

SUICIDE

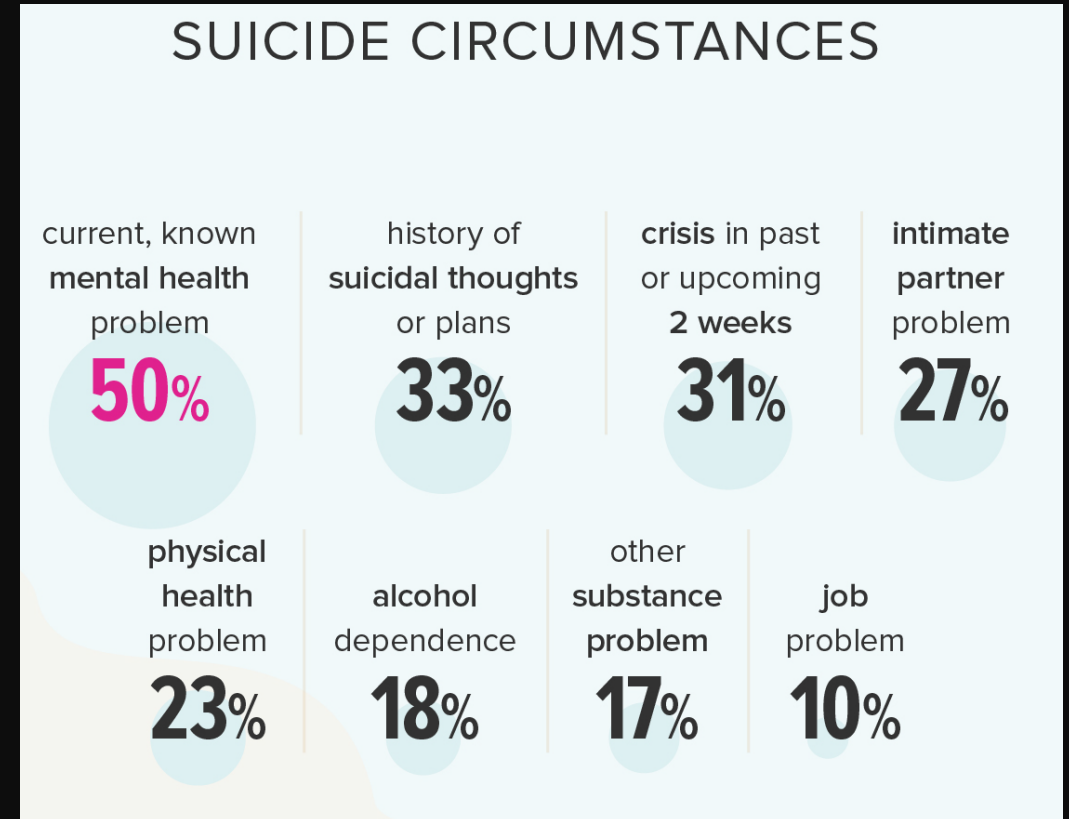
Contemporary Problems in Urban Sustainability
Ebru TARHAN

Facts

- Suicides resulted in 828,000 global deaths in 2015, an increase from 712,000 deaths in 1990. This makes suicide the 10th leading cause of death worldwide.
- Rates of completed suicides are generally higher among men than among women, ranging from 1.5 times as much in the developing world to 3.5 times in the developed world.
- Suicide is generally most common among those over the age of 70; however, in certain countries, those aged between 15 and 30 are at the highest risk.
- Europe had the highest rates of suicide by region in 2015. There are an estimated 10 to 20 million non-fatal attempted suicides every year.
- Non-fatal suicide attempts may lead to injury and long-term disabilities. In the Western world, attempts are more common among young people and among females.
- According to the American Association of Suicidology, depression is present in about half of all suicides.
- Suicide and attempted suicide, while previously illegal, are no longer so in most Western countries. It remains a criminal offense in many countries.
- In the 20th and 21st centuries, suicide has been used on rare occasions as a form of protest, and kamikaze and suicide bombings have been used as a military or terrorist tactic.

