

Understanding The Psychology of Suicide and Suicidal Behavior

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Abstract

Suicide has emerged as a pressing global concern over the past years, and it is expected to remain so in the foreseeable future. This paper aims to provide deeper insights into the psychology of suicide and the influence of external factors on suicidal tendencies. By specifically examining the impact of isolationism and feelings of burdensomeness, this study delves into significant factors affecting suicidality, identifies high-risk individuals, explores genetic predisposition, recognizes major warning signs, and emphasizes the importance of prevention.

Extensive research has demonstrated that a combination of internal and external factors, including genetics and situational depression, contribute to self-harm and suicide. However, it is crucial to comprehend the extent to which certain circumstances and emotions contribute to the desire to commit suicide. By drawing on Thomas Joiner's book "Why People Die by Suicide" and numerous other reputable sources, this study concludes that two primary external factors strongly associated with suicidality are feelings of isolation and burdensomeness. Furthermore, it reveals that both religious beliefs and age play significant roles in determining an individual's vulnerability to suicide.

1 Major Factors of Suicide

Suicide is often seen as a means to end suffering or a way to get rid of or avoid pain, and it carries a universal stigma. Society often perceives it as a cowardly and weak act. No one commits suicide for no reason. As David Hume once

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expressed, “No man ever threw away life while it was worth keeping.” What factors contribute to suicide? What makes people feel that life is not worth keeping? Whether rooted in feelings of isolation or burdensomeness, various reasons can contribute to a person’s sense of despair, including past experiences, genetic predispositions, and more. But what drives individuals to end their lives, even when faced with challenges that may appear temporary?

Two major factors, according to Thomas Joiner, of suicide include ‘perceived burdensomeness’ and ‘failed belongingness’ (Joiner). Perceived burdensomeness alludes to the feelings of inadequacy or inefficiency a person experiences. These factors are particularly prevalent among individuals with disabilities or those who feel that they only impose hardships on the people around them. Failed belongingness, however, relates to the feelings of isolation one feels in others’ company. ‘Failed belongingness’ contributes to the observation that suicide rates go down in times of celebration (when people come together) and in times of tragedy (when people support one another) (Joiner, Hollar, Van Orden, 2006). Social alienation has emerged as a prominent factor associated with suicidality, along with perceived burdensomeness. These two factors are commonly found among individuals at risk of suicide. Those who experience feelings of burdensomeness or ostracization are more susceptible to suicidal ideation and actions compared to those who do not suffer from these emotional states.

Previous suicide attempts and self-harm are two other major factors that contribute to the likelihood of suicide. In “Why People Commit Suicide” by Thomas Joiner, Joiner explains that “... the first step to death by suicide is to grapple with the results of eons of evolution, to grapple with one of nature’s strongest forces—self-preservation” (Joiner, 48). The act of committing suicide is far from simplistic. It rarely occurs impulsively, as it entails overcoming the strong instinct for self-preservation. Generally, individuals who are at the highest risk of suicide are those who have made previous attempts. “The view taken here is that those who have gotten used to the negative aspects of suicide, and, additionally, who have acquired competence and even courage specifically regarding suicide, are the ones capable of the act—anyone else is unable to complete suicide, even if they want to” (Joiner, 49). A critical element in the act of suicide is the development of habituation to pain. Individuals who have engaged in self-harming behaviors, like self-cutting, are at a higher risk of both attempting and completing suicide. This is because they may perceive the act of self-harm, such as cutting their wrists or causing harm to themselves, as less painful over time. Moreover, the severity or lethality of the self-harm attempt

is directly correlated with an increased likelihood of a completed suicide.. As Schneidman puts it, “Each day contains the threat of failure and assaults by others, but it is the threat of self-destruction that we are most afraid to touch” (Edward Schneidman). If suicide came without pain, almost all of humanity would have committed it by now.

Substance abuse also plays a major role in suicidal behavior. “Opioid use is associated with a 40-60 percent increased likelihood of suicidal thought, and a 75 percent increased likelihood of suicide attempt. Some studies suggest that Opioid and injection drug users are 13 times as likely to die by suicide” (Addiction Center). In the end, individuals struggling with substance abuse disorders are at a higher risk of suicide compared to those without such issues. One possible explanation for this is that substance abuse can contribute to intensified and distressing experiences, including self-harm (Joiner, 195). In addition to this, such disorders can lead to an increase in social alienation and diminish one’s sense of efficacy, thereby amplifying feelings of failed belongingness and perceived burdensomeness, as mentioned earlier. A study relevant to this, has also shown that when intoxicated individuals are more inclined to self-inflict pain compared to those who are sober (Joiner, 194).

