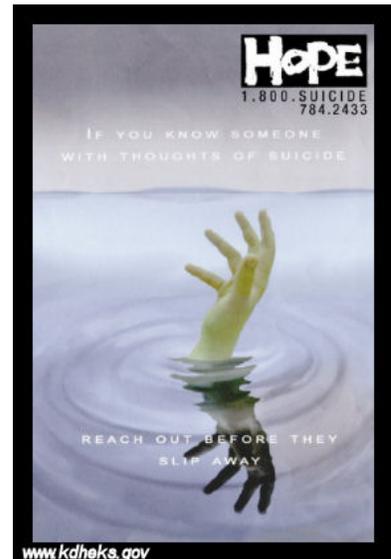


Suicide

Suicide and Views on Suicide

Suicide is the act of intentionally terminating one's own life. Views on suicide have been influenced by cultural views on existential themes such as religion, honor, and the meaning of life. Most Western and Asian religions—the Abrahamic religions, Buddhism, Hinduism—consider suicide a dishonorable act; in the West it was regarded as a serious crime and offense against God, due to religious belief in the sanctity of life. Japanese views on honor and religion led to seppuku being respected as a means to atone for mistakes or failure during the samurai era; Japanese suicides rates remain some of the world's highest. In the 20th century suicide in the form of self-immolation has been used as a form of protest, and in the form of kamikaze and suicide bombing as a military tactic. Medically assisted suicide (euthanasia, or the right to die) is a controversial ethical issue involving people who are terminally ill, in extreme pain, and/or have minimal quality of life through illness. Self-sacrifice for others is not usually considered suicide, as the goal is not to kill one but to save another.



The predominant view of modern medicine is that suicide is a mental health concern, associated with psychological factors such as the difficulty of coping with depression, inescapable suffering or fear, or other mental disorders and pressures. Suicide is often interpreted as a "cry for help" and attention, or to express despair and the wish to escape, rather than a genuine intent to die.

Most suicides (for various reasons) do not succeed on a first attempt; those who later gain a history of repetitions are significantly more at risk of eventual completion.

Nearly a million people worldwide die by suicide annually. There are an estimated 10 to 20 million attempted suicides every year. As many as 60,000 people commit suicide in Russia every year, approximately 30,000 people die by suicide each year in the United States, over 30,000 kill themselves in Japan and about



250,000 commit suicide each year in China. While completed suicides are higher in men, women have higher rates for suicide attempts. Elderly males have the highest suicide rate, although rates for young adults have been increasing in recent years. The countries of the former Soviet bloc have the highest suicide rate in the world. The region with the lowest suicide rate is Latin America. In India, suicide rates for women are nearly three times higher than those for men. Higher suicide rates among women have also been reported in China. Suicide rates in Africa are moderately high, mainly due to poverty rather than mental illness.

Suicidal Ideation

Suicidal ideation is defined as considering or fantasizing about taking one's own life. Ideation may range from vague or unformed urges to meticulously detailed plans and posthumous instructions. According to medical practice, severe suicidal ideation, that is, serious contemplation or planning suicide is a medical emergency and that the condition requires immediate emergency medical treatment.

Parasuicide

Many suicidal people engage in suicidal activities that do not result in death. These activities fall under the clinical designation of parasuicide. Those with a history of such attempts are almost 23 times more likely to eventually end their own lives than those who don't participate in such activities.

Suicidal Gestures and Attempts

Sometimes, a person will make actions resembling suicide attempts while not being fully committed, or in a deliberate attempt to have others notice. This is called a suicidal gesture (also known as a "cry for help"). Prototypical methods might be a non-lethal method of self-harm that leaves obvious signs of the attempt, or simply a lethal action at a time when the person considers it likely that he/she will be rescued or prevented from fully carrying it out.

On the other hand, a person who genuinely wishes to die may fail, due to lack of knowledge about what they are doing, unwillingness to try methods that may end in permanent damage if he fails or harms others, or an unanticipated rescue, among other reasons. This is referred to as a suicide attempt.

Distinguishing between a suicide attempt and a suicidal gesture may be difficult. Intent and motivation are not always fully discernible since so many people in a suicidal state are genuinely conflicted over whether they wish to end their lives. One approach, assuming that a sufficiently strong intent will ensure success, considers all near-suicides to be suicidal gestures. This however does not explain why so many people who fail at suicide end up with severe injuries, often permanent, which are most likely undesirable to those who are making a suicidal gesture.

