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Death, Dying and Suicide Prevention

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Death is a part of living and it signifies an end to one's life. When dealing with death, there are many emotions that a love one left behind has to deal with. Death is a creature that can come all of a sudden such as suicide or death can be over duration of time. Either way it is something we have to contend with during our journey of life. For it is death that we will try to avoid for as long as possible if we don't become our own enemy.

The California Center for Health Statistics (2004) reported between 2002-2003 over 2,447,864 people died in the United States. Men accounted for 1,201,010 deaths while women made up 1,246,854. These deaths range from natural to violent causes. The highest age range is the elderly population with a death total of 709,351 combined mean and women.

Most of us are taken by complete surprise when we encounter death. Because loss is so painful, it is not unthinkable that grief is denied. We often distract ourselves in grief, thinking that we are getting through it more easily. What we don't realize is that we must face our grief in order to come out on the other side of it. Distractions keep us occupied but don't move us toward resolution. Excursions into denial are easy. We are always looking for distracters, for anything to keep us away from the pain. Yet, pain is exactly what we need to experience if we are to heal our wounded hearts. Grief hurts so deeply because we are torn from something or someone we love and with the loss of that love, part of us dies too.

Our attachment to one who has died will determine the amount of separation anxiety we feel. The stronger the attachment, the harder it will be to let go. The loss of someone we love takes away both our feeling of connection and an important

source of love. We are left frightened and lonely. Deaths final separation causes the gut-wrenching pain of grief.

Dr. Caroline (1991) describes the different stages of grief. The first phase of grief is shock. Whether a death is anticipated or happens suddenly and unexpectedly, we all feel some degree of shock and disbelief. Shock is a general term used to describe the amount of trauma we sustain. It is important to remember that we will deal with shock in very individualized ways. We may be numb and unreasoning, we may scream, faint, rant or rave. We may act as if nothing different has happened.

Some general characteristics of the shock phase include a state of alarm; we do not perceive the world as safe any longer, so we set up a defensive reaction that keeps us alert to anything that is unusual or fearful. This alarm response is controlled by the Autonomic Nervous System (ANS); we experience a fear response that energizes us to react to a threat or danger. The American Academy of Orthopaedic Surgeons (2002) says the ANS in our bodies release chemicals and hormones called epinephrine and norepinephrine. These chemicals give the body the strength it needs to deal with situations that generate high stress such as death. Disbelief and denial actually help us in bereavement because they act as buffers. They allow us to process the reality of the loss gradually. Denial and disbelief offer short, temporary retreats from the awful reality of the death. Confusion, people have difficulty remembering things and find it difficult to make decisions. Restlessness, people have the feeling they want to keep moving. Feeling of unreality, everything has a hazy vagueness, everything looks dim. We have a hard time visualizing

ourselves participating in a funeral. Helplessness, we feel frustrated, out of control as if our world has become unsafe, unpredictable.

The second phase of grief is awareness of loss. Some characteristics include separation anxiety; we are left feeling vulnerable and frightened. Separation anxiety produces a feeling of danger, of uneasiness and we struggle to regain control. Conflicts, acting out emotional expectations and prolonged stress.

The third phase of grief is conservation and the need to withdraw. Characteristics include withdraw and the need to rest. Your emotional state will seem more like depression. You will feel listless, fatigued and full of despair. Despair rather than depression. This is the time of turning inward, of facing the loss and of reviewing the earlier years spent together. Diminished social support. A significant loss takes years to resolve. The time, energy and nurturance that friends provide shortly after death taper off quickly. People expect that grief should be over long before it really is. Grief can't be hurried. Helplessness and loss of control, we feel out of control when there is nothing more to be done and when nothing that is done matters anyhow.

The fourth phase of grief is healing which is the turning point. We begin to have more energy and are willing to do more things. Assuming control, taking control of our lives again. Gaining a sense of control comes slowly and we need to remind ourselves that the healing process is slow. Relinquishing roles, share responsibilities and tasks. Forming a new identity, having the opportunity to our self again. Centering our self, find your own center of stability.

The fifth phase of grief is renewal. Characteristics include renewing self-awareness, accepting the freedom to select a way that is entirely your own. Accepting responsibility for our self, becoming responsible for our own lives and destiny. Learning to live without, begin a new life-fill the emptiness caused by death.

Death is not the greatest loss in life. The greatest loss is what dies inside us while we live. Because death affects each of us in different ways, the wise old saying “Time heals all wounds” is not necessarily true for everyone. Time is necessary for healing, but time is not enough. Shared feelings enrich and lead to growth and healing.

Death is something that a person learns to deal with and accept. When someone dies from suicide it not only destroys themselves, but the affects the entire family network. The National Center for Injury Prevention and Control, a department of the Centers for Disease Control and Prevention (CDC) maintains a log of deaths in the United States and reports that in 2002 there were 26,093 suicides.

Suicide and suicide attempts rarely occur before the age of 12 but then continuing through the teenage years, both increase with age. The youngest age bracket the CDC (2003), figure 1 has reports of suicide is 10-14 years old. The number one cause of suicide death is from suffocation, 154 deaths out of 260. From 154 suffocation deaths, 120 of them were males. The CDC (2003) also reports that from all forms of suicide combining the age and sex for those that have succeeded, the years of potential life lost (YPLL) for 2002 was 666,398 years. These are individual that could have had a great impact on society.

There are many more unsuccessful than completed acts among adolescents. In fact, for every suicide among adolescents there are 100-150 attempts. During these years adolescents face the difficult tasks of discovering their identity, clarifying their sexual roles, asserting their independence, learning to cope with authority and searching for goals that will give their lives meaning.

Many suicidal teenagers are extremely self-critical. They feel like failures and lack the self –confidence needed to cope with everyday problems. These feelings can come from their home or academic environments or from family and peers. Holding no hope for the future, they see suicide as a realistic solution to the difficulties they are experiencing.

Attempted suicides decreased rapidly after age 30, while completed suicides steadily increase with age. Suicide among young people is more common in males, while suicide attempts are far more prevalent among females. The United States Department of Health and Human Services (DHHS) reports that suicide is the eighth leading cause of death in the United States and the third leading cause for people age 15 to 24 years old. Over the past two decades suicide attempts among adolescents have increased more dramatically than suicides. The numbers change, as individuals grow older as do the means of suicide. Males often times become more aggressive in the teenage to middle age years and females are less lethal with their means of suicide. DHHS reports that in 1996 white males account for 73% of suicides. When adding white females to the statistics, the combined white male and female population account for nearly 90% of all suicides in the United States.

People who have attempted to take their own lives will sometimes deny that they are suicidal, which can delay treatment of underlying problems. Most people who think of suicide never actually try to kill themselves, and most people who do attempt to take their own lives do not succeed. What we can be sure of, however, is that once the red flag of someone's suicidal tendencies is waved, there are things that can be done to help. In fact, prompt and decisive reaction to such a signal may possibly prevent tragedy.

It is difficult to know who will actually attempt suicide, but generally those people who experience hopelessness, helplessness and alienation are more apt to be self-destructive and to make a suicide attempt. Many suicides do not show up in statistics. It is very likely that some deaths that are results of accidents such as car wrecks, self-poisoning, or accidental gunshot wounds may actually be suicides.

Studies show that stressful events such as broken romances, family tension, and problems at school or work are among the factors that can precipitate a suicide attempt. When a family or person has to face that a loved one has committed suicide, the realization is likely to produce reactions of anger, guilt and shame as well as the normal sorrow. Some families and individuals will not be able to cope with the situation and many mental health workers feel that such individuals need assistance to help them. It is important that help be offered within 24 hours of the suicide.

Helping someone who is potentially suicidal involves conveying and maintaining an optimistic attitude, emphasizing that things can improve. Providing a sounding board is often crucial. If someone is sympathetic and develops a good

understanding of the emotional pain the person is trying to cope with, and if the listener is patient and persistent, the problems can usually be uncovered. If the person resists talking about their problems, he or she should be encouraged to seek professional help.

School counselors, physicians, psychologists and social workers are among those who can either help directly or steer the suicidal person in the right direction. Sometimes despite such attempts at diversion, stressful, negative emotional states persist and seem to intensify. In such situations, a psychiatric evaluation must be made and treatment started. Someone seeking to help a suicidal person should be direct in talking about suicidal behavior. A suicidal person needs friends to provide support in overcoming problems and getting through emotional bad times. Support groups for people who have attempted or think about suicide are helpful to these people.

Death is a natural part of life. At some point, everyone will have to contend with the loss of a loved one. In today's society we are seeing more publicized death and an even scarier event is publicized suicides. Because of cultural beliefs, individuals commit acts of suicide to become a martyr for their people, when in fact most religions denounce suicide. In Qur'an 4:29-30, the holy writings of Islam, Suicide is forbidden "O ye who believe! Do not kill yourselves, for truly Allah has been to you Most Merciful. If any do that in rancour and injustice, soon shall we cast him into the Fire." In the Holy Bible, the writings that Christians follow, suicide is spoke about, but never denounces it. In the book of Ecclesiastes 7:17b, God said, "Do not be a fool--

why die before your time?" It is with this thought that we are meant to do better things with our lives.

We are born, and life begins for us. Death signifies an end to that life. There is no escaping death and dying, but we can delay the process by staying healthy and keeping our mental health in balance. A song written by Johnny Mandel with lyrics by Mike Altman (1970) is titled Suicide is Painless. This song became a big hit in the 70’s and last through the mid 80’s. Suicide is anything but painless. However the chorus of the song is true about the effects of suicide, “it brings on many changes”. Suicide is a selfish act on the individual and leaves loved ones with questions and guilt. For we all must die, but let us better our self, those around us and try to emulate those that provide a positive influence on society as a whole.

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