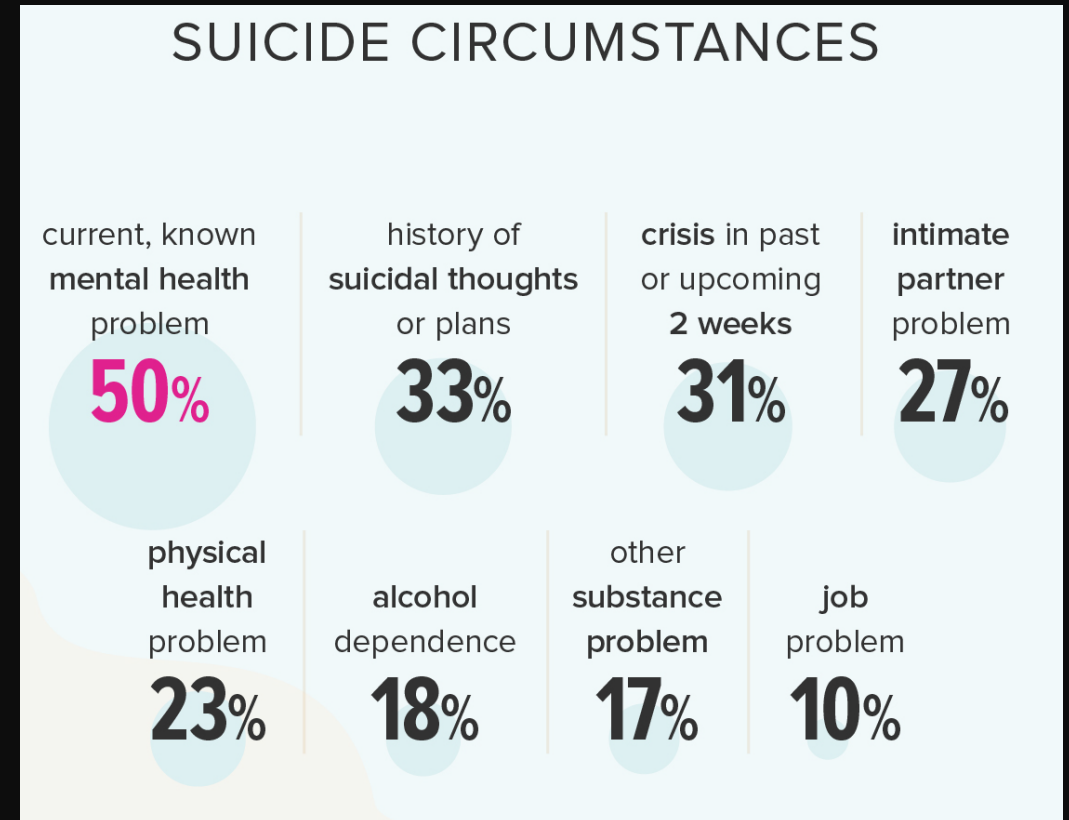
Why Do People Commit Suicide?

- **Depression and mental illnesses:** Depression can make people feel great emotional pain and loss of hope, making them unable to see another way to relieve the pain other than ending their own life. Other mental illnesses besides depression such as schizophrenia or other illnesses that produce psychosis might be hearing voices which command her to kill herself. Bipolar disorder, an illness in which a person experiences alternating periods of high and low moods, can also increase a person's risk for committing suicide. Borderline personality disorder is another condition with a high rate of suicide. Eating disorders, including anorexia and bulimia, also have a high rate of death by suicide.



Why Do People Commit Suicide?

