

The  
Suicide  
Dilemma

Finding a Better Choice

Rebecca Morgan Gibson, LCSW  
and  
Lynn Mills

### The Suicide Dilemma

A suicidal person perceives only two equally bad choices—living in emotional pain—or death. The person becomes ambivalent, unable to choose. It is this ambivalence that gives us the opportunity to offer other choices.

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To Jimmy, Georgia & Veronica Huston and  
Jeremy, Emily & Marcus Gibson for their  
patience and loving support.

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This book does not contain psychotherapeutic opinions nor does it constitute psychotherapeutic treatment. The intent of the authors is only to offer basic information on the nature of suicide, and support in your efforts to help those who are suicidal. It is not meant to be a substitute for the advice of a professional psychotherapist. Always consult a physician, a psychotherapist, or a suicide prevention center when dealing with a suicidal person, as soon as you suspect the person could be suicidal. The authors and publisher assume no responsibility if you use the information contained in this book.

The authors have generally used male pronouns, but this should be considered to include females unless the context clearly indicates otherwise.

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## *Introduction*

# Can I Prevent Suicide?

### *Anyone Can Save Another From Suicide*

It's scary when someone you know is suicidal, and it's hard to know how to deal with it. You may wonder if the person is really serious. What do you say to him?

This book is intended to help you deal with this difficult situation. It is not meant to teach you how to counsel the suicidal person. Suicidal behavior is a symptom of serious psychological problems, and suicidal people should always get professional help immediately—but this book can help you handle your own fears knowledgeably and can teach you how to guide the suicidal person to the help he needs. The suicidal person may not be thinking clearly enough to realize he or she needs help, so it's up to you and people around the suicidal person—the significant others—to recognize the symptoms and take action.

The suicidal person wants you to help because it's likely he's ambivalent about killing himself—he may think he doesn't want to live, *but* he doesn't necessarily want to die. What he wants is to get out of an intolerable situation, and

death appears to be the only escape. The majority of suicidal people send out verbal or behavioral clues that they are suicidal. These clues are desperate cries for help. You don't have to be a mental health professional to recognize that someone is suicidal. If you respond and reach out in a caring and intelligent manner, the person may be saved.

Suicidal people generally feel isolated and alienated—**breaking that isolation is the key to suicide prevention.** When the suicidal person withdraws from others, feelings of helplessness and hopelessness fester. His thinking becomes so distorted that he gradually comes to believe that suicide is the only way out. The suicidal person needs you to show him that he has other options.

### *Who Are These Significant Others?*

Although this book is specifically addressed to significant others—the spouses, lovers, friends, parents, siblings, children, and other relatives of the suicidal person—it could be useful to the suicidal person as well. In many cases, suicidal people become frightened by their thoughts of self-destruction and seek psychiatric help on their own.

More often though, the suicidal person is not thinking clearly and needs someone else to help him. Everyone who is associated with the suicidal person is on the front lines in the battle against suicide. As Edwin S. Shneidman, PhD, a founder of the American Association of Suicidology (AAS) said, “The prevention of suicide is everybody's business.” For example, co-workers who spend the whole day together are in a good position to notice when a fellow employee is troubled and possibly suicidal. They should notice erratic attendance, poor performance, and depression, among other clues.

Often, distressed children and teens put on a different, more honest face at school. School is an ideal place to teach suicide prevention and peer counseling. Teachers, school nurses, counselors, and athletic coaches should look for clues in schoolwork such as suicidal themes in writing or art assignments, as well as poor athletic performance, truancy, loss of interest in normal activities, depression, and behavior problems. Peers are important because they are usually the

first ones—often the only ones—a suicidal young person goes to for help.

The elderly are generally more isolated than younger people. An elderly person's contact with the outside world may be limited, but neighbors, landlords, or employees of shops and restaurants that he frequents, could stop an elderly person from killing himself.

