

## Psychology of Suicidal Person

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### Abstract

Suicidal behavior is leading cause of injury and death worldwide. Overall 80-90% firearm suicidal methods have died. Suicide affect youngsters from all races and socioeconomic group. Boys succeed in their suicide attempts more frequently than girl's. Suicide patients which have a negative impact upon the quality of care they receive. And also include myths, facts etc. health care professionals to enhance their understanding of their attitudes toward patients who attempt suicide in order to enhance the provision of effective care to them.

**Keywords:** Suicide; Suicidal patients; Suicidal ideation; Psychology; Depression.

### How to cite this article:

Harish Rajendra Wade. Psychology of Suicidal Person. RFP Indian Journal of Medical Psychiatry. 2019;2(1):13-18.

*Believe in yourself and all that you are. Know that there is something inside you that is greater than any obstacle. – Christian D. Larson*

### Introduction

People attempt suicide because they cannot bear their psychological pain and doubt it will ever get better, imbalance defence mechanism is also important role, people always thinking about their future life and they plan accordingly but if any trauma or serious life threatening moment happen they break their motivation for survival.

Suicide, from Latin suicidium, is "the act of taking one's own life". Attempted suicide or non-fatal suicidal behavior is self-injury with the desire to end one's life that does not result in death [1].

### Incidence

1. Over 200,000 farmers in India have died by suicide since 1997, partly due to issues of debt.
2. In China suicide is three times as likely in rural regions as urban ones, partly, it is believed, due to financial difficulties in this area of the country.
3. Most common method is hanging in 56 countries including 53% male suicides and 39% of the female suicides.
4. In developing world 30% of suicides are estimated to occur from pesticide poisoning.
5. firearms 80-90%, drowning 65-80%, hanging 60-85%, car exhaust 40-60%, jumping 35-60%, charcoal burning

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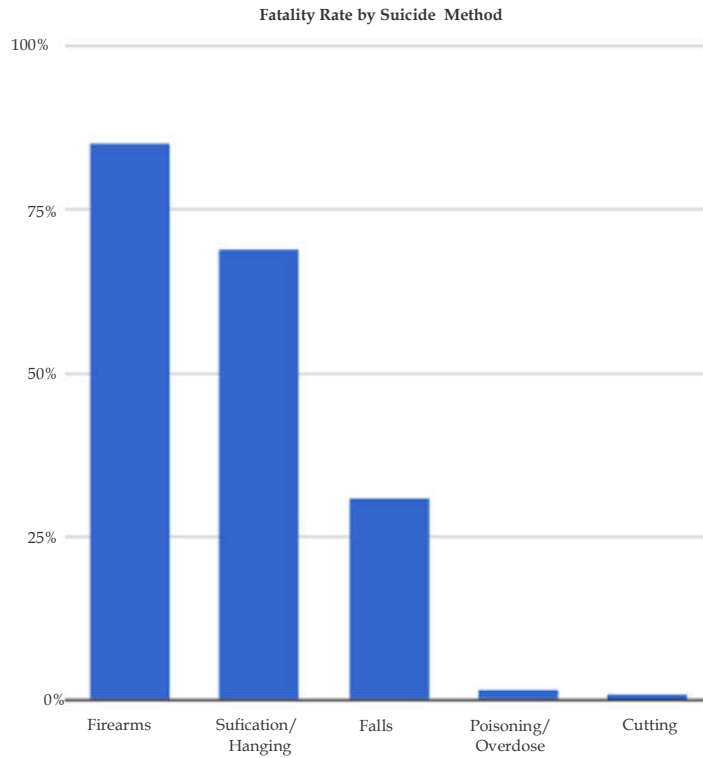
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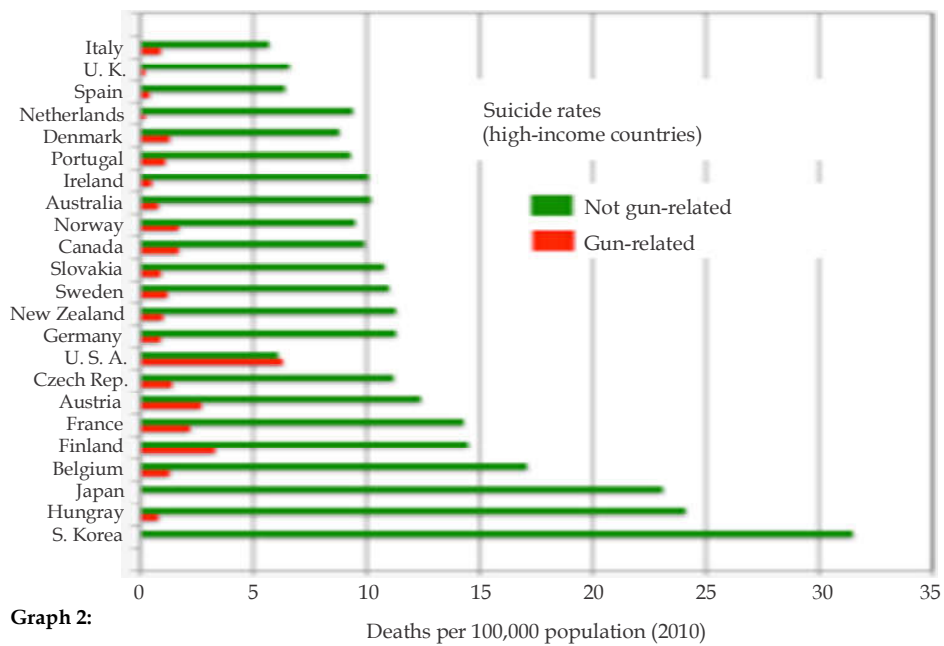
**Received on** 12.03.2019, **Accepted on** 08.06.2019