Another possibility is those wishing merely to make a suicidal gesture may end up accidentally killing themselves, perhaps by underestimating the lethality of the method chosen or by overestimating the possibility of external intervention by others. Suicide-like acts should generally be treated as seriously as possible because if there is an insufficiently strong reaction from loved ones from a suicidal gesture, this may motivate future, and ultimately more committed attempts.

In the technical literature the use of the terms parasuicide, or deliberate self-harm are preferred – both of these terms avoid the question of the intent of the actions.

Suicide Crisis

A suicide being attempted, or a situation in which a person is seriously contemplating suicide or has strong suicidal thoughts is considered by public safety authorities to be a medical emergency requiring suicide intervention.



Suicide Note

A written message left by someone who attempts, or indeed dies by, suicide is known as a suicide note. The practice is fairly common, occurring in approximately one out of three suicides in the United States. Motivations for leaving one range from seeking closure with loved ones to exacting revenge against others by blaming them for the decision. It may also contain a few sentences apologizing to whom they may have left. Most suicide notes are hand written and also left with a few of the dead's possessions.

Para-Suicidality

Para-suicidality is a psychiatric term that refers to a suicidal gesture that is a marker for histrionic behavior, or even overt attention seeking. Para-suicidality is typically associated with borderline personality disorder, psychotic depression, and/or mania.

Fake Suicide

People sometimes fake suicide, usually in order to escape legal, financial, or relationship difficulties and start a new life. In order to explain the absence of a body, it is common to fake suicide by drowning. The term pseudocide covers not only fake suicide, but other fake deaths too (primarily fake murder). There have been numerous cases of celebrity suicides that have been challenged as possible homicides. Among the most famous were the drug overdose deaths of Marilyn Monroe, the 1994 suicide of Kurt Cobain, as well as the 1949 death of James Forrestal.

Self-Harm

Self-harm is not a suicide attempt, however initially self-injury was classified as a suicide attempt. There is a non-causal correlation between self-harm and suicide; both are most commonly a joint effect of depression. A common misconception is that self-injurers are suicidal. The reality is that self-injury is a completely different from suicide in that suicide attempts to end one's life whereas self-injury is a method to cope with life and continue living.

Assisted Suicide

An individual who wishes to end their own life may enlist the assistance of another person to provide the means to carry out suicide, e.g. a deadly poison. Moreover, the other person may help carry out the act on their behalf if the individual lacks the physical capacity to do so even with the supplied means;



frequently a family member or physician. This may or may not be considered a form of suicide according to different moral views of the practice, with opponents regarding it instead as akin to murder. Assisted suicide is a contentious moral and political issue in many countries.

Murder-Suicide

The motivation for the murder in murder-suicide can be purely criminal in nature or be perceived by the perpetrator as an act of care for loved ones in the context of severe depression. The severely depressed person may see the world as a terrible place and can feel that they are helping those they care about by removing them from it. Thoughts like this are generally regarded as a medical emergency requiring suicide intervention.

Since crime just prior to suicide is often perceived as being without consequences, it is not uncommon for suicide to be linked with homicide. Motivations may range from guilt to evading punishment, insanity, killing others as part of a suicide pact or exacting revenge on those whom they feel are responsible.

Suicide Attack

A suicide attack is when an attacker perpetrates an act of violence against others, typically to achieve a military or political goal that also results in his or her own death. Suicide bombings

have been prominent in the news in recent years. Other historical examples include the assassination of Tsar Alexander II and the kamikaze attacks by Japanese air pilots during World War II.

Suicide Methods

In countries where firearms are readily available, many suicides involve the use of firearms. Over 55% of suicides that occurred in the United States in 2001 were by firearm. Asphyxiation methods (including hanging) and toxification (poisoning and overdose) are fairly common as well. Each comprised about 20% of suicides in the US during the same time period. Other methods of suicide include blunt force trauma (jumping from a building or bridge, or stepping in front of a train, for example), exsanguination or bloodletting (slitting one's wrist or throat), intentional drowning, self-immolation, electrocution, car collision and intentional starvation. The documentary film *The Bridge* (documentary film) tells the story of 24 people who committed suicide and their families' responses. All the suicides took place at San Francisco's Golden Gate Bridge.