- **Traumatic Stress:** A person who has had a traumatic experience, including childhood sexual abuse, rape, physical abuse, or war trauma, is at a greater risk for suicide, even many years after the trauma. Being diagnosed with post-traumatic stress disorder (PTSD) or multiple incidents of trauma raises the risk even further. This is partly because depression is common after trauma and among those with PTSD, causing feelings of helplessness and hopelessness that can lead to suicide.
- **Hopelessness:** Hopelessness, either in the short-term or as a longer-lasting trait, has been found in many studies to contribute to the decision to commit suicide. The person may be facing a social or physical challenge and see no way the situation can improve. When people feel they have lost all hope and don't feel able to change that, it can overshadow all of the good things in their life, making suicide seem like a viable option. While it might seem obvious to an outside observer that things will get better, people with depression may not be able to see this due to the pessimism and despair that go along with this illness.

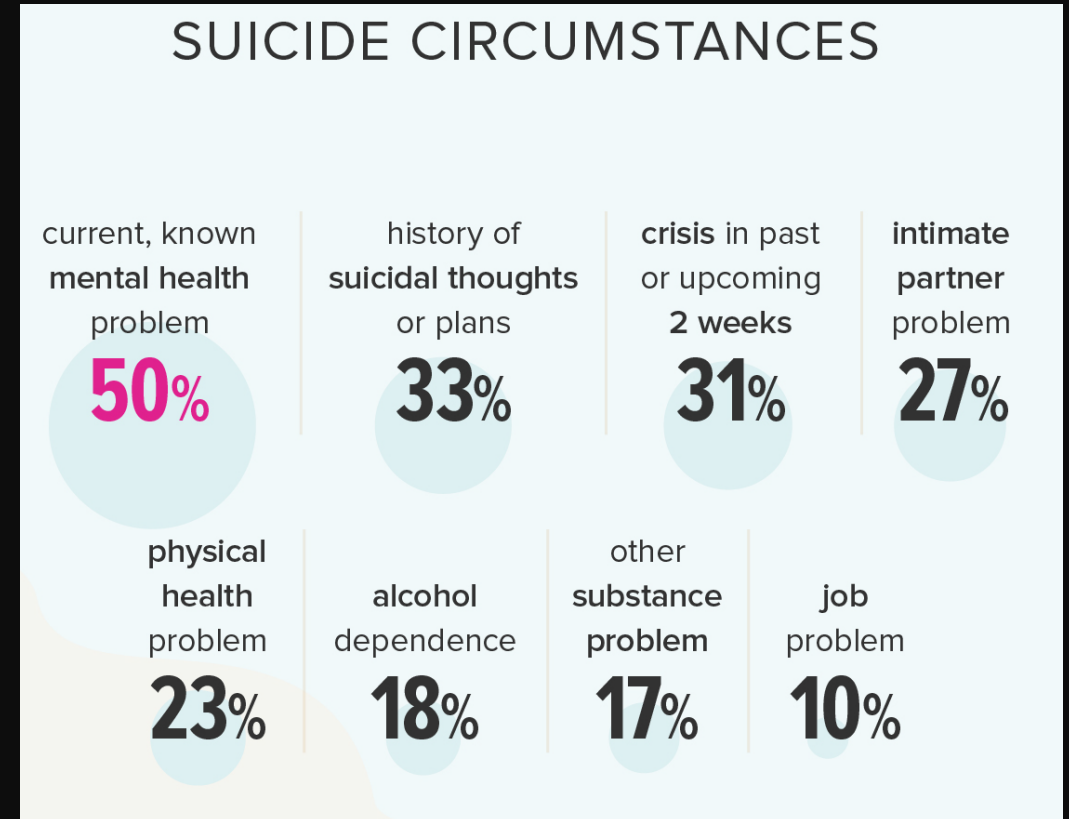


Why Do People Commit Suicide?

- **Loss or Fear of Loss:** A person may decide to commit suicide when facing a loss or the fear of a loss.

