

## Helping a suicidal person: A psychologist's approach

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The present paper aims to help understanding and preventing suicide. As we all know that suicide is one of the most frightening experiences a person can have. Suicide in India is slightly above world rate. Of the half million people reported to die of suicide worldwide every year, 20% are Indians, for 17% of world population. The risk of completing a suicide was 43% higher in men, who finished secondary or higher education, in comparison to those who had not completed primary education. Among women, the risk increased to 90%. Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to committing suicide, but they just can't see one. Hence, the present paper aims to discuss as how one can help a suicidal person, who is in so much pain that he or she can see no other option. The paper will also throw light on the other aspects as understanding and preventing suicide, warning signs of suicide, how can one cope and try to maintain one's own sanity? The study will also give some tips based on observations and literature review using psychological approach to bridge the gap between colleagues, family and friends that are fearful or uncomfortable being around a loved one and on the other, the person who attempted to commit suicide is feeling abandoned, isolated, and alone by opening communication. The paper advocates mental health promotion for young people through schools and colleges and introduce crisis counseling services and services for treatment of depression and alcohol addiction to avoid suicidal thoughts. A very large proportion of suicides in India can be attributed to the manner in which families and society at large deal with all forms of mental illness. Where something as common as depression is rarely recognized and when recognized is even more rarely treated because there is a stigma attached to ailments of the mind, there clearly is a problem. What can be easily treated with some medication and counseling more often than not goes untreated till it develops a more serious form. Both government and civil society need to act to change this. Above all awareness must be built that the mind is as liable to be affected as other bodily organs and there is nothing to be ashamed of in acknowledging this.

Keywords: suicide, warning, sign, prevention

One of the most frightening experiences a person can have is hearing a friend, colleague, subordinate or loved one say they want to die. Even to hear a complete stranger say these words is hard. Each day in our workplace, family or friend chat and forum, there are dozens of pleas for help. How can one cope and try to maintain one's own sanity?

Suicide in India is slightly above world rate. Of the half million people reported to die of suicide worldwide every year, 20% are Indians, for 17% of world population. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000, with very high rates in some southern regions. In a study published in The Lancet in June 2012, the estimated number of suicides in India in 2010 was about 187,000. A large proportion of adult suicide deaths were found to occur between the ages of 15 years and 29 years, especially in women. Suicide attempters are ten times the suicide completers. The risk of completing a suicide was 43% higher in men, who finished secondary or higher education, in comparison to those who had not completed primary education. Among women, the risk increased to 90%.

### *Understanding and preventing suicide*

The World Health Organization estimates that approximately 1 million people die each year from suicide. What drives so many individuals to take their own lives? To those not in the grips of

suicidal depression and despair, it's difficult to understand what drives so many individuals to take their own lives. But a suicidal person is in so much pain that he or she can see no other option.

Suicide is a desperate attempt to escape suffering that has become unbearable. Blinded by feelings of self-loathing, hopelessness, and isolation, a suicidal person can't see any way of finding relief except through death. But despite their desire for the pain to stop, most suicidal people are deeply conflicted about ending their own lives. They wish there was an alternative to committing suicide, but they just can't see one.

### *Warning signs of suicide*

Most suicidal individuals give warning signs or signals of their intentions. The best way to prevent suicide is to recognize these warning signs and know how to respond if you spot them. If you believe that a friend or family member is suicidal, you can play a role in suicide prevention by pointing out the alternatives, showing that you care, and getting a doctor or psychologist involved.

Major warning signs for suicide include talking about killing or harming oneself, talking or writing a lot about death or dying, and seeking out things that could be used in a suicide attempt, such as weapons and drugs. These signals are even more dangerous if the person has a mood disorder such as depression or bipolar disorder, suffers from alcohol dependence, has previously attempted suicide, or has a family history of suicide.

A more subtle but equally dangerous warning sign of suicide is hopelessness. Studies have found that hopelessness is a strong predictor of suicide. People who feel hopeless may talk about

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"unbearable" feelings, predict a bleak future, and state that they have nothing to look forward to.