Professionals who come in contact with the suicidal person figure into suicide prevention as well. Lawyers become a part of the process when the suicidal person wants to draw up a will. The lawyer should pay attention to the context in which the client comes to him—whether he is depressed, distressed, anxious, distracted, etc. The same goes for insurance agents. Clergymen counseling a distressed person should not be afraid to directly ask if he is suicidal.

In many cases, symptoms of depression cause physical illnesses, prompting suicidal patients to visit their family doctors. Studies have found that three-quarters of the depressed visit their doctors shortly before attempting suicide. While treating the symptoms of the illness, the physician should be alert for signs of depression and suicidal thoughts. There have been incidences of people who have attempted suicide while hospitalized for physical issues.

### *How To Use This Book*

If you merely *suspect* that the person you're concerned about is suicidal, read the chapters in order. However, if you've already picked up on suicidal clues and believe you need to take action immediately, you may want to skip ahead.

Chapter Four, “How Do I Know if the Person Is Serious?” will give you guidelines for determining how dangerous the person is to himself. The chapter tells you where to seek help in non-emergency situations and emergency information on what to do in case of a suicide attempt.

Then go on to Chapter Five, “How Do I Talk to the Suicidal Person?” to learn how to open communication with someone you are concerned about. The chapter contains sample dialogues to be used as guidelines for discussing your fears with the suicidal person. Chapter Six, “How Have Others



Reached Out?” consists of stories of five significant others who successfully reached out and saved the lives of suicidal loved ones. It can be helpful to see what others have done in your situation.

Chapter Seven, “What Is Involved in Treating Suicidal People?” will give you guidelines on choosing a treatment facility or therapist for the suicidal person. This chapter outlines what is involved in the treatment process and how you can help.

Once you’ve read those chapters, go back to the rest of the book. Chapter One, “What Is True About Suicide?” deals with the myths about suicide. Chapter Two, “How Can I Tell If A Person Is Suicidal?” gives you some of the clues suicidal people give out. Chapter Three, “How Does a Person Become Suicidal?” describes the process of becoming suicidal.

Chapter Eight, “How Have Others Overcome Suicidal Episodes?” contains interviews with people who were suicidal at one time, and will give you insight into how it feels to be suicidal. It might be helpful for the person you are concerned about to read this chapter and see that he’s not alone—others have felt the same way, but have managed to get past their self-destructiveness. Chapter Nine, “What Is Most Important to Remember?” is a review of the main points of the book. Chapter Ten, “What If A Person I Care About Kills Himself?” deals with surviving another’s suicide.

The information in this book generally holds true for all age groups, but there is additional information that specifically addresses young people and the elderly. Most of the stories contained in this book are based on real case histories or composites of case histories with details changed to protect identities.



A psychiatrist in the Midwest tells of one of his patients, a young man who was on his way to kill himself by driving into a concrete bridge on the local interstate. While stopped at a red light, he happened to glance over at the car next to him. The driver, a pretty young woman, smiled back warmly. As he continued on to the interstate, he rethought his decision to

commit suicide. The young man figured that if that woman could give a complete stranger such a genuine smile, the world couldn’t be all that bad. He decided to give life another chance, called a local psychiatrist, and made an appointment.

It’s usually not that easy, but this story is here to help you realize that the suicidal person is often looking for any encouragement not to kill himself. He wants your help. By reaching out, you can give him hope—and ultimately could save his life.

The remaining pages are not shown in this sample.

There are many wonderful things about modern life, yet somehow suicide has become a public health epidemic in America.

Painful choices face both the suicidal person and any person who tries to help.

This book provides insight into this stark dilemma and offers simple, practical actions that are designed to help.

There is a better choice.



Rebecca M. Gibson is a Licensed Clinical Social Worker. She has been a Mental Health Clinician since 1976, and has worked in psychiatric hospitals, Community Mental Health Centers, and in private practice.

Lynn Mills is a writer, journalist, mother, and ex-race car driver. She lives in Southern California and has a lifelong interest in mental health issues.