

SUICIDE AND ITS AFTERMATH

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USA SUICIDE STATISTICS

- 10TH leading cause of death, one completed every 13 min.
- *12.3 deaths per 100,000 people
- *117 completions per day in the US
- *1 death per 25 attempts
- ***Number one method is firearms**, #2 is overdose
- *70% completions by men; likelihood increases with age
- *Costs to the US is \$44 billion annually
- *90% of those completing have a mental health diagnosis in both USA and Canada
- *30% involve alcohol; lowers inhibitions

SUICIDE IN CANADA

- In 2009 there were 3,890 suicides in Canada, a rate of 11.5 per 100,000 people.
- The suicide rate for males was three times higher than the rate for females (17.9 versus 5.3 per 100,000).
- Although suicide deaths affect almost all age groups, those aged 40 to 59 had the highest rates.
- Married people had a lower suicide rate than those who were single, divorced or widowed.
- Suicide is a major cause of premature and preventable death. It is estimated, that in 2009 alone, there were about 100,000 years of potential life lost to Canadians under the age of 75 as a result of suicides.

SUICIDE IN CANADA

- Rates of **suicide in Canada** have been fairly constant since the 1920s, averaging annually around twenty (males) and five (females) per 100,000 population.
- During the 2000s, Canada ranked 34th-highest overall among [107 nations' suicide rates](#)

AGE AND GENDER FACTORS

- Over the past ten years, the **most common method of suicide in Canada has been hanging** (44%), which includes strangulation and suffocation; followed by poisoning (25%) and firearm use (16%).
- Males were most likely to complete suicide by hanging (46%) while females most often died by poisoning (42%). Males (20%) were far more likely to use firearms than females (3%).
- Canadian males experience two periods over their lives when they are most likely to die by suicide—in their late forties, and past the age of ninety—for females there is a single peak, in their early fifties. The peak male rates are 53% above the average for all ages, while for females, the peak is 72% greater.

AGE AND GENDER FACTORS

- Approximately 3,500 per year take place annually, slightly below deaths due to colon and breast cancers.
- Suicide is the seventh-most common cause of death among Canadian males, and tenth-highest among both sexes combined. According to [Statistics Canada](#) reviewer Tanya Navaneelan, in the period from 1950–2009, males committed suicide at a rate of three times that of women. The much higher rate of male suicide is a long-term pattern in Canada. At all points in time over the past 60 years, males have had higher rates of suicide than females.
- During 1999–2003, the suicide rate among Nunavut males aged 15 to 19 was estimated to exceed 800 per 100,000 population, compared to around 14 for the general Canadian male population in that age group.

GEOGRAPHIC BREAKDOWN

	Both Sexes	Males	Females
Canada	10.90	17.04	4.96
Alberta	13.13	19.81	6.41
British Columbia	9.73	14.95	4.68
Manitoba	12.04	18.04	6.13
New Brunswick	11.95	19.78	4.38
Newfoundland and Labrador	8.54	14.75	2.54
Northwest Territories	18.66	32.35	4.99
Nova Scotia	9.29	15.58	3.34
Nunavut	71.00	113.69	26.26
Ontario	7.86	12.16	3.80
Prince Edward Island	8.86	14.94	3.01
Quebec	15.20	24.05	6.53
Saskatchewan	11.46	17.83	5.19
Yukon	15.30	26.84	3.91

FIRST NATIONS SUICIDES

- During 2000–2007, there were between 13 and 25 male suicides recorded annually in the Nunavut territory, *accounting for between 16% and 30% of total annual mortality.*
- Canada's regional rate of 71.0 in Nunavut would place Nunavut **second highest in the world if it were a country.**
- **Winter 2016: five young people killed themselves in the northern Indigenous community of Cross Lake, Manitoba. In the weeks that followed 140 more attempted suicide.**

CROSS LAKE

- Cross Lake, a community of 8,500 people, is 500 kilometers north of Winnipeg. It's a cluster of buildings in a sea of boreal forest nestled on the banks where Cross Lake meets the Nelson River.
- **Winter 2016: five young people, ages 15 to 18, killed themselves in the northern Indigenous community of Cross Lake, Manitoba. In the weeks that followed 140 more attempted suicide.**
- An estimated 8,000 people live on the First Nation, which has an 80 per cent unemployment rate.
- Part of the problem is that there is very little for young people to do. In the summer, they play baseball. In the winter, there's only hockey.