Other warning signs that point to a suicidal mind frame include dramatic mood swings or sudden personality changes, such as going from outgoing to withdrawn or well-behaved to rebellious. A suicidal person may also lose interest in day-to-day activities, neglect his or her appearance, and show big changes in eating or sleeping habits.

Take any suicidal talk or behavior seriously. It's not just a warning sign that the person is thinking about suicide it's a cry for help.

- Talking about suicide: Any talk about suicide, dying, or self-harm, such as "I wish I hadn't been born," "If I see you again...," and "I'd be better off dead."
- Seeking out lethal means: Seeking access to guns, pills, knives, or other objects that could be used in a suicide attempt.
- Preoccupation with death: Unusual focus on death, dying, or violence. Writing poems or stories about death.

Here are some tips which we have gathered from various sources and from our personal experience.

- There is no right or wrong things you can say if you are speaking out of love and concern. Just be yourself. Show that you care by talking to them, holding them while they cry, or whatever else is necessary.
- A suicidal person usually is carrying around some burden that they feel they just can't handle anymore. Offer to listen as they vent their feelings of despair, anger and loneliness. Sometimes this is enough to lighten the load just enough for them to carry on.
- Be sympathetic, non-judgmental, patient, calm, accepting. The person will pick up on your attitude and begin to mirror this.
- Don't be afraid to ask, "Are you having thoughts of suicide?" You are not putting ideas in their head. This will give you some valuable information about how to proceed in helping him.

If the answer is yes, ask these three questions:

Have you thought about how you would do it?

Do you have what you need to carry out your plan?

Do you know when you will do it?

- Fortunately the majority of people will either say that they have no definite plans or that they don't have the nerve to do it themselves. Although this is still a serious situation, you know that they are probably not in imminent danger of hurting themselves. Take their words as a plea for help and proceed with helping them to get the assistance that they need. Urge them to seek professional help as soon as possible.
- If the answers they give you lead you to believe they are in immediate danger, do not hesitate to contact the authorities. They may tell you that you are betraying them or making them angry. You may feel like you will lose their friendship if you take action. Just remember that you may permanently lose their friendship if you don't. When they're well again, they will thank you.
- Keep them talking. This will allow them to reduce the emotional burden they are carrying. and give them time to calm down. The longer you keep them talking, the more you can take the edge off their desperation. As their momentum winds down, it's harder for them to act on their feelings.
- Avoid trying to offer quick solutions or belittling the persons feelings. How big he perceives the problem to be and how much he is hurting over it is what counts. Rational arguments do little good to persuade a person when they are in this state of mind. Instead

offer your empathy and compassion for what he is feeling without making any judgments about whether he should feel that way.

- If the person has already started a suicide attempt, call for help immediately. If they are still conscious, get what information you can about what substances they have ingested, how long ago did they ingest them, how much did they take, are they also consuming alcohol, when did they last eat, what is the general state of their health. Call 911, Poison Control, or an appropriate emergency contact number in your area and explain the situation. Keep calm and follow any steps they may give you to assist your friend.
- If you are in a situation--such as an online friendship--where you know very little about the person, encourage them to call 911 on their own or to call a suicide hotline in their area.. This is your best option, because a local agency such as 911 or a hotline may be able to trace the call and get assistance to them. If they refuse to call, do your best to learn whatever personal information you can about the person. Don't hesitate to ask them for their address, phone number, and other information to help dispatch an emergency crew to their home. Ask for the same information in item #9 as well.
- Dealing with a suicide threat is very stressful. Seek assistance to decompress afterwards. Talk to a trusted friend, your pastor, etc. about what you've been through and how you feel about it.
- If all your attempts fail, don't blame yourself. You did all that you could. This person ultimately made their own choices, for good or bad. If you were very close to the person, it may be wise to seek out grief counseling and suicide survivor support groups.

#### *An interview with the counselor*

*Counselor/ Helper:* When were you first aware that your problem was really a severe problem for you?

*Client:* Reflecting back, today I can see that my mental problem started to become a major problem about four years ago. This is about the time that I started making decisions that would affect the rest of my life and make it become a battle. This will affect me for many years to come - - I'm still trying to recover from this mistake.

*Counselor/ Helper:* Sounds kind of like my story, Mr. 'A'. I can understand. To whom you contact to first to solve your problem.