These situations can include:

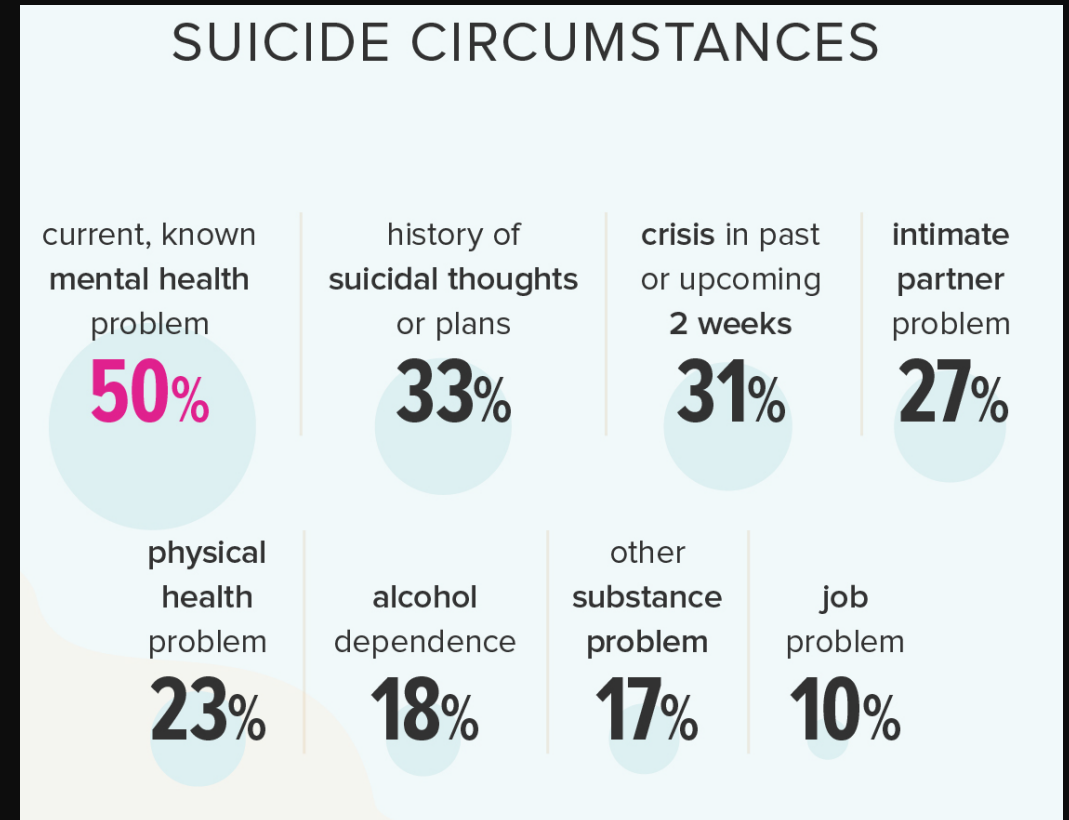
- Ending a romantic relationship or close friendship
- Losing a job or being unemployed and unable to find a sufficient source of steady income
- Financial problems
- Losing social position
- Losing your living situation due to financial reasons or the ending of a relationship
- Academic failure
- Losing social or family acceptance due to revealing your sexual orientation
- Bullying, shaming, or humiliation, including cyberbullying
- Being arrested or imprisoned