CROSS LAKE

- **"This is where I live"** CBC's *The Fifth Estate* documentary followed 3 youths over nine months who shared what it was like to live there.
- An estimated 8,000 people live on the First Nation, which has an 80 per cent unemployment rate.
- Part of the problem is that there is very little for young people to do. In the summer, they play baseball. In the winter, there's only hockey.
- Drugs and alcohol play a huge role.

USA CHILDREN AND ADOLESCENT SUICIDES

- **4/500,000 deaths under the age of 12; hard to distinguish accidental vs. suicidal behaviors**
- **Suicidal teens tend to be taller than peers (height = maturity myth)**
- **Puberty factors: social and peer pressures, drug and alcohol use, increase in mental illnesses**
- **Brain differences: Adolescents have brains that are more active in the areas of excitement, fun and pleasure. Their pre-frontal cortex which contains impulse control, executive function and clear thinking lags behind from ages 12-22.**
- **Use of social media may increase depression “bullycide” is new term**

SUICIDE AMONG MIDDLE SCHOOLERS ON THE RISE

- Suicides among 10 year-old to 14 year-old kids doubled between 2007 and 2014.
- This surpasses the death rate for car accidents for this age group for the first time.
- Suicides at ages 8 and 9 are now being reported.
- Social media bullying is a factor. Before social media, one could leave their bully at school and be safe, but now bullying is 24/7.
- “Blue Whale Challenge” a media game that challenges kids to do things like self mutilate while filming themselves has led to several suicides, including a Texas boy who filmed hanging himself.

USA GENDER RACE AND AGE

According to Levingston(2014), white men who are elderly are the most likely to succeed with their attempts of suicide due to their frailty. Not only are they more vulnerable but they suffer from depression and choose lethal, quick methods.

Levingston, S.A. (2014). The high suicide rate among elderly white men, who may suffer from depression. The Washington Post. retrieved from www.washingtonpost.com



GENERAL PREDICTORS OF SUICIDE

- **Previous Suicide attempts (increases chances of completion by 6-10 times)**
- **Substance abuse**
- **Incarceration**
- **Family History of Suicide or having a friend who completed suicide (6-10)**
- **Poor job security or low levels of job satisfaction**
- **History of being abused or of witnessing continuous abuse**
- **Being diagnosed with a serious medical condition, such as cancer or HIV**
- **Being socially/geographically isolated**
- **Being bullied**
- **Being exposed to suicidal behavior**



FAMOUS SUICIDES

- Robin Williams (1951-2014)
- Philip Seymour Hoffman (1967-2014)
- L'Wren Scott (1964-2014)
- Kurt Cobain (1967-1994)
- Tony Scott (1944-2012)
- Amy Winehouse (1983-2011)
- Adolf Hitler (April 1889 – 1945)
- Judas



BASICS OF GRIEF

- We tend to think of grief as occurring in stages.
- **Denial**
- **Anger**
- **Bargaining**
- **Depression**
- **Acceptance**

This may help us to understand the complex feelings involved with loss but it does not equate to a way of grieving that each person will experience.

BASICS OF GRIEF

- These stages are *common* experiences, not required ones. They were meant to help normalize a personally painful experience.
- Stages of grief suggest that grief is a linear process, with a beginning and an end. Indeed, it does not always move forward. Instead it can be cyclical; one may feel they have made progress and then an event or feeling can make them feel they are regressing.
- Grief in reality, is a uniquely felt experience that is different from person to person.



BASICS OF GRIEF

- There is no definable “end to grief”, no discernable finish line.
- Grief shifts and changes and is sometimes very heavy and other times light.
- Grief takes a lot of energy.
- There is no one right or wrong way to grieve.

Grief is part of the human experience; all humans will encounter grief.

HOW DOES SUICIDE GRIEF DIFFER FROM OTHER TYPES?

- Exercise: think about someone you cared about that died. How you found out about the death? Think about your first reaction. Remember what feelings it elicited in you.
- Did you send or give a card or memorial in honor of the lost one?
- Did you attend the funeral? Was it an open casket? If so, did that help your grief process? Do you remember what you said to other grievers, particularly the family members?
- If you attended the burial, was an ordained minister involved in the burial rites? Was it at a public cemetery?