*Client:* About 3 yrs back... I contacted with a doctor...he was my family doctor

*Counselor/ Helper:* Ohhh...I see.. How many times you visited to your doctor? How many doctors did you see to treat your problem and did you start a medication regime right away?

*Client:* I went through about four doctors only to return to my family doctor by whom I am being treated at this time. The problem that I ran into was that these "doctors" were trying to treat the cause of the illness more that they were treating the actual imbalance in my brain. This is something I talk about in my seminars. In this country we have made it so hard for our doctors to actually spend time with a patient so they take the shortest route in some cases in my opinion. I also think that three of the four doctors that I saw were more interested in how they were going to get paid than they were interested in me. My family doctor and I agreed to fight through this ourselves and he promised to treat the illness first so that I am mentally able to get through the rest of it.

*Counselor/ Helper:* When were you first suicidal thoughts?

*Client:* I have had thoughts of suicide my whole life but it was not until about three and half years ago that they became a constant in my head. It is very hard to explain to people who have never been

through this as you well know. I went through that for about three and a half years straight. It was truly hell on earth.

*Counselor/Helper:* Did you ever try to kill yourself?

*Client:* I never actually tried to kill myself in the conventional sense until about two years ago and as you know that is how the problem came to be...everything is written in this note book. What I did do was try to die if that makes sense. I know that makes sense to you. I would drive incredibly fast with the top down in my car and stand up. I figured that being killed in a car wreck was not suicide. I began to drink very heavily. You know -- booze bottle in one hand. I did many things to try to die. I had a real fear of my children knowing that "daddy shot himself in the head" plus I didn't have the guts to shoot myself. I mean, what if I messed up and ended up eating apple sauce through a tube down my nose? Now that would really be depressing.

*Counselor/Helper:* Mr. 'A', you really paint a side of suicide I've never seen. Is this all in this note book?

*Client:* Yes, it's all in there.

How to Help a Suicidal Person: Tips from Suicide Prevention

- *Take it seriously*

*Myth:* "The people who talk about it don't do it." Studies have found that more than 75% of all completed suicides did things in the few weeks or months prior to their deaths to indicate to others that they were in deep despair. Anyone expressing suicidal feelings needs immediate attention.

*Myth:* "Anyone who tries to kill himself has got to be crazy." Perhaps 10% of all suicidal people are psychotic or have delusional beliefs about reality. Most suicidal people suffer from the recognized mental illness of depression; but many depressed people adequately manage their daily affairs. The absence of "craziness" does not mean the absence of suicide risk.

"Those problems weren't enough to commit suicide over," is often said by people who knew a completed suicide. You cannot assume that because you feel something is not worth being suicidal about, that the person you are with feels the same way. It is not how bad the problem is, but how badly it's hurting the person who has it.

- *Remember: Suicidal Behavior is a cry for help*

*Myth:* "If someone is going to kill himself, nothing can stop him."

The fact that a person is still alive is sufficient proof that part of him wants to remain alive. The suicidal person is ambivalent - part of him wants to live and part of him wants not so much death as he wants the pain to end. It is the part that wants to live that tells another "I feel suicidal." If a suicidal person turns to you it is likely that he believes that you are more caring, more informed about coping with misfortune, and more willing to protect his confidentiality. No matter how negative the manner and content of his talk, he is doing a positive thing and has a positive view of you.

- *Be Willing to give and get help soon rather than later be*

Suicide prevention is not a last minute activity. All textbooks on depression say it should be reached as soon as possible. Unfortunately, suicidal people are afraid that trying to get help may bring them more pain: being told they are stupid, foolish, sinful, or manipulative; rejection; punishment; suspension from school or job; written records of their condition; or involuntary commitment. You need to do everything you can to reduce pain, rather than increase or prolong it. Constructively involving yourself on the side of life as early as possible will reduce the risk of suicide.

- *Listen*

Give the person every opportunity to unburden his troubles and

ventilate his feelings. You don't need to say much and there are no magic words. If you are concerned, your voice and manner will show it. Give him relief from being alone with his pain; let him know you are glad he turned to you. Always try to show patience, sympathy, and acceptance. Avoid arguments and advice giving.

