

Lately, Cindy has been acting strange. A second-year medical student from Japan, she is hard-working and highly motivated. Sometimes it's not clear whether she is training to be a doctor for herself or for her parents. Her parents have everything mapped out for her life, including her future husband. They have high expectations for her. She dare not disappoint them. Last quarter she scored average in her classes, but this quarter trouble looms ahead. In fact, last week she flunked an important chemistry test. And then came the blow: a letter from her fiancé that he has found someone else; he couldn't wait for her to finish medicine.

Cindy seems to have lost interest in everything. Her behavior is erratic. She hardly sleeps. She hardly eats. Once a happy, bouncy person, suddenly she has turned inward. She avoids friends. She says it would be better if she weren't around. But she won't talk about what's hurting her. Last night she gave me her favorite dress, saying she won't be needing it any more.

Cindy is in trouble. She is giving out warning signals, signals that could well lead to the infamous escape route that some people in trouble resort to—suicide.

A global tragedy

Suicide is one of the great tragedies of life. From the biblical examples of Saul and Judas to the latest cases in today's newspaper, "suicide touches every socio-economic strata, every age group, all educational levels, every profession, all religions and both genders."¹

Suicide is a global, growing problem. In the United States, among 15 to 24 year olds, suicide registered an increase of 202 percent between 1950 and 1990. In Japan and Denmark, one out of three males and one out of four females in the age group of 25 to 34 commit suicide. Quebec province in Canada has had an increase of 800 percent in suicide in the 15 to 24 age group from 1961 to 1981. Finland has the highest suicide rate in Europe.

A 1977 study revealed that as many as 50 to 60 may attempt suicide for each completed suicide. Among students "an equal percentage of males and females experienced suicidal thoughts and, on the average, did so at the same levels of intensity."²

Why suicide?

Why do people commit suicide? Does the problem lie with the suicidal person, the society, or a combination of the individual and the environment? So far as the individual is concerned, the problem often is his or her striving to reach a high goal and the failure to achieve that goal. "At the core of every suicidal individual's personality is a demanding perfectionistic streak consumed with criticizing, cutting

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down, nit-picking, and downright tyrannizing every major, minor, and even minuscule behavior. The perfectionist leaves no stone unturned in order to yield an unfavorable report card of one's self."³

Depression is another common cause of suicide. Very little work has been done on anger and its relationship to suicide, but it seems to be a significant factor. "The suicidal person saves up angry feelings in the same manner that other individuals collect trading stamps. Because they never fight with others (or at least wait until the last few days before the attempt), they generally end up fighting themselves."⁴

Family background plays a vital role in overcoming or succumbing to suicidal tendencies. Among college students who thought of, attempted, or completed suicide, "a common characteristic is a disruptive (families that have experienced divorce, separation, death of a parent, or remarriage, or a single parent) and chaotic family environment."⁵

Pressure to perform well in studies and failure in romance also play a role in suicidal behavior among students. "More than 90% of the students who attempted

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Ten Myths

1. Young people who talk about suicide will not go ahead with it.
2. Suicide happens without warning.
3. Improvement after a suicide attempt signifies that the suicide risk is over.
4. Once a person is suicidal, he or she is suicidal forever.
5. The suicidal person wants to die.
6. Everyone who commits suicide is depressed.
7. Asking someone about suicide will cause them to attempt suicide.
8. Suicidal persons rarely seek help.
9. All who commit suicide leave a suicide note.
10. Causes and motives for suicide are easily established.

—David Lester and Tulin Icli, "Beliefs About Suicide in American and Turkish Students." *The Journal of Social Psychology*, 130:6, p. 826.

Warning Signs

1. Giving away prized possessions.
2. Abuse of drugs and/or alcohol.
3. Remaining depressed over a period of time.
4. Acting-out behaviors such as violent arguments.
5. Suddenly changing eating or sleeping patterns.
6. Indicating no hope for the future.
7. Taking unusual risks.
8. Making indirect comments about not being around in the future or about people being better off without them.
9. Talking about death much of the time.

Lawrence and Ureda, pp. 165, 166.

suicide had experienced a failure in work or school. The next most common problem was difficulty in a romantic relationship."⁶

Lack of social support is another explanation for high incidence of suicides among college students. Social support, in the form of family, friends, co-workers, neighbors, and church members, "promotes mental health and buffers psychological stress."⁷

Suicide and culture

Studies show that attitudes toward suicide vary from culture to culture. Although both Australian and Singaporean students feel that suicide is not an acceptable behavior, Australians are more willing to accept suicide and Singaporeans turn to it as a problem-solver.⁸

When asked whether they would feel ashamed if a family member committed suicide, 21 percent of New Zealand students and 53 percent of U.S. students responded "yes." While both groups felt that almost everyone has thought about suicide at one time or another, New Zealand students tended to "experience suicide ideation [the obsession of thoughts on one theme] to a lesser extent than United States college students."⁹

In Japan, suicide is historically accepted as an act of honor and appears to be a more culturally visible and acceptable phenomenon than in the United States.¹⁰ In India, while suicide attempts have increased, the suicide rate itself has remained constant during the past century. One of the common causes of suicide in India is failure in examinations.¹¹

Arab and Latin American countries have a relatively low rate of suicide, possibly due to a strong religious faith and close family ties.

