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SUICIDAL BEHAVIOUR ISSUES – CRISIS INTERVENTION

Łukasz Zawadzki [1], Agnieszka Zawadzka [2], Agnieszka Dębska [2]

[1] University of Silesia in Katowice, Faculty of Philology
[2] Jan Kochanowski University in Kielce, Faculty of Medicine and Health Sciences

Address for correspondence:
agnieszka.zawadzka.p@wp.pl

Abstract

Introduction. Suicide is a serious problem globally. More and more people are dying because of taking their lives. This tragic act is an expression of helplessness and loneliness of a man who did not receive help in a timely manner. Suicide is a process of intertwined thoughts and deeds. This process lasts for several weeks to several months or even years, and the sequence of reactions taking place during that time is called suicidal behavior. This process can be interrupted at any time through crisis intervention saving human life.

Aim. The aim of this work is to analyze the suicidal crisis and the phenomenon of suicide, as well as to familiarize the reader with risk factors that may indicate the possibility of committing suicide. Moreover, the aim of the work is to present effective crisis intervention to people threatened with a suicidal act.

Summary. Human life is the most important value. Each saved life is a great success for both the suicide, his relatives and the whole society. That is why prevention and education are so

important. If the society is sensitive to risk factors that may indicate a threat of committing suicide, it will be able to react at the right time by helping a person who is in a suicidal crisis.

Keywords: suicide, suicidal behaviour, pre-suicidal syndrome, psychological intervention

Introduction

Suicidology literature

Suicide is a phenomenon that has been commonplace since the dawn of time. It is a very difficult and controversial problem. Numerous publications based on both empirical data and theoretical considerations do not explain the full essence of this phenomenon. Suicide is the result of a dramatic decision of a man in pain and desperation. The victim of suicide is not only the person who committed the suicide but also their family and relatives. Unfortunately, each year there is an increasing number of suicides, their number shocking.

On September 4, 2014, The World Health Organization in Geneva published a report on the prevention of suicides, in which it reports that more than 800,000 people a year commit suicide - every 40 seconds one person dies as a result of suicide. About 75% of suicides affect low- and middle-income countries. On a global scale, the highest number of suicides appears in people in late adulthood, over 70 years of age. However, there are countries where suicides are committed mainly by young people. In addition, suicides come second globally as to the cause of death in people aged 15-29. Dr Margaret Chan, Director General of the World Health Organization, called for action to prevent suicide, stressing that only 28 countries have such strategies.

Aim of work

The aim of this work is to approximate the phenomenon of suicide, its definition and characteristics, to present risk factors and warning signals that show the possibility of taking one's life and to describe the rules for dealing with people in the suicide crisis.

Suicidology literature assumes that suicide:

- is an intentional, thoughtful life-threatening act, taken independently, which results in death (Gmitrowicz, 2012),
- is an act of fatal outcome, which was planned by the suicide and executed with the awareness and expectation of this effect - World Health Organization (Jundziłł, 2005),
- is a multidimensional phenomenon resulting from the interaction of psychological, biological, environmental and socio-demographic factors,
- is a