40–50%, pesticides 60–75%, and medication overdose 1.5–4.0%. The most common attempted methods of suicide differ from the most common methods of completion; up to 85% of attempts are via drug overdose in the developed world.

*When people kill themselves, they think they're ending the pain, but all they'r doing is passing it on to those they leave behind -Jeanette walls*



**Graph 1:**



**Graph 2:**

**Causes of Suicide**

- Family problems (23.7%),
- Illness (21%) [Including insanity/mental illness (6.7%)],
- Unemployment (1.9%),
- Love affairs (2.9%),
- Drug abuse/addiction (2.3%),
- Failure in examination (1.6%),
- Bankruptcy (2.5%),
- Poverty (2.3%),
- Dowry dispute (2.3%). [4]

- living alone)
- 8. Never married
- 9. Poverty
- 10. Old age - being burden to others

**High Risk of Suicidal Behavior In Mental Disorder**

Major depression, posttraumatic stress disorder, obsessive compulsive disorder, schizophrenia, drug or alcohol abuse, dementia, delirium, personality disorder [5].

Patient with incurable or painful physical disorders like, cancer and AIDS

*While anyone can become suicidal, there are certain risk factors that make suicide more likely:*

- Previous suicide attempt(s)
- Having a family member or friend who recently killed themselves; multiple suicides in the community
- Other recent, significant losses, such as the loss of a relationship or job
- Cultural and religious beliefs supporting suicide (e.g., belief that suicide is a noble resolution of a personal dilemma)
- Alcohol and drug abuse (as this can lower inhibitions and increase impulsiveness)

**Increase Risk of Suicide Due To**

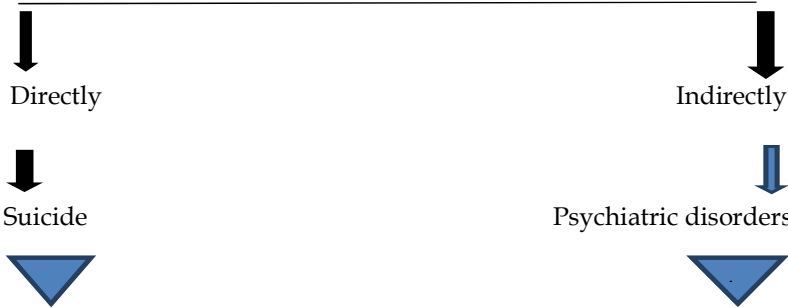
*Hey, you, yes you right there reading this. You're beautiful; you have every reason to live. I love you*

1. Hopelessness
2. Poor ability to solve problem
3. Loss of pleasure in life
4. Poor impulse control
5. Depression, anxiousness
6. Loss of a closed one or loved one
7. Loss of a job or social isolation (such as

**Pathophysiology**

Impairment of behavioral, socio - environmental and psychiatric disorder

↓  
Low levels of brain - derived neurotropic factor (BDNF)



A brain neurotransmitter Serotonin inadequate

Flow chart 1: Increased levels of 5-HT2A receptors found after death

- Feelings of hopelessness
- Access to means of suicide (e.g., a gun, a quantity of pills) [2].