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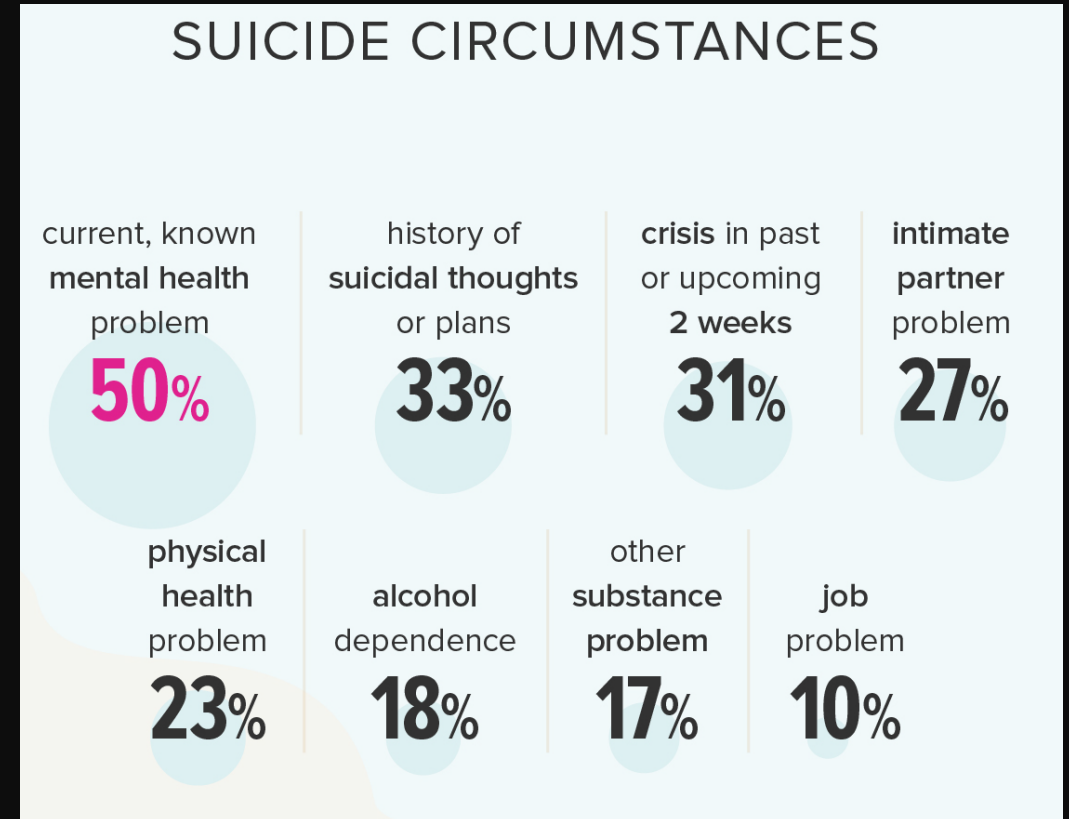
- **Chronic Pain and Terminal Illnesses:** If a person has chronic pain or illness with no hope of a cure or reprieve from suffering, suicide may seem like a way to regain dignity and control of their life. In some states, assisted suicide is legal for this very reason.
- The following health conditions were associated with a higher risk of suicide:
 - Asthma
 - Back pain
 - Brain injury
 - Cancer
 - Congestive heart failure
 - Diabetes
 - Epilepsy
 - HIV/AIDS
 - Heart disease
 - High blood pressure
 - Migraine
 - Parkinson's disease

Chronic pain can also bring on anxiety and depression, which can also increase your risk of suicide. According to research, people with chronic pain are four times more likely to have depression or anxiety than those who are pain-free.



Why Do People Commit Suicide?

- **Belief Your Life Is a Burden to Others:** A person with chronic pain or a terminal illness can also feel like a burden to others, as it becomes harder and harder to ask for yet another ride to the doctor's office or more help with household duties or assistance paying for hospital bills. In fact, many people who decide to commit suicide often state that their loved ones or the world, in general, would be better off without them. This type of rhetoric is a common warning sign of suicide. People often see themselves as a burden to others or feel worthless due to the overwhelming emotional burden they are carrying within.
- **Social Isolation:** A person can become socially isolated for many reasons, including losing friends or a spouse, undergoing a separation or divorce, physical or mental illness, social anxiety, retirement, or due to a move to a new location. Social isolation can also be caused by internal factors such as low self-esteem. This can lead to loneliness and other risk factors of suicide such as depression and alcohol or drug misuse.



