

This document was scanned in electronically and it may contain errors in the text. Page numbering will not be the same as the original.

Department of the Army  
Pamphlet 600-70

UNITED STATES  
ARMY  
GUIDE TO THE  
PREVENTION OF

**SUICIDE**

AND

SELF-DESTRUCTIVE  
BEHAVIOR

# THE PREVENTION OF SUICIDE AND SELF-DESTRUCTIVE BEHAVIOR

Suicide among young adults is a serious and growing problem. In the past 25 years, there has been a 300 percent increase in the adolescent suicide rate. More than 6,500 young Americans kill themselves each year. Taking all age groups into account, nearly 30,000 Americans die by their own hand each year. There are over 1000 suicide attempts in the United States daily or one every minute of every day. Nationally, suicide is the tenth leading cause of death. In persons 14 to 25 years of age, it is the third leading cause of death and, among college students, it is second.

## Why Suicide?

There is no simple answer as to why people choose to kill themselves. Usually, the emotional upset is so great that the person "just wants to stop the pain." The suicidal person feels a tremendous sense of loneliness and isolation. They feel helpless, hopeless, and worthless. Often they believe that it does not matter if they live or die and that no one would miss them. Suicidal people feel that they cannot cope with their problems and that suicide is the only possible way to escape unbearable pain.

## What Causes Suicide?

In trying to understand why people kill themselves, it is tempting to look at the source of stress in their lives. An analysis of life stressors is not, however, the answer. Stress is a normal part of life and people are usually able to cope. Actually, most people **think** about suicide at sometime during their lives. Usually they find that these thoughts are temporary and that things do get better. Generally, it is a combination of events that lead a person to believe that suicide is the **only** way out. One common thread is that the person feels hopeless about life. Feelings of hopelessness and low self-esteem can have many causes.

- Break up a close relationship with a loved one or difficulties in interpersonal relationships with family or close friends.
- Death of a loved one; spouse, child, parent, sibling, friend, or pet.
- Worry about job or school performance and concerns about failure or doing less well than one hoped or expected.
- Loss of "support systems" or "emotional safety" which comes from moving to a new environment.
- Loss of social or financial status of the family
- The compounding and disorienting effects of drugs and/or alcohol.



**SUICIDE IS A NEEDLESS AND  
PERMANENT SOLUTION TO  
SHORT TERM PROBLEMS**

**THERE ARE  
ALTERNATIVES**

**What Are The Facts?**

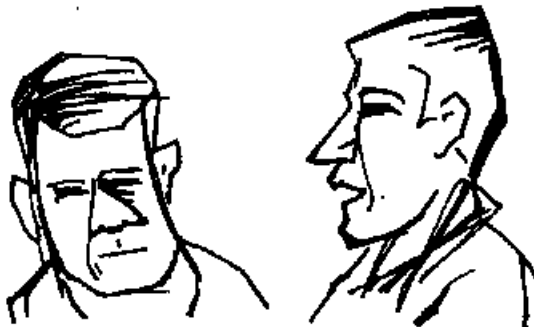
An encounter with a suicidal person is always a deeply emotional experience. There is a fear of not knowing what to do, or doing the wrong thing. However, just telling someone "I care about you" indicates that there is hope and help. Misinformation often prevents potential helpers from becoming involved for fear of making a situation worse. There are many myths about suicide which keep us from becoming involved. What are the myths and what are the facts?

**Myth:** People who talk about suicide rarely attempt or commit suicide.

**Fact:** Nearly 80 percent of those who attempt or commit suicide give some warning of their intentions. When someone talks about committing suicide, he may be giving a warning that should not be ignored.

**Myth:** Talking to someone about their suicidal feelings will cause them to commit suicide.

**Fact:** Asking someone about their suicidal feelings usually makes the person feel relieved that someone finally recognized their emotional pain, and they will feel safer talking about



**Myth:** All suicidal people want to die and there is nothing that can be done about it.

**Fact:** Most suicidal people are undecided about living or dying. They may gamble with death, leaving it to others to rescue them. Frequently they call for help before and after a suicide attempt.

**Myth:** Suicide is an act of impulse with no previous planning.

**Fact:** Most suicides are carefully planned and thought about for weeks.

**Myth:** Once a person is suicidal, he is suicidal forever.

**Fact:** Most suicidal people are that way for only a brief period in their lives. If the attempter receives the proper assistance and support, he will probably never be suicidal again. Only about 10 percent of attempters later complete the act.

**Myth:** A person who attempts suicide will not try again.

**Fact:** Most people who commit suicide have made previous attempts.

**Myth:** Improvement in a suicidal person means the danger is over.

**Fact:** Most suicides occur within about three months following the beginning of improvement, when the individual has the energy to act on his morbid thoughts and feelings. The desire to escape life may be so great that the idea of suicide represents relief from a hopeless situation. Often a period of calm may follow a decision to commit suicide.

**Myth:** Suicidal persons are mentally ill.

**Fact:** Studies of hundreds of suicide notes indicate that, although the suicidal person is extremely unhappy, he is not necessarily mentally ill.

**Myth:** Because it includes the holiday season, December has a high suicide rate.

**Facts:** Nationally, December has the lowest suicide rate of any month. During the holiday season, the depressed person feels some sort of belonging and feels things may get better. As spring comes and their depression does not lift, the comparison of the newness and rebirth of spring and their own situation can produce overt self-destructive behavior.