Studies have shown that religion has a direct impact on whether a person is tempted to commit suicide. Faith in anything, especially in God, gives people that extra strength to cope with stress. At the same time "being too immersed in the religious life (such as in the case of cults) makes one subject to overregulation and thus more prone to commit fatalistic suicide."¹² This has a significant implication for Adventist culture. While our strong faith in religion may protect us from pressures of stress, the tendency toward legalism and perfectionism may open the possibility of breaking down under pressure. The key is balance, as Ellen White often advises in her writings. While

Christ can, and should, be involved in every area of our lives, loyalty to Christ and religious activities are not always the same.

Prevention of suicide

When college and university students were asked if they wanted to provide preventive help to their suicidal peers, they always said "yes," but they didn't know how. Because 20 to 60 percent of college students have suicidal tendencies, the college or university administration should get more involved in addressing the problem. Courses or seminars on death and suicide prevention, more student-faculty social involvement, more encouragement for and recommendation of counseling, and better communication between students, faculty, and staff would help.

If you think a friend or acquaintance is considering suicide, here are some immediate steps you can take to help:¹³

- Ask the person if he or she is suicidal.
- Get the person to talk about his or her plans.
- Try to eliminate the means for carrying out such a suicide plan.
- Encourage the person to get in touch with a suicide prevention center or a crisis hotline. Provide phone numbers.
- Get the person to make a verbal agreement or a written contract with you stating that he or she will not attempt suicide without calling you.
- If possible, remove the problem that is causing the person to feel suicidal.
- Stay with the person who is suicidal or arrange with someone to stay until the crisis is over.
- Encourage the person to get professional counseling; offer to accompany him or her.

Adventists and suicide

What should be the attitude of Seventh-day Adventists regarding suicide? The Scriptures record two instances of suicide, both involving men in leadership. First, the story of King Saul. Saul had been slowly turning away from God. In 1 Samuel 31, he is watching with horror as Israel is losing a vital battle and three of his sons lay dead. Then he is wounded and knows there is no way of escape. He asks his armor bearer to kill him, but the man refuses. Saul chooses to fall on his own

sword, rather than be captured by the enemy. Apparently suicide was more honorable than captivity. Ellen G. White comments: "Thus the first king of Israel perished, with the guilt of self-murder upon his soul. His life had been a failure, and he went down in dishonor and despair, because he had set up his own perverse will against the will of God."¹⁴

The second person mentioned in the Bible as killing himself is Judas. Jesus warned Judas that he was headed for trouble (Matthew 26:23-25), but Judas believed he was doing the right thing by betraying Jesus. Not until he saw his plan totally falling apart (Matthew 27:3-5) did he realize life was too embarrassing to live. Ellen White says Judas "felt that he could not live to see Jesus crucified, and in despair went out and hanged himself."¹⁵ Jesus knew what Judas was planning, yet he "spoke no word of condemnation. He looked pityingly upon Judas and said, For this hour came I into the world."¹⁶ If Jesus, knowing human hearts, can continue to work with people without condemnation, can we be any different?

Ellen White mentions that Pilate too committed suicide. "Rather than risk losing his position, he [Pilate] delivered Jesus up to be crucified. But in spite of his precautions, the very thing he dreaded later came upon him. His honors were stripped from him, he was cast down from his high office, and, stung by remorse and wounded pride, not long after the crucifixion he ended his own life."¹⁷

From these biblical cases, we can discern that the real issue is the pattern of one's life. All people are given the opportunity to know God. Then they must decide what they will do with that knowledge. Those that reject Him and His values often feel life is not worth living and want to end their lives. However, not all suicide involves the rejection of God. There are other factors over which one loses control: stress, loneliness, betrayal, shame, depression, mental illness, terminal diseases.

While we may not fully understand the causes and motivations behind suicide, as Adventists, we can affirm three important principles. First, life is precious and is a gift of God, to be lived by His grace through faith. No problem is too big to be brought to God in prayer. Second, when we find a person with thoughts of self-destruction, we have a duty to minister to that person. Third, judgment is not ours. While we are to extend ministry of love and tenderness to

those involved, we are not to pass judgment that one has committed the ultimate sin. ☹

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16. *Ibid.*, p. 709.
17. *Ibid.*, p. 739.

Facts to Know

1. Most people who commit suicide give verbal or behavioral clues.
2. They feel an ambivalence about life and death. They do not so much want to die but rather do not want to go on living in the present situation.
3. Most people who are suicidal are only so for a brief period.
4. Suicide cuts across all social classes.
5. People who are suicidal may be very unhappy, but not necessarily mentally ill.
6. Three to five times as many women attempt suicide, but men are three to five times more likely to succeed.
7. While suicidal tendencies are not genetically traced, suicide does appear in some families more than others.
8. Although depression is generally associated with suicide, there are many other emotions that can be linked to suicide, such as revenge and anger.
9. Suicide and alcohol use are strongly linked.
10. Asking someone to discuss his or her thoughts about suicide is evidence of concern and may be the very thing that can prevent the suicide.
11. Suicide rates increase with age and are very high for the elderly.
12. Women are more likely to use guns to kill themselves than they are to use drugs.

—Margaret T. Lawrence and John R. Ureda, "Student Recognition of the Response to Suicidal Peers," *Suicide and Life-Threatening Behavior* 20 (Summer 1990), p. 166.