Suicide: Cause and Effect

For years doctors and other professional medical health providers have been had one duty, to save a life. This noble profession that is so dedicated to the sanctity of life are finding themselves at war. Not with death itself, but with an epidemic of massive proportion that can be summed up in a single word. Suicide, the act of either intentionally being self-destructive or to end your own life. While it may sound and seem simplistic in nature the reaction behind the ominous idea is not quite as static. Many factors dictate a persons reaction to the idea of suicide, it may be philosophical or theological, sometimes it may even be cultural. An example of a cultural influence to the concept of suicide is the Samurai Warrior in Feudal Japan. They believed that a ritual suicide is a mark of honor and not something to be disdained. This principle continued on toward World War II with the Kamikaze pilots. Adding to the idea is the spin that literary arts give to suicide, the most notable example is the famous play of William Shakespeare, Romeo and Juliet, where both main character take their own lives which ultimately ends years of rivalry between their two families, suggesting that suicide to be something romantic and helpful. While death is inevitable I believe that lack of knowledge does nothing to help those in need and it is only with information about the cause and effect of suicide can this epidemic be slowed and hopefully stopped in the future.

Despite these often conflicting influences surrounding us in daily life the reality of suicide seems to remain a mystery until a person is exposed to it. By that time it is often too late and leaves an individual to question and wonder. Showing that the effects of suicide go beyond just the individual, affecting not just themselves, but also their loved ones and friends. Even simple acquaintances are affected by the act of suicide. Ignorance of the subject is being combated, even erased as governments and private agencies around the world rise up to help
those who feel that suicide is the answer. These organizations do not just cater toward those at risk or those contemplating taking the final step, but also to assist and help those left behind to deal with the epidemic obsession of intentional self-destruction.

**Suicide: Causes**

Often times people ask if suicide is either an illness or condition. The nature of suicide, or at least the thought of it, happens to be neither. At least not specifically, while a psychological cause can suggest a higher likelihood of such an act, it is not the direct cause. Neither is the idea that an injury can be the logical explanation for such an act. Both reasons give the false sense of security that there was nothing that could be done. In truth, the idea is more obscure because suicide is a sequence of events, or decisions if you will, leading an individual from idea to reality. (Mayo Clinic, Mayo Clinic Staff, April 2004, [http://www.mayoclinic.com/health/suicide/MH00053](http://www.mayoclinic.com/health/suicide/MH00053)) Does that mean that neither an illness or a psychological condition can’t contribute to that decision making process? On the contrary, while suicide is not a direct cause of depression, the nature of depression can lead an individual toward the decision that suicide may be their only option.

In addition to this idea is the thought that maybe an individual is genetically predisposed to the concept of suicide, that because someone in their family made the decision, they are highly more likely to do the same. While some evidence shows that certain predisposed psychological disorders like bipolar, schizophrenia and other such conditions can be genetically traced it does not mean that suicidal behavior is inevitable, merely that the individuals in that family is more susceptible. In addition, the exposure to the idea and the concept could lead to the person having a higher risk toward the tendency for suicide. This concept is known as “suicide contagion” which merely states that the exposure of suicide to individuals has shown an increase in such
behaviors that would identify them as being at risk. (National Institute of Mental Health, FAQ, 1999 posted 2004, http://www.nimh.nih.gov/SuicidePrevention/suicidefaq.cfm)

What is the reason that so many people may choose suicide? Simply put, the desire to escape the pain, be it physical, mental or emotional, may lead to that fateful decision. If all avenues that should be available are not utilized the individual may feel that they have no choice in the matter, that there is only one logical choice. In addition to this, the potential suicide victim may be contending with their own fears that if they were to inform someone of their pain that they may be viewed as weak and unworthy, which then only leads to a further feeling of unworthiness and depression. Despite this though, there is a need to reach out and try to get someone to notice or understand the degree of pain. Once words fail to do so a person may move onto action, making the decision. That decision brings about a type of euphoria that can be perceived as the individual makes preparations. Once they are set one of two things can happen, they either succeed or they don’t.