Mental disorders play a significant role in influencing suicidality among individuals. Two major disorders include Borderline Personality Disorder and Anorexia Nervosa. “Borderline Personality Disorder is characterized by a long-standing pattern of stormy interpersonal relationships, self-destructive behavior such as self-cutting or burning, marked emotional lability and impulsivity, and an empty or diffuse sense of identity” (Joiner, 195). Borderline Personality Disorder patients generally have pervasive thoughts of a lack of self-efficacy and self-doubt. This reinforces feelings of burdensomeness and can increase the chances of suicide. At least fifty percent of people with borderline personality disorder have made at least one very severe suicide attempt (Joiner, 196). Individuals with Borderline Personality Disorder often have a background of self-harm, intensifying their vulnerability to suicide risk. Additionally, Anorexia Nervosa, another mental illness, can exert a substantial influence on suicidality. Women with anorexia often subject themselves to physical trauma, primarily through self-starvation, and frequently exhibit increased tolerance to pain. This contributes to the development of a capacity for engaging in potentially lethal self-injury.

Mood disorders play a significant role in influencing suicidality. A considerable number of suicide cases involve individuals with a history of mood disorders,

such as depression, bipolar I disorder, and bipolar II depressive disorder. According to a study done by the Addiction Center, “66 percent of people who fall victim to suicide are dealing with depression at the time” (Addiction Center). Mood disorders’ correlation to suicidality may be due to an increased ability to cause self-harm as a result of manic episodes. Depression, specifically, causes feelings of sadness, hopelessness, and loss of interest in specific activities. This can result in social isolation, which in turn can cause an increase in suicidal thoughts or behaviors.

2 Major People At Risk

When considering gender, men are approximately four times more likely to die by suicide compared to women. Conversely, women are about three times more likely than men to make suicide attempts (Joiner, 155). This gender discrepancy in suicide rates may be attributed to a higher tendency towards violence among men, which is comparatively less prevalent among women. For instance, men are more likely to die by gunshot, whereas women tend to resort to methods such as overdose or poisoning when attempting suicide. Additionally, men may possess a greater capacity for self-harm due to their engagement in more aggressive activities or sports. Moreover, men might experience greater challenges in establishing a sense of belonging, as women are generally less inclined to abandon relational values that form a significant part of their identity.(Joiner, 156). The graph below shows the average suicide rates of men and women in the US from 1981-2016.

In the United States, there is a notable contrast in suicide rates between African-Americans and Caucasians, with African-Americans generally exhibiting a lower risk. This discrepancy is believed by some theorists to be influenced by factors such as social support and religiosity, which tend to be more prevalent among African-Americans (Joiner,158). When it comes to religiosity and a sense of connection with God, African-Americans often surpass Caucasians in their levels of devotion and spiritual closeness. “In a national survey, it was found that African-Americans are more likely to attend church, pray, and feel more strongly about their religious beliefs than whites.” (Joiner, 159).In this context, it suggests that religious institutions and support from others can serve as a protective factor against suicidality. This reinforces the theory that when the fundamental need for belongingness is fulfilled, the risk of suicide decreases.

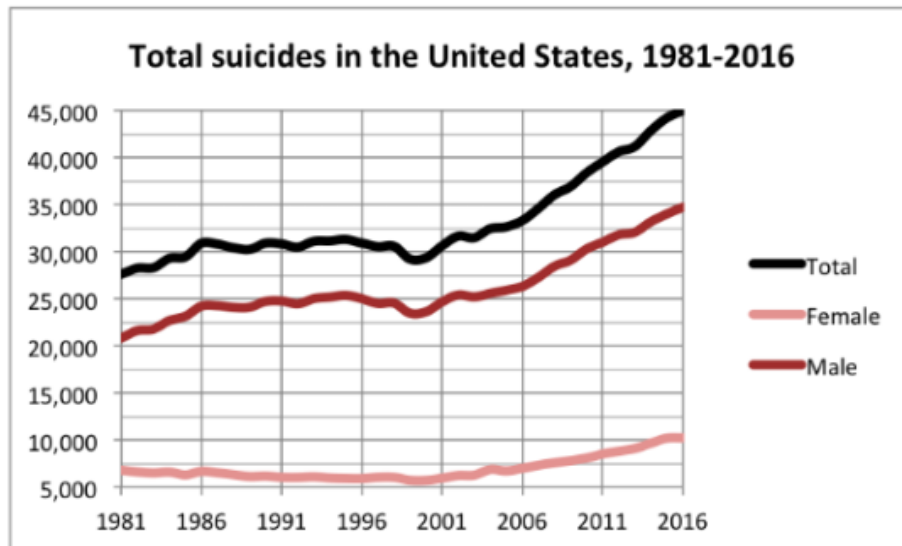


Figure 1:

Hispanics have one of the lowest suicide rates among all races/ethnicities in the United States (sprc.org). This may be due to close contact with family. Nevertheless, it is important to acknowledge that there is considerable diversity within the Hispanic population in the United States. Conversely, Native Americans experience higher rates of suicide compared to other populations, with rates approximately 1.5 to 2 times higher (Joiner, 160). This may be due to the social disintegration of the Native Americans, but may also be affected by the social cohesion in different tribes (Joiner, 161). On the opposite end of the spectrum, various ethnic groups and cultures may exhibit lower susceptibility to suicide. This can be attributed to their strong sense of community, which fosters a reduced emphasis on autonomy and an enhanced sense of belongingness. In contrast, cultures that prioritize independence and autonomy may experience heightened feelings of suicidality due to a perceived lack of belongingness.

Age is a significant factor in suicidality, as the risk generally increases with advancing age. “In the United States, suicide is most common in those who are sixty-five years old or older . . . The ratio of attempted to completed suicides among adolescents is quite high (more than a hundred to one), whereas the ratio is around four to one among older people)” (Joiner, 162). While feelings of burdensomeness may appear more prevalent among older individuals, it is important to note that individuals of any age can experience such feelings,

contributing to a high rate of suicide among adolescents and young adults, alongside depression. In fact, depression is more commonly observed in young people compared to older individuals. It is crucial to recognize that feelings of burdensomeness are not solely linked to being a failed breadwinner but can also arise from a sense of expendability (Joiner,163). Suicide, however, is not very common among younger children because they do not have the experience nor the time to acquire the ability to commit self-harm. The graph below shows the Suicide rates by age in 2015.

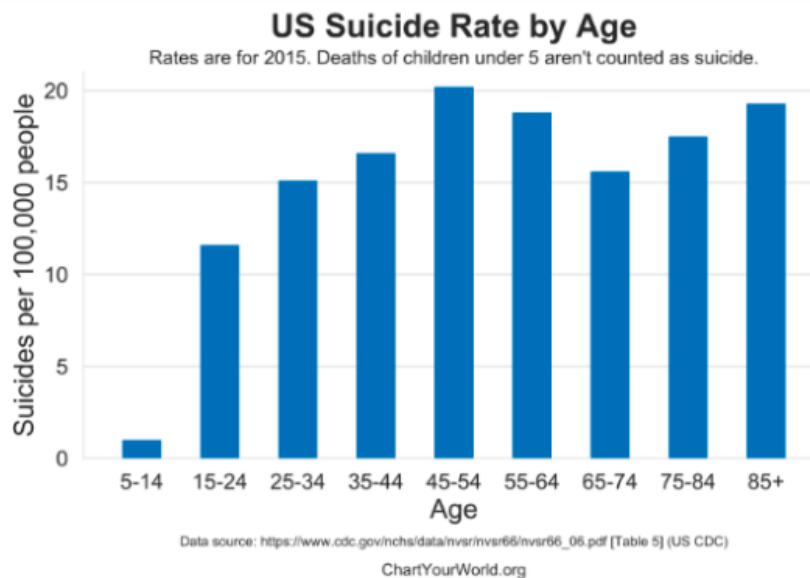


Figure 2:

Victims of childhood abuse are also at risk of suicide. Childhood abuse and neglect can result in feelings of expendability, which in turn causes increased suicidality. Childhood losses have a significant impact on suicide risk. Neglectful parenting, in particular, emerges as a major risk factor for suicidal ideation and subsequent attempts among adolescents. A study of 776 randomly selected children from a mean age of five to adulthood over a seventeen-year period showed that childhood abuse (especially sexual abuse) conferred a significant risk for suicidality (Joiner, 190). Results showed that the “Risk of multiple suicide attempts was eight times greater among those with a sexual

abuse history than among others” (Joiner, 190). Furthermore, childhood abuse amplifies habituation to pain, thereby enhancing the capacity for self-harm. Essentially, childhood abuse exerts not only physical but also psychological effects on individuals, significantly contributing to suicidality and placing victims at an increased risk of suicide.