Causes of Suicide

Suicide poses a conundrum to sociobiologists: Why would one choose to eliminate oneself from the gene pool? Sociobiologists debate the ultimate adaptive advantage of suicidality, while at a proximate level of animal behavior, no single factor has gained acceptance as a universal cause of suicide. Depression, however, is a common phenomenon amongst those who die by suicide.

Other factors that may be related are as follows:

- Suffering (e.g. physical or emotional agony that is not correctable)
- Stress (e.g. grief after the death of a loved one)
- Crime (e.g. escaping judicial punishment and the dehumanization of incarceration)
- Mental illness and disability (e.g. depression, bipolar disorder, schizophrenia, anxiety disorders or post traumatic stress disorder)
- Catastrophic injury (e.g. paralysis, disfigurement, loss of limb)
- Adverse environment (e.g. sexual abuse, domestic abuse, poverty, homelessness, bullying, social isolation)
- Financial loss (e.g. loss of job/assets, debts)
- Sacrificial reasons (e.g. a soldier throwing his body on a grenade)
- Unresolved sexual issues (e.g. sexism, sexual orientation, gender dysphoria, unrequited love, aftermath of a break up, involuntary celibacy, acquiring an incurable Sexually Transmitted Infection (HIV, Herpes, HPV))
- To avoid shame or dishonor (e.g. the Bushido ideal, under which a disgraced samurai could regain his honor by performing seppuku)
- Terrorism can also be a motive for suicide, especially when related to religion (e.g., suicide bombings)
- Extreme nationalism (e.g. the Kamikaze, Selbstopfer, and Kaiten suicide weapons)
- Philosophical belief that life has no inherent value (e.g. absurdism, pessimism, nihilism)
- Religious cults (e.g. Heaven's Gate and Peoples Temple)



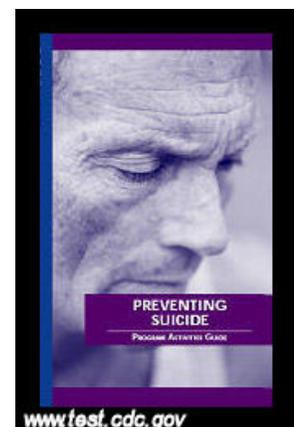
Suicide and Mental Illness

Studies show a high incidence of psychiatric disorders in suicide victims at the time of their death with the total figure ranging from 98% to 87.3% with mood disorders and substance abuse being the two most common. In schizophrenia, suicide can be triggered by either the depression that is common with this disorder, or in response to command auditory hallucinations. Suicide among people suffering from bipolar disorder is often an impulse, which is due to the sufferer's extreme mood swings (one of the main symptoms of bipolar disorder). Severe depression is considered a terminal illness due to the likelihood of suicide when left untreated.

Epidemiology

According to official statistics, about a million people die by suicide annually, more than those murdered or killed in war. As of 2001 in the USA, suicides outnumber homicides by 3 to 2 and deaths from AIDS by 2 to 1.

Gender and suicide: In the Western world, males die much more often than females by suicide, while females attempt suicide more often. Some medical professionals believe this is due to the fact that males are more likely to end their life through violent means (guns, knives, hanging, drowning, etc.), while women primarily overdose on medications or use other methods which may be ineffective. Others ascribe the difference to inherent differences in male/female psychology. Greater social stigma against male depression and a lack of social networks of support and help with depression is often identified as a key reason for men's disproportionately higher level of suicides, since "suicide as a cry for help" is



not seen as an equally viable option by men. Typically males die from suicide 3 to 4 times as often as females, and not unusually 5 or more times as often.

Excess male mortality from suicide is also evident from data from non-western countries. In 1979-81, 74 territories reported one or more cases of suicides. Two of these reported equal rates for the sexes: Seychelles and Kenya. Three territories reported female rates exceeding male rates: Papua-New Guinea, Macau,



French Guiana. The remaining 69 territories had male suicide rates greater than female suicide rates.

Barraclough found that the female rates of those aged 5-14 equaled or exceeded the male rates only in 14 countries, mainly in South America and Asia.

National suicide rates sometimes tend to be stable. For example, the 1975 rates for Australia, Denmark, England, France, Norway, and Switzerland, were within 3.0 per 100,000 of population from the 1875 rates. The rates in 1910-14 and in 1960 differed less than 2.5 per 100,000 of population in Australia, Belgium, Denmark, England & Wales, Ireland, Japan, New Zealand, Norway, Scotland, South Africa, Spain, Sweden, and The Netherlands.