When they don’t it is known merely as an attempt which may lead to several different reactions. The greater the severity of the attempt the more emphasis is given. Muddling the waters is also the fact that not all self-destructive behavior is meant to lead to death. When this happens, and if that distinction is recognized, it is known as parasuicide which, while may not be intended to lead to death could do so due to the person going too far in the endeavor. (Mayo Clinic, Mayo Clinic Staff, April 2004, http://www.mayoclinic.com/health/suicide/MH00053). Both of these, be it an actual attempt toward death or merely toward self-destruction, raises awareness of those around them and serves as a warning sign. The reason for this goes beyond the mere shock that someone they know would actually take those steps. It has been proven that those who have attempted in the past or are prone to self-destructive acts upon their person has a
much higher susceptibility toward the completion of the act. Warning signs that might have been missed or ignored suddenly come to the light. It then becomes the responsibility of those individuals around them, be they professional, family or friendly, to be vigilant and watchful so that the person can receive the help they richly deserve.

Suicide: Effects

Science has long since proven that every action brings about a reaction, in other words where there is a cause it is always followed by an effect. Suicide is no exception to this rule. The most obvious effect of suicide is that it leads to that individual’s death. It’s guaranteed as much as is the fact that the sun will rise in the east and set in the west. The disturbing fact however isn’t in the guaranteed outcome of a successful suicide, but in how little people realize or understand that suicide affects more than just that individual. As no single person can go through life without affecting another human being, it is inevitable that their death would do the same. Before broaching the subject about completed suicide, the attempts must be evaluated first. When the attempt at ending their life is interrupted and interceded by someone else, the ripple effect that is generated may lead the person to the various agencies that are available. These vary from a trip to a medical facility where they will put the individual on a suicide watch program or place the individual in question in a program that is designed to offer counseling and support, helping the person get on the path toward life.

Successful completion of suicide however is in some ways more defined and less murky than an attempt, at least in regards to the person who completed it. However, an attempt is easier because you can still get an answer to the fateful question of why. The completion of suicide though is significantly harder for those who are left behind as they suffer through the inevitable wonderings about why and how the warning signs were missed. Sadly, very little research has
been done on survivor reaction. Studies have shown that a person who has survived a loved ones suicide are affected differently than those who lose their loved ones through some other means. The most difficult question appears to relate to who would be considered a survivor in regards to the relationship to the individual who completed their intent. Does the category only belong to the family members of the person or does it also encompass those who were in a deep relationship with the person, be it as a close friend or through a constant interaction with the person? Last year a workshop was brought together by the American Foundation for Suicide Prevention (AFSP) and the National Institute of Mental Health (NIMH). The panel that was gathered not only evaluated the current research that is available in regards to survivors but also identified what areas are in need of a greater and deeper look. (AFSP, Survivor Research, 2006, http://www.afsp.org/index.cfm?fuseaction=home.viewpage&page_id=2D9DF73E-BB25-0132-3AD7715D74BFF585).

Summary

In truth, with all the research that is being done, both on the nature of depression and the genetic influences in regards to other psychological and genetic possibilities to the cause of suicide, it will never be finished. While a deeper understanding of the way the brain operates coupled with understanding the effects of psychological problems may help to limit the alarmingly high numbers of people around the world that either attempt or succeed in suicide, the trained professionals can only do so much. It is also the responsibility of the average citizen to help their friends and families, to identify the warning signs and hold out the helping hand that is yearned for. The most important piece of information that can be given to any one person in regards to suicide is that it is permanent, there is no turning back and no way to say, “Just kidding.”
Sources


3. American Foundation of Suicide Prevention, Survivor Research, 2006, AFSP and NIMH Propose Research Agenda for Survivors of Suicide

http://www.afsp.org/index.cfm?fuseaction=home.viewpage&page_id=2D9DF73E-BB25-0132-3AD7715D74BFF585