❖ *How to and what to talk to suicidal patients?*

1. Suicidal Patients
2. Patients under your care
3. Those who haven't attempted yet
4. Those who have attempted but (fortunately) survived
5. Colleagues at work
6. Friends and family

Experience happen with me:

I saw one of my closed one individual attempting suicide, trying to fall from terrace. I was a there in a little distance that moment was horrible suddenly I interrupt him and divert their focus to do task. And take away from that danger zone and talked about there problem. he has instinct not do again. I listened his problem and ventilate his feelings.

### The Most Dangerous Myth

**Myth:** *Are you trying to kill yourself, this question increase idea of suicide.*

#### Fact

- We can check their capacity or thinking pattern of suicidal attempt because of that we can understand a person what they are planning, strategies etc. What he/she losing ? and this can relief their stress, and ventilate his /her positive feelings.
- Talking to a friend or family member about their suicidal thoughts and feelings can be extremely difficult for anyone. But if you're unsure whether someone is suicidal, the best way to find out is to ask. You can't make a person suicidal by showing that you care. In fact, giving a suicidal person the opportunity to express his or her feelings can provide relief from loneliness and pent-up negative feelings, and may prevent a suicide attempt.

#### *What and how to talk to suicidal ideation client ...*

##### *Ways to start a conversation about suicide:*

- ✓ "I have been feeling concerned about you lately."
- ✓ "Recently, I have noticed some differences in you and wondered how you are doing."

- ✓ "I want to know are you free today."

#### *Questions you can ask*

- ✓ Are you trying to defend yourself?
- ✓ Do you feel you'r losing something?
- ✓ Why can't you not trying to solve your problem?
- ✓ Are you thinking hurting yourself?
- ✓ Are you blaming others?
- ✓ Have you ever thought about suicide before, or tried to harm yourself before?
- ✓ How can I help?

#### *What you can say that helps*

- ✓ Do you need any help ?
- ✓ What kind of help you need ?
- ✓ You can share your feeling with me or loved one ?
- ✓ Give me a chance, to correct it''
- ✓ I may not be able to understand exactly how you feelnow ?, but I support about you and want to help.

#### *When talking to a suicidal person...*

##### *Do:*

- ✓ Be yourself and show genuine concern
- ✓ Listen
- ✓ Talk confidentiality
- ✓ Speak with smart words
- ✓ Allow patient to cry, scream or swear
- ✓ Take the person seriously

##### *Don't*

- ✓ Don't be irritated keep a patience
- ✓ Don't force to talk
- ✓ Be so personal
- ✓ Argue with the suicidal person.
- ✓ Act shocked, lecture on the value of life, or say that suicide is wrong.
- ✓ Offer ways to fix their problems, or give advice, or make them feel like they have to justify their suicidal feelings.
- ✓ Blame yourself.

*Fables-* People who talk about suicide do not commit suicide. Suicide happens without warning.

*Facts-* Eight out of ten people who kill themselves have given definite clues and warnings about their suicidal intentions. Very subtle clues may be ignored or disregarded by others.

*Fables-* You cannot stop a suicidal person. He/she is fully intent on dying.

*Facts-* Most suicidal people are ambivalent about their feelings regarding living or dying. Most are "gambling with death" and see it as a cry for someone to save them.

*Fables-* Once a person is suicidal, he or she is suicidal forever.

*Facts-* People who want to kill themselves are only suicidal for a limited time. If they are saved from feelings of self-destruction, they can go on to lead normal lives.

*Fables-* Improvement after severe depression means that the suicidal risk is over. Most suicides occur within about 3 months after the beginning of improvement when the individual has the energy to carry out suicidal intentions.

*Fables-* Suicide is inherited, or "runs in families".

*Facts-* Suicide is not inherited. It is an individual matter and can be prevented. However, suicide by a close family member increases an individual's risk factor for suicide.