There are considerable differences between national suicide rates. Findings from two studies showed a range from 0.0 to more than 40 suicides per 100,000 of population.

National suicide rates, apparently universally, show an upward long-term trend. This trend has been well documented for European countries. The trend for national suicide rates to rise slowly

over time might be an indirect result of the gradual reduction in deaths from other causes, i.e. falling death rates from causes other than suicide uncover a previously hidden predisposition towards suicide. There may also be an explanation in the reduced stigma attached to survivors as suicide is no longer a crime or a sin. This may allow coroners to record more suicides as such and so increase stats.

Ethnic groups and suicide. At least in the USA, Asian-Americans are more likely to die by suicide than any other ethnic group. Caucasians die by suicide more often than African Americans do. This is true for both genders. Non-Hispanic Caucasians are nearly 2.5 times more likely to kill themselves than are African Americans or Hispanics.

Age and suicide. At least in the USA, males over 70 die by suicide more often than younger males. There is no such trend for females. Older non-Hispanic Caucasian men are much more likely to kill themselves than older men or women of any other group, which contributes to the relatively high suicide rate among Caucasians.

Season and suicide. People die by suicide more often during spring and summer. The idea that suicide is more common during the winter holidays (including Christmas in the northern hemisphere) is a common misconception. Moving from a much warmer climate to a much cooler climate can be depressing. There is also potential risk of suicide in some people experiencing Seasonal affective disorder.

Other Reasons -Suicide as a Form of Defiance and Protest

Heroic suicide, for the greater good of others, is often celebrated. For instance, Mahatma Gandhi went on a hunger strike to prevent fighting between Hindus and Muslims, and, although he was

stopped before dying, it appeared he would have willingly succumbed to starvation. This attracted attention to Gandhi's cause, and generated a great deal of respect for him as a spiritual leader. In the 1960s, Buddhist monks, most notably Thích Quảng Đức, in South Vietnam drew Western attention to their protests against President Ngô Đình Diệm by burning themselves to death. Also in the 1960's Quaker Norman Morrison committed suicide by self-immolation to protest the United States involvement in the Vietnam War. Similar events were reported during the Cold War in eastern Europe, such as the

deaths of Ryszard Siwiec and later of Jan Palach and Jan Zajíc following the Soviet invasion of Czechoslovakia, or Roams Kalanta's self-immolation in the main street of Kaunas, Lithuania in 1972. More recently, an American anti-war activist, Malachi Ritscher



died by suicide by self-immolation as a protest against the Iraq war. In Ireland there exists a long tradition of hunger strike to the death against British rule, viz the pre independence death of Terence McSwiney in Cork and more recently for those interned without trial and refused political status in Northern Ireland. Critics may see such suicides as counter-productive, arguing that these people would probably achieve a comparable or greater result by spending the rest of their lives in active struggle.

Other Reasons - Military Suicide

In the desperate final days of World War II, many Japanese pilots volunteered for kamikaze missions in an attempt to forestall defeat for the Empire. In Nazi Germany, Luftwaffe squadrons

were formed to smash into American B-17s during daylight bombing missions, in order to delay the highly-probable Allied victory, although in this case, inspiration was primarily the Soviet and Polish taran ramming attacks, and death of the pilot was not a desired outcome. The degree to which such a pilot was engaging in a heroic, selfless action or whether they faced immense social pressure is a matter of historical debate. The Japanese also built one-man "human torpedo" suicide submarines.

However, suicide has been fairly common in warfare throughout history. Soldiers and civilians committed suicide to avoid capture and slavery (including the wave of German and Japanese suicides in the last days of World War II). Commanders committed suicide rather than accept



defeat. Spies and officers have often committed suicide to avoid revealing secrets under interrogation and/or torture. Behavior that could be seen as suicidal occurred often in battle, for instance a soldier falling on a grenade to save his comrades. Other examples include soldiers under cannon fire at the Battle of Waterloo took fatal hits rather than duck and place their comrades in harm's way. The Charge of the Light Brigade in the Crimean War, Pickett's Charge at Gettysburg in the American Civil War , and the charge of the French cavalry at the Battle of Sedan in the Franco-Prussian War were assaults that continued even after it was obvious to participants that the attacks were unlikely to succeed and would probably be fatal to most of the attackers. Japanese infantrymen usually fought to the last man by launching "banzai" suicide charges in World War II. In Saipan and Okinawa, civilians joined in the suicides. Suicidal attacks by pilots were common in the 20th century: the attack by U.S. torpedo planes at the Battle of Midway was very similar to a kamikaze attack.