3 Genetics

While research shows that there is a genetic component to suicide, it can not be entirely relied on without taking into account other factors. Genetic research, encompassing studies on twins and adoption registries, provides evidence supporting the influence of genetics on suicidality. For example “From a register of thousands of adoptions, they identified fifty-seven who eventually died by suicide. These fifty-seven were compared to fifty-seven matched adoption controls who had not died by suicide, specifically with regard to family history of suicide among their biological relatives. Over 4 percent of the biological relatives of the suicide group had themselves died by suicide, as compared to well under 1 percent of the biological relatives of the control group.” These findings indicate that genes can contribute to suicidality. Furthermore, numerous mental disorders such as depression, mood disorders, and personality disorders, which possess a genetic component, significantly elevate the risk of suicide. Specific genes have been found to have associations with suicidality in certain studies. Genes such as the serotonin transporter gene, the TPH gene, and the COMT gene have demonstrated links to suicidality in various research findings (Joiner,179). Serotonin is responsible for the feeling of well-being and happiness people feel, in addition to facilitating sleeping, eating, and digestion. The serotonin system plays a crucial role in regulating serotonin levels in the synaptic space. Certain individuals with specific genotypes may exhibit dysregulated serotonin systems, which can have implications for their overall health and well-being. Studies have indicated that this particular genotype is more prevalent among individuals who have died by suicide compared to others. Additionally, people with a family history of suicide are more likely to have this genotype than those without such a family history (Joiner, 177). Tryptophan Hydroxylase or TPH is also a serotonin-system gene that can affect suicidality. Catechol-O-methyltransferase (COMT) is not a serotonin-system gene but has been linked to suicide in some studies. One study found that there was no difference in COMT genotype be-

tween patients at high risk for suicide and control patients, however, another study suggested that differences in the COMT gene are only found in violent suicide (Joiner,178).

4 Major Signs

It can be challenging to determine whether an individual is experiencing suicidal thoughts or not, particularly if one is not well-versed in recognizing the multitude of signs of suicide. While some signs may seem evident, there are also many that remain obscure and require deeper understanding to identify. A few common signs include being sad or moody, sudden calmness, changes in personality, difference in appearance, going through serious trauma, or change in sleep pattern. In addition to the aforementioned signs, there are several other indicators that can assist in recognizing if a person is struggling with thoughts of suicide or self-harm. These include experiencing overwhelming emotional or physical pain, withdrawing from family and friends, giving away cherished or meaningful possessions, expressing farewells to loved ones, attending to personal affairs such as making a will, or engaging in unnecessary risks that could potentially lead to fatal outcomes. When engaging in conversation with an individual who may be experiencing suicidal thoughts, certain prominent signs may manifest. These signs can encompass talking about wanting to die or end their life, expressing feelings of emptiness, hopelessness, or a lack of purpose in life, discussing a sense of being trapped or perceiving no viable solutions to life's challenges, as well as expressing a belief of being a burden to others or contemplating the idea of burdening others. Every emotion and experience we go through as humans is meaningful, regardless of its scale. If anyone is experiencing any of these symptoms, no matter how minor they may seem, seeking help is the best course of action to prevent further escalation. If someone observes these signs in someone close to them, it is important to seek help on their behalf. Additionally, alongside the aforementioned signs, there are several others that may concentrate on specific aspects of an individual's life. For instance, certain reasons or signs may be associated with relationships, such as experiencing physical or emotional abuse within a relationship, lacking support from family and friends, or having a family history of suicide. Other specific symptoms pertain to community, cultural, and societal factors. These signs encompass feeling ashamed to seek help, particularly for mental health concerns,

lacking access to adequate healthcare, specifically mental health or substance abuse care, and adhering to strong cultural beliefs that consider suicide as a viable solution for resolving problems.

5 Prevention

Suicidal thoughts are one of the most common and serious issues among adolescents and teens today. While it is common for everyone to experience moments of despair and sadness, when these feelings escalate to a point where one perceives themselves as worthless and entertains thoughts of being better off dead, seeking help becomes an imperative priority. One primary approach to prevention is Cognitive Behavioral Therapy (CBT), a form of psychotherapy that assists individuals in identifying and modifying their thought patterns in order to effectively cope with stressful experiences. By helping individuals develop alternative actions and thoughts instead of contemplating suicide, CBT serves as a valuable method for preventing suicide. Another type of therapy is Dialectical Behavior Therapy (DBT). This is another type of psychotherapy. Extensive research has demonstrated the efficacy of Cognitive Behavioral Therapy (CBT) in reducing suicidal behavior among adolescents. Furthermore, Dialectical Behavior Therapy (DBT) has shown significant success in significantly reducing suicide attempts among adults diagnosed with personality disorders (a mental illness with an ongoing pattern of impulsive behavior, self-image, and actions that result in impulsive behavior and problems with relationships). A therapist who is proficient in Dialectical Behavior Therapy (DBT) can assist individuals in identifying and addressing their disruptive or unhealthy emotions and behaviors. By acquiring effective coping strategies for challenging situations, individuals can find support in managing distressing circumstances. Seeking help remains the optimal approach for preventing or halting the occurrence of suicide, both in oneself and in loved ones. The Suicide Hotline number is 800-273-8255, <https://suicidepreventionlifeline.org/?scrlybrkr=50efaab0>.

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