## **Depression**

Depression is often associated with suicide. In 75 to 80 percent of all suicides, depression is a contributing factor. Sadness and an occasional "case of the blues" are normal emotions common to everyone. However, depression, an abnormal emotional state, is a profound sadness which is present nearly everyday for at least two weeks. Depression is characterized by:

- Poor appetite or significant weight loss or increased appetite or significant weight gain.
- Change in sleep habits, either excessive sleep or inability to sleep.
- Behavioral agitation or a slowing of movement.
- Loss of interest or pleasure in usual activities or decrease in sexual drive.
- Loss of energy, fatigue.
- Complaints or evidence of diminished ability to think or concentrate.
- Feelings of worthlessness, self-reproach, or excessive guilt.
- Withdrawal from family and friends.
- Drastic mood swings.
- Sudden change in behavior.

## **Some Signs of Suicide**

Historical factors have been identified which, when present, should cause us to increase our vigilance. Any person is at greater risk of suicide if they have:

- made a previous suicide attempt
- a family history of suicide
- lost a friend through suicide
- been involved with drugs or alcohol
- alcoholics in the family

## Immediate Danger Signals

When one or more of the following are observed in a person (especially someone who is or has experienced some of the life stress events associated with suicide, who appears to be depressed, and has a history known to cause increased risk of suicide) suicidal behavior may be imminent:

- Talking about or hinting at suicide
- Giving away possessions; making a will
- Obsession with death; sad music or sad poetry. Themes of death in letters or art work
- Making specific plans to commit suicide and access to lethal means
- Buying a gun

## What To Do

If you believe that someone may be suicidal, it is important to remember:

- **Take threats seriously.** Trust your suspicions. It is easy to predict suicidal behavior when a person shows most of the factors given above. However, the warning signs from many people are very subtle. Something like telling loved ones "goodbye" instead of "good night" may be the only clue.
- **Answer cries for help.** Once you are alerted to the clues that may constitute a "cry for help" from a loved one, friend, or co-worker, you can help in several ways. The most important thing is not to ignore the issue. It is better to offer help early than to regret not doing so later. The first step is to offer support, understanding, and compassion, no matter what the problems may be. The suicidal person is truly hurting.

Confront the problem. If you suspect that a person is suicidal, begin by asking questions such as, "Are you feeling depressed?" "Have you been

thinking of hurting yourself?" leading up to the question "Are you thinking of killing yourself?" Be direct. Don't be afraid to discuss suicide with the person. Getting him to talk about it is a positive step. Be a good listener, and a good friend. Don't make moral judgments, act shocked, or make light of the situation. Offering advice such as, "Be grateful for what you have," or "you're so much better off than most," may only deepen the sense of guilt the person probably already feels. Discussing it may help lead the person away from actually doing it by giving him the feeling that someone cares.

- **Tell them you care.** Persons who attempt suicide most often feel alone, worthless, and unloved. You can help by letting them know that they are not alone, that you are always there for them to talk to. Tell loved ones how much you care about them, and offer your support and compassion. By assuring the person that some help is available, you are literally throwing them a lifeline. Remember, although a person may think he wants to die, he has an innate will to live, and is more likely hoping to be rescued.

- **Get professional help.** The most useful thing you can do is to encourage the person who is considering suicide to get professional help. If necessary, offer to go with them or take them to help. The Army community offers many sources of help. The Community Mental Health Service or hospital departments of psychiatry, as well as psychology or social work services and division mental health services should be considered first in looking for help. After duty hours, the hospital emergency room would be the best source. When the danger is less immediate, the Family Life Center and the chaplaincy offer compassionate counseling services. Other sources of help include the alcohol and drug community counseling center, Army Community Services (ACS) and the chain of command.



## What Not To Do

- Don't leave anyone alone if you believe the risk for suicide is imminent.
- Don't assume the person isn't the suicidal "type."
- Don't act shocked at what the person tells you.
- Don't debate the morality of self-destruction or talk about how it may hurt others. This may induce more guilt.
- Don't keep a deadly secret. Tell someone what you suspect.



## Remember

Suicide is a traumatic event for the individual and for all those people who have some connection with the person. Edwin Schneidman, Ph.D., founding president of the American Association of Suicidology, has stated:

"Human understanding is the most effective weapon against suicide. The greatest need is to deepen the awareness and sensitivity of people to their fellow man."



# GUIDE TO THE PREVENTION OF



# AND SELF- DESTRUCTIVE BEHAVIOR

The proponent agency of this publication is the Office of the Deputy Chief of Staff for Personnel. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) direct to HQDA (PEDA), Columbia Building, Suite 300, 5600 Columbia Pike, Falls Church, VA 22041-5140.

By Order of the Secretary of the Army:

JOHN A. WICKHAM, JR.  
General, United States Army  
Chief of Staff

Official:

MILDRED E. HEDBERG  
Brigadier General, United States Army  
The Adjutant General

Distribution: Active Army, ARNG,  
USAR: To be distributed in accordance  
with DA Form 12-9A requirements for  
Personnel, General, Active Army – A, B,  
C, D; ARNG and USAR – A, B, C.