occasions. One does not have to be an Einstein to see that it works. Slashing one's wrist with a good amount of blood will grab a lot of attention from most people. It will also get people to

behave in ways that one may want, such as get people to admit you to hospital and so forth.

What this does mean is that you deal with the suicidal person and the suicide attempter in different ways. They have different motives and thus they are dealt with differently. Some have the view that if a person is showing suicidal behaviour so as to get attention then you ignore them. I very much disagree with that. You still work with them closely, but in a different way to the suicidal person.



If one remains politically correct then they can easily miss such a point. Again neither group is better or worse than the other they are just different.

A suicide note from a teenager.

In my final year at high school I used to carry around my creative writing expression book that I had for my English Literature class. I used to love writing even when I was that young. Every week we would be given a creative writing exercise to do. I always kept the writing book with me and would write bits and pieces when I felt it was right. Each week's exercise was then marked by the teacher and as I recall I did quite well. However much to my horror I think I was the teacher's pet in that class. I always had to keep that quiet as it would have ruined my reputation to be the teachers pet - Egad!! My written expression book in some ways was one of my best friends, my companion.

Then one week I did the creative writing task by writing a suicide note, I wrote it just before my first suicide attempt. Obviously I survived the attempt and then I handed it in for marking by the English teacher. I remember her calling me into see her and she said that she was refusing to mark it. I asked her why and she said that it was too personal and she could not mark it. That always surprised me. In retrospect I am surprised that I was surprised.

The suicide attempt in one way had no meaning for me. It was something that I just did, and if I died, I died and if I didn't, I didn't. So for that weeks exercise I never got a mark. She never asked me to do another written exercise for that

week and the final exam mark was the total for all the weeks. So I don't know how she worked my final mark out. But I passed anyway.

It was sort of a naive mindlessness. Being that young (17 yo) you don't really understand the consequences of what you are doing. You don't really understand about death. I had tried to kill myself but I had not thought it through. What it actually meant, I had not considered. As an adult I have seen TV shows and documentaries about teenagers who have killed others and when asked why they don't really have an answer. I understand that, because one does not know why. There isn't an answer except to say that it hadn't been thought through. You do feel bad, very bad, and you also feel very shut down. In this way there is no feeling and in this sense one becomes robotic. One just goes through the day to day movements to exist. So in the end the act of violence, in my case against myself, is just a robotic act with little feeling and little thought.

As mentioned before when I was 17 years old I made my first attempt at suicide. There were a total of two attempts, the second one being about a year later. On the second occasion I took a large quantity of paracetamol tablets and other tablets that I didn't even know what they were. I then went to bed and fell asleep. The next thing I knew I woke up in the morning and I noticed blood on the pillow. I had been bleeding out of the nose during the night. I managed to get a clean pillow slip and put it on the pillow and disposed of the other one in a bin some where and no one ever knew that it happened.

On the first attempt I tried to gas myself. We had this gas cylinder that was used for a powering a gas lantern for camping. I lay on my bed and put a blanket over my head with the gas cylinder and turned on the gas. I remember dozing off and then the next thing I knew was my parents were trying to revive me. I learnt later that the gas cylinder had run out of gas, which is somewhat ironic when you think about it.

Both times were on a Sunday night. Throughout my teens that was the worst time of all because I knew that I had another week of school to endure. High school was the most incredibly boring thing in my entire life. It was so, so, so boring. I love learning, have always loved learning, and still do love learning. School was 5 percent learning and 95 percent redoing the same learning. As an example I recall particularly being interested in maths in second year high school. Each week we would learn algebra, geometry and trigonometry. I was fascinated to learn the new formulas, calculations and ways of thinking with this mathematics. The problem was, you would learn the new stuff which was the good bit and then you would have to spend the next fucking week and a half doing exercises using those same formulas. I suppose this was sort of meant to somehow make it kind of sink in. It just fucking bored me out of my brain. Mistakenly I thought this was the

same for everybody. It wasn't until my mid twenties that I started to realise that it wasn't the same for others. But because I thought it was the same for all I never protested and I just endured it.



(Excitement - the opposite to boredom. Maybe this is why I so dislike the idea of a risk free society?)

When you are a teenager, school is the majority of your waking life, so I had to deal with this and in this way life seemed of little interest to me and in one sense it was meaningless. Then of course there is one's love life and that was a roller coaster. I recall the first sentence in my suicide note was, "Kerry didn't want me". Kerry, my girlfriend at the time had dumped me, or at least that's what I thought but it wasn't actually so I later discovered.

So for me it was a culmination of things. School was a big, big minus and this led to a robotic kind of existence. Combine this with a down turn in the love life and

one was vulnerable. Add in the usual teenage disenfranchisement and alienation and you have got someone who is potentially fucked. To me, the anger of the violence in suicide was not apparent. It was more a matter of not fully understanding what I was doing and a sense of just acting with little thought or feeling. I just did with out realising what I was doing.



Johnny Depp as Edward Scissorhands captures the robotic existence for me. No great angst or anger or violence, just robotic.

So in this way I could not really be considered a suicidal person. It did get attention and in hindsight I think that was partly my motive. But there was also the robotic nature of it all and simply being a teenager who did not think it through.