MEDIA EFFECT

- The media, including the Internet, plays an important role. Certain depictions of suicide may increase its occurrence, with high-volume, prominent, repetitive coverage glorifying or romanticizing suicide having the most impact. When detailed descriptions of how to kill oneself by a specific means are portrayed, this method of suicide may increase in the population as a whole.
- This trigger of suicide contagion or copycat suicide is known as the "Werther effect", named after the protagonist in Goethe's *The Sorrows of Young Werther* who killed himself and then was emulated by many admirers of the book. This risk is greater in adolescents who may romanticize death. It appears that while news media has a significant effect; that of the entertainment media is equivocal. It is unclear if searching for information about suicide on the Internet relates to the risk of suicide. The opposite of the Werther effect is the proposed "Papageno effect", in which coverage of effective coping mechanisms may have a protective effect. The term is based upon a character in Mozart's opera *The Magic Flute*—fearing the loss of a loved one, he had planned to kill himself until his friends helped him out. When media follows certain reporting guidelines the risk of suicides can be decreased. Getting buy-in from the media industry, however, can be difficult, especially in the long term.



In Goethe's *The Sorrows of Young Werther*, the title character kills himself due to a love triangle involving Charlotte (pictured at his grave). Some admirers of the story were triggered into copycat suicide, known as the "Werther effect"

Suicide Warning Signs Include:

- **Talking about suicide** – Any talk about suicide, dying, or self-harm, such as “I wish I hadn’t been born,” “If I see you again...” and “I’d be better off dead.”
- **Seeking out lethal means** – Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
- **Preoccupation with death** – Unusual focus on death, dying, or violence. Writing poems or stories about death.
- **No hope for the future** – Feelings of helplessness, hopelessness, and being trapped (“There’s no way out”). Belief that things will never get better or change.
- **Self-loathing, self-hatred** – Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden (“Everyone would be better off without me”).
- **Getting affairs in order** – Making out a will. Giving away prized possessions. Making arrangements for family members.
- **Saying goodbye** – Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won’t be seen again.
- **Withdrawing from others** – Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.
- **Self-destructive behavior** – Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks as if they have a “death wish.”
- **Sudden sense of calm** – A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to attempt suicide.

What About Turkey?

- Although no concrete number was released regarding suicide attempts, TurkStat said 3,211 people managed to kill themselves, up from 3,169 in 2014.
- 72.7 percent of those who committed suicide were men.
- Kars, a city in easternmost Turkey, had the highest crude suicide rate at 9.17 per 100,000 in 2015. The city, located on the border with Armenia, is among the quietest and least developed cities in the country and has a population of around 129,000 people. It is the first time the city found itself in first place for suicides. It was followed by Ardahan, a northeastern city that shares a similar small-town appearance with Kars, and is located only 93 kilometers away from the city.
- Almost a quarter of people who committed suicide, 23.7 percent, were primary school graduates while the rest were high school graduates or those who did not complete any school. The suicide rate among university graduates was 11.7 percent.
- Married individuals accounted for 50.5 percent of people who committed suicide, 37.7 percent were people who never married and 7.2 percent were divorcees. Around 54 percent of those who committed suicide were married men, and the rate was 41.1 percent for married women. TurkStat did not release indicators regarding the methods used for the suicides.

SO WHAT?

Suicide Prevention: Suicide prevention starts with recognizing the warning signs and taking them seriously. If you think a friend or family member is considering suicide, there's plenty you can do to help save a life.

- **Understanding suicide: Common misconceptions about suicide**
 - **Myth:** People who talk about suicide won't really do it.
 - **Fact:** Almost everyone who attempts suicide has given some clue or warning. Don't ignore even indirect references to death or suicide. Statements like "You'll be sorry when I'm gone," "I can't see any way out,"—no matter how casually or jokingly said—may indicate serious suicidal feelings.
 - **Myth:** Anyone who tries to kill themselves must be crazy.
 - **Fact:** Most suicidal people are not psychotic or insane. They are upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

SO WHAT?