Other Reasons - Ritual Suicide

Ritual suicide is the act of suicide motivated by a religious, spiritual, or traditional ritual.

An extreme interpretation of Hindu custom historically practiced, mostly in the 2nd millennium, was self-immolation by a widow as an assurance that she will be with her husband for the next life. Other rituals of self-immolation or self-starvation were used by Hindu, Jain and Buddhist monks for religious or philosophical purposes, or as a form of extreme non-violent protest. In China, some groups would practice suicide for similar reasons. In Japan, rituals of suicide like seppuku were practiced.

Other Reasons - Dutiful Suicide

Dutiful suicide is an act, or attempted act, of fatal self-violence at one's own hands done in the belief that it will secure a greater good, rather than to escape harsh or impossible conditions. It can be voluntary, to relieve some dishonor or punishment, or imposed by threats of death or reprisals on one's family or reputation (a kind of murder by remote control). It can be culturally traditional or generally abhorred; it can be heavily ritualized or purely functional. Dutiful suicide can be distinguished from a kamikaze or suicide bomb attack, in which a fighter consumes his own life in delivering a weapon to the enemy. Perhaps the most famous example of dutiful suicide is a soldier in a foxhole throwing his body on a live grenade to save the lives of his comrades.

Examples

- Disgraced Roman patricians were sometimes allowed to commit suicide to spare themselves a trial and penalties against their families
- Nazi SA commander Ernst Röhm was ordered to kill himself by Adolf Hitler. Röhm refused and was executed in prison
- Erwin Rommel, found to have foreknowledge of the German attempt on Hitler's life, was threatened with public trial, execution and reprisals on his family unless he committed suicide; he did
- The biblical figure Saul the King is said to have committed suicide at a losing battle with the Philistines



Impact of Suicide

It is estimated that an average of six people are suicide "survivors" for each suicide that occurs in the United States. In the context of suicide, the word "survivors" refers to the family and friends of the person who has died by suicide; this figure therefore does not represent the total number of people who may be affected. For example, the suicide of a child may leave the school and their entire community left to make sense of the act.

As with any death, family and friends of a suicide victim feel grief associated with loss. These suicide survivors are often overwhelmed with psychological trauma as well, depending on many factors associated with the event. This trauma can leave survivors feeling guilty, angry,

remorseful, helpless, and confused. It can be especially difficult for survivors because many of their questions as to why the victim felt the need to take his or her own life are left unanswered. Moreover, survivors often feel that they have failed or that they should have intervened in some way. Given these complex sets of emotions associated with a loved one's suicide, survivors usually find it difficult to discuss the death with others, causing them to feel isolated from their own network of family and friends and often making them reluctant to form new relationships as well.

"Survivor groups" can offer counseling and help bring many of the issues associated with suicide out into the open. They can also help survivors reach out to their own friends and family members who may be feeling similarly and thus begin the healing process. In addition, counseling services and therapy can provide invaluable support to the bereaved. Some such groups can be found online, providing a forum for discussion amongst survivors of suicide.

Economic Impact

Deaths and injuries from suicidal behavior represent \$25 billion each year in direct costs, including health care services, funeral services, autopsies and investigations, and indirect costs like lost productivity.



These costs may be counterbalanced by economic gains. Expenditure on those who would have continued living is reduced, including pensions, social security, health care services for the mentally ill as well as other normal budgetary expenditure per head of living population.

Views on Suicide - Medical

Modern medicine treats suicide as a mental health issue. Overwhelming or persistent suicidal thoughts are considered a medical emergency. Medical professionals advise that people who have expressed plans to kill themselves be encouraged to seek medical attention immediately. This is especially relevant if the means (weapons, drugs, or other methods) are available, or if the patient has crafted a detailed plan for executing the suicide. Medical personnel frequently receive special training to look for suicidal signs in patients. Individuals suffering from depression are considered a high-risk group for suicidal behavior. Suicide hotlines are widely available for people seeking help. However, the negative and often too clinical reception that many suicidal people receive after relating their feelings to health professionals (e.g. threats of institutionalization, increased dosages of medication, the social stigma) may cause patients to remain more guarded about their mental health history or suicidal urges and ideation.