WHAT IS A SUICIDE SURVIVOR?

- A family member or a friend who has lost a loved one to death by suicide.
- It is estimated that for every suicide there are at least 6 - 10 survivors whose lives are forever impacted by the loss.
- Survivors of suicide represent “the largest mental health casualties related to suicide” (Edwin Shneidman, PhD, American Association of Suicidology Founding President).

SUICIDE GRIEF

- Suicide grief differs from “normal” grief in significant ways.
- “Commit” vs. “Complete” suicide

Grief after suicide is considered **complex or disenfranchised** grief. It may not follow what others expect as rules of grieving. Certain rules that exist about who is entitled to grieve and, in turn, who is supported in their grief. In a suicide death, there is often a minimization of the loss as society doesn't know how to validate an intentional death. Therefore, there is not a validation of the loss or of the grief process.

- Survivors of suicide feel alone and isolated. They feel unsupported. They feel judged. “Didn't you know _____ was depressed?” is often asked of them.
- Suicide grief is intense, complex and long term.

SUICIDE GRIEF

Suicide grievors feel and get stuck in intense emotions such as:

Rage: Is suicide the ultimate abandonment? “My loved one chose to leave me rather than getting through this.”

Shame and Blame: Those left behind often blame themselves for not seeing or knowing what would happen. Unlike other deaths, people want to find a *culprit*; a loved one who knew about the depression, a therapist who was seeing the deceased, a physician who prescribed medication. If there is a perception that a loved one could have kept the suicide from happening there is blame. Second guessing and what-iffing very common.

SUICIDE GRIEF

- **“WHY”**: survivors get obsessed with the reason why someone chose death. This may be a way to control or avoid the intense sense of loss; “if I can understand why my son killed himself, I can accept it.” This is a myth; in about 30% of suicides there is a note explaining why. It does not help the survivors.
- **Stigma**: Often a mental illness is present in suicides and that may cause more distance for grievers. Some suicides are still not allowed church or burial rites. In general, society struggles with what to say to survivors, which is different than other deaths. Even the word “committed” implies illegal action/being sent to an institution, so the preferred way of saying this is “death by suicide” or “suicide completion” and not “committed suicide”.

SUICIDE GRIEF

- **Relief:** Survivors who have lived with a loved one's mental illness and have lived unstable lives centered around that, may feel relief that their lives can return to some sort of balance. Those who have attempted many times, or are living through a horrible disease may find relief with death, as well as their survivors.
- Survivors often *cycle* through these intense emotions and are triggered by songs, smells, seeing things or others that remind them of their lost one. Anniversaries are tough; the death day, birthdays, etc. are likely to cause a feeling of remission in the grief process.

HOW TO HELP WITH SUICIDE GRIEF



HOW TO HELP

- Normalize the intensity of feelings for grievors; they will survive this and they are not crazy, they are grieving.
- Normalize the cyclical nature of suicide grief.
- Expect them to struggle with the “why” of the suicide.
- Expect them to be angry at themselves, the loved one, you , God, etc.
- Help them to confront their own suicidal thinking which is normal after this kind of death.
- Have them journal their thoughts and feelings to “legitimize” their grief. Monitor sleep and dreams regularly.
- FIND A GROUP for them; best treatment modality. If not a suicide group, a grief group.

OTHER WAYS TO HELP

- The American Association of Suicidology (AAS) offers a variety of resources and programs to survivors including kits, handouts, resources and an annual conference.
- Develop a list of local clergy that you have interviewed and trust to help with the faith struggles that often occur.
- Find out where the nearest suicide survivors support group is at: available online at www.suicidology.org
- <https://suicideprevention.ca/need-help/>
- Survivors of Suicide www.survivorsofsuicide.com



HOW TO HELP

- Help them to educate others on what they need: errands or tasks that they need help with, to be allowed to talk about the loved one, to scream or rant, to hug or hold them as they cry.
- Tell them not to set a time limit on grieving as others will do that for them. There is no set amount of time that it will take so don't keep track of that.
- Remind them that being forgetful, confused and unable to concentrate is a part of grieving.
- Don't be afraid to try to help, it's not so much what you say but what you do.

QUESTIONS?

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