- **Myth:** If someone is determined to kill themselves, nothing is going to stop them.
- **Fact:** Even a very severely depressed person has mixed feelings about death, fluctuating between wanting to live and wanting to die. Rather than wanting death, they just want the pain to stop—and the impulse to end their life does not last forever.

- **Myth:** People who die by suicide are people who were unwilling to seek help.
- **Fact:** Many people try to get help before attempting suicide. In fact, studies indicate that more than 50 percent of suicide victims had sought medical help in the six months prior to their deaths.

- **Myth:** Talking about suicide may give someone the idea.
- **Fact:** You don't give someone suicidal ideas by talking about suicide. Rather, the opposite is true. Talking openly and honestly about suicidal thoughts and feelings can help save a life.

SO WHAT?

Suicide prevention tip: Speak up if you're worried: If you spot the warning signs of suicide in someone you care about, you may wonder if it's a good idea to say anything. What if you're wrong? What if the person gets angry? In such situations, it's natural to feel uncomfortable or afraid. But anyone who talks about suicide or shows other warning signs needs immediate help—the sooner the better. 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.

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 wanted to check in with you because you haven't seemed yourself lately.”

SO WHAT?

Questions you can ask:

“When did you begin feeling like this?”

“Did something happen to make you start feeling this way?”

“How can I best support you right now?”

“Have you thought about getting help?”

What you can say that helps:

“You are not alone in this. I’m here for you.”

“You may not believe it now, but the way you’re feeling will change.”

“I may not be able to understand exactly how you feel, but I care about you and want to help.”

“When you want to give up, tell yourself you will hold off for just one more day, hour, minute—whatever you can manage.”

SO WHAT?

When talking to a suicidal person:

Do:

Be yourself. Let the person know you care, that they are alone. Finding the right words are not nearly as important as showing your concern.

Listen. Let your friend or loved one vent and unload their feelings. No matter how negative the conversation seems, the fact that it is taking place is a positive sign.

Be sympathetic and non-judgmental. The suicidal person is doing the right thing by talking about their feelings, no matter how difficult it may be to hear.

Offer hope. Reassure your loved one that help is available and that the suicidal feelings are temporary. Let the person know that their life is important to you.

Take the person seriously. If a suicidal person says things like, "I'm so depressed, I can't go on," ask if they're having thoughts of suicide. You're allowing them to share their pain with you, not putting ideas in their head.

SO WHAT?

When talking to a suicidal person:

But don't:

Argue with the suicidal person. Avoid saying things like: "You have so much to live for," "Your suicide will hurt your family," or "Just snap out of it."

Act shocked, lecture on the value of life, or argue that suicide is wrong.

Promise confidentiality or be sworn to secrecy. A life is at stake and you may need to speak to a mental health professional in order to keep the suicidal person safe. If you promise to keep your discussions secret, you may have to break your word.

Offer ways to fix your loved one's problems, give advice, or make them feel like they have to justify their suicidal feelings. It is not about how bad the problem is, but how badly it's hurting your friend or loved one.

Blame yourself. You can't "fix" someone else's depression. Your friend or loved one's happiness, or lack thereof, is not your responsibility.

SO WHAT?

Suicide prevention tip: Offer help and support.

To help a suicidal person:

Get professional help. Do everything in your power to get a suicidal person the help he or she needs. Call a crisis line for advice and referrals. Encourage the person to see a mental health professional, help locate a treatment facility, or take them to a doctor's appointment.

Follow-up on treatment. If 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.

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.

SO WHAT?

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.

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.

Remove potential means of suicide, such as pills, knives, razors, or firearms. If the person is likely to take an overdose, keep medications locked away or give them 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.



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