In the United States, individuals who express the intent to harm themselves are automatically determined to lack the present mental capacity to refuse treatment, and can be transported to the emergency department against their will. An emergency physician will determine whether inpatient care at a mental health care facility is warranted. This is sometimes referred to as being "committed." A court hearing may be held to determine the patient's competence.

Views on Suicide - Criminal

In some jurisdictions, an act or failed act of suicide is considered to be a crime. More commonly, a surviving party member who assisted in the suicide attempt will face criminal charges.

In Brazil, if the help is directed to a minor, the penalty is applied in its double and not considered as homicide. In Italy and Canada, instigating another to suicide is also a criminal offence. In Singapore, assisting in the suicide of a mentally-handicapped person is a capital offense.

Views on Suicide - Cultural

In the Warring States Period and the Edo period of Japan, samurai who disgraced their honor chose to end their own lives by seppuku, a method in which the samurai takes a sword and slices into his abdomen, causing a fatal injury. The cut is usually performed diagonally from the top corner of the samurai's writing hand, and has long been considered an honorable form of death (even when done to punish dishonor). Though such a wound would be fatal, seppuku was not always technically



suicide, as the samurai's assistant (the kaishaku) would stand by to cut short any suffering by quickly administering a fatal cut to the back of the neck (just short of decapitation), sometimes as soon as the first tiny incision into the abdomen was made.

Views on Suicide - Religious

In most forms of Christianity, suicide is considered a sin, based mainly on the writings of influential Christian thinkers of the middle ages, such as St. Augustine and St. Thomas Aquinas. Their arguments center around the commandment, "thou shalt not kill" (made applicable under the New Covenant by Christ in Matthew 19:18), as well as the ideas that life is a gift given by God which should not be spurned, and that suicide is against the "natural order" and thus

interferes with God's master plan for the world. However, it is believed that mental illness or grave fear of suffering diminishes the responsibility of the one committing suicide. Suicide was not considered a sin under the Byzantine Christian code of Justinian, for instance. There is no verse in the Old or New Testament of The Bible, speaking against killing one's self. Counter-arguments include the following: that the sixth commandment is more accurately translated as "thou shalt not murder," not necessarily applying to the self; that taking one's own life no more violates God's plan than does curing a disease; and that a number of suicides by followers of God are recorded in the Bible with no dire condemnation.

Judaism focuses on the importance of valuing this life, and as such, suicide is tantamount to denying God's goodness in the world. Despite this, under extreme circumstances when there has seemed no choice but to either be killed or forced to betray their religion, Jews have committed individual suicide or mass suicide and as a grim reminder there is even a prayer in the Jewish liturgy for "when the knife is at the throat", for those dying "to sanctify God's Name". These acts have received mixed responses by Jewish authorities, regarded both as examples of heroic martyrdom, whilst other others state that it was wrong for them to take their own lives in anticipation of martyrdom.

Suicide is not allowed in the religion of Islam, however, martyring oneself for Allah, the only surefire way to enter into paradise, is seen as separate from suicide. Suicide by Muslim standards is traditionally seen as a sign of disbelief in God. The use of suicide bombing is therefore a controversial one in Islam. Groups like Hamas and Irgun consider it necessary - for instance, in the struggle against occupation.

Debate Over Suicide

Some see suicide as a legitimate matter of personal choice and a human right (colloquially known as the right to die movement), and maintain that no one should be forced to suffer against their will, particularly from conditions such as incurable disease, mental illness, and old age that have no possibility of improvement. Proponents of this view reject the belief that suicide is always irrational, arguing



instead that it can be a valid, albeit drastic, last resort for those enduring major pain or trauma. This perspective is most popular in Continental Europe, where euthanasia and other such topics are commonly discussed in parliament, although it has a good deal of support in the United States as well.

A narrower segment of this group considers suicide something between a grave but condonable choice in some circumstances and a sacrosanct right for anyone (even a young and healthy person) who believes they have rationally and conscientiously come to the decision to end their own lives. Notable supporters of this school of thought include German pessimist philosopher Arthur Schopenhauer, and Scottish empiricist David Hume. Adherents of this view often advocate the abrogation of statutes that restrict the liberties of people known to be suicidal, such as laws permitting their involuntary commitment to mental hospitals. Critics may argue that suicidal impulses are often products of mental illness rather than rational self-interest, and that because of the gravity and irreversibility of the decision to take one's life it is more prudent for society to err on the side of caution and at least delay the suicidal act.