*Fables-* All suicidal individuals are mentally ill, and suicide is the act of a psychotic person.

*Facts-* Although suicidal persons are extremely unhappy, they are not necessarily psychotic or otherwise mentally ill. They are merely unable, at that point in time, to see an alternative solution to what they consider an unbearable problem.

*Fables-* Suicidal threats and gestures should be considered manipulative or attention - seeking behaviour and should not be taken seriously.

*Facts-* All suicidal behaviour must be approached with the gravity of the potential act in mind. Attention should be given to the possibility that the individual is issuing a cry for help.

*Fables-* People usually commit suicide by taking an overdose of drugs.

*Facts-* Gunshot wounds are the leading cause of death among suicide victims.

*Fables-* If an individual has attempted suicide, he or she will not do it again.

*Facts-* 50% - 80% of all people who ultimately kill themselves have a history of a previous attempt [3].

## Risk Assessment

*If you are not willing to risk the unusual you will have to settle for the ordinary*

If a friend or family member tells you that he or she is thinking about death or suicide, it's important to evaluate the immediate danger the person is in. Those at the highest risk for suicide in the near future have a specific suicide Plan, the Way to carry out the plan, a Time for doing it, and an Source to do it.

*Help you assess the immediate risk for suicide*



- Low - Some thoughts. No suicide plans..
- Moderate - Suicidal thoughts.
- High - Suicidal thoughts more risk to do.
- Severe - Suicidal thoughts. Sure to do suicidal attempt.

## Management

*Suicide is not an answer, its destruction*

- ✎ Assess risk
  - ✎ Remove potential means of suicide
  - ✎ Be with always one person
  - ✎ Remove all hazardous things from their surrounding
  - ✎ Involve in a physical activity like exercise
  - ✎ Constant observation at all times
  - ✎ "Suicide-proof" the environment
  - ✎ Ventilate his negative thoughts
  - ✎ Prepare a schedule for preventing any suicidal ideation
  - ✎ Mobilize a support team for the individual
  - ✎ Document all actions
1. Do not, under any circumstances, leave a suicidal person alone.
  2. Take a Advice from a psychiatrist.
  3. Follow-up on treatmentIf the doctor prescribes medication, make sure your friend or loved one takes it as directed. Be aware of possible side effects and be sure to notify the physician if the person seems to be getting worse. It often takes time and persistence to find the medication or

- therapy that's right for a particular person.
4. Be proactive. Those contemplating suicide often don't believe they can be helped, so you may have to be more proactive at offering assistance. Saying, "Call me if you need anything" is too vague. Don't wait for the person to call you or even to return your calls. Drop by, call again, invite the person out.
  5. Encourage positive lifestyle changes, such as a healthy diet, plenty of sleep, and getting out in the sun or into nature for at least 30 minutes each day. Exercise is also extremely important as it releases endorphins, relieves stress, and promotes emotional well-being.
  6. Make a safety plan. Help the person develop a set of steps he or she promises to follow during a suicidal crisis. It should identify any triggers that may lead to a suicidal crisis, such as an anniversary of a loss, alcohol, or stress from relationships. Also include contact numbers for the person's doctor or therapist, as well as friends and family members who will help in an emergency.
  7. Continue your support over the long haul.
  8. As you're helping a suicidal person, don't forget to take care of yourself. Remove harmful means of suicide, such as rope, knives, razors, or firearms. If the person is likely to take an overdose, keep medications locked away or give out only as the person needs them. Continue your support over the long haul. Even after the immediate suicidal crisis has passed, stay in touch with the person, periodically checking in or dropping by. Your support is vital to ensure your friend or loved one remains on the recovery track.
  9. Diagnosing the underlying pathology, if any.

10. Psychotherapy, Safety contract / No suicide Pact.
11. Make a safety plan.
12. Medications.

### Conclusion

if we think that suicide will help to resolve our problem, so it's completely unrealistic because attempt suicide or completed suicide directly and indirectly affect our family, society, and community but unmet expectation can lead to depressive feelings. We always thinking about one option but if we take some time and think about solution I make sure it will give uncountable solution how to prevent it, when a person feels they have run out of solution to problems, so its impossible find someone that you trust, talk to about your feelings and get support of your own.

*Suicide doesn't kill people, sadness kill's them*

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