- *Ask: "Are you having thoughts of suicide?"*

*Myth:* "Talking about it may give someone the idea."

People already have the idea; suicide is constantly in the news media. If you ask a despairing person this question you are doing a good thing for them: you are showing him that you care about him, that you take him seriously, and that you are willing to let him share his pain with you. You are giving him further opportunity to discharge pent up and painful feelings. If the person is having thoughts of suicide, find out how far along his ideation has progressed.

- *If the person is actually suicidal, don't leave him alone*

If the means are present, try to get rid of them. Detoxify the home.

- *Urge Professional help*

Persistence and patience may be needed to seek, engage and continue with as many options as possible. In any referral situation, let the person know you care and want to maintain contact.

- *No Secrets*

It is the part of the person that is afraid of more pain that says "Don't tell anyone." It is the part that wants to stay alive that tells you about it. Respond to that part of the person and persistently seek out a mature and compassionate person with whom you can review the situation. (You can get outside help and still protect the person from pain causing breaches of privacy.) Do not try to go it alone. Get help for the person and for yourself. Distributing the anxieties and responsibilities of suicide prevention makes it easier and much more effective.

- *From crises to recovery*

Most people have suicidal thoughts or feelings at some point in their lives; yet less than 2% of all deaths are suicides. Nearly all suicidal people suffer from conditions that will pass with time or with the assistance of a recovery program. There are hundreds of modest steps we can take to improve our response to the suicidal and to make it easier for them to seek help. Taking these modest steps can save many lives and reduce a great deal of human suffering.

### *Bridging the gap*

On one side, we have colleagues, family and friends that are fearful or uncomfortable being around a loved one and on the other, the person who attempted to commit suicide is feeling abandoned, isolated, and alone. How do we bridge that gap to bring these people together? Open communication is the easiest and best way to bridge that gap. Let the person who attempted to commit suicide know you are feeling fearful or uncomfortable, or whatever emotion it is that you have. They're going to figure it out anyway! It will let them know that you are taking steps to get past it and to give them what they need the most during this time.

A suicidal person may not ask for help, but that doesn't mean that help isn't wanted. Most people who commit suicide don't want to die they just want to stop hurting. Suicide prevention starts with recognizing the warning signs and taking them seriously. If you think a friend or family member is considering suicide, you might be afraid to bring up the subject. But talking openly about suicidal thoughts and feelings can save a life.

Ask the person what they need or expect from you. Some dying people will want to talk very openly about their illness and their impending death. Others will want to avoid talking about it and choose to focus more on fond memories or their loved ones lives. Both are okay but knowing what it is the dying person wants to talk about during your interactions will go a long way. Some will not want to talk at all but may want you at their side to hold their hand, read them a book, or just to feel your presence.

Be honest about what you can offer. If they want you to visit daily and you can't fit it into your schedule or don't feel like you can handle that much emotional strain, let them know. Tell them what they can expect from you like, "Dear . . ., I understand that you want me to visit you every day. I want to visit you as much as I can but every day may not be possible. I will be sure to visit you every Monday, Wednesday, and Saturday and if I can fit any extra days in, I will do it." The important thing is to not make a promise that can't keep.

Also, be honest about what you feel comfortable talking about. Just because the dying person wants to be open and frank about what is happening to them, you may not feel comfortable discussing every detail. Let them know if this is the case. Once everyone's needs and expectations are in the open, the process of compromise can begin. Finding a place where everyone is comfortable and getting their needs met will help make interacting with the dying person a special experience that you can treasure.

India should also start mental health promotion for young people through schools and colleges and introduce crisis counseling services and services for treatment of depression and alcohol addiction. A very large proportion of suicides in India can be attributed to the manner in which families and society at large deal with all forms of mental illness. Where something as common as depression is rarely recognized and when recognized is even more rarely treated because there is a stigma attached to ailments of the mind, there clearly is a problem. What can be easily treated with some medication and counseling more often than not goes untreated till it develops a more serious form. Both government and civil society need to act to change this. Above all awareness must be built that the mind is as liable to be affected as other bodily organs and there is nothing to be ashamed of in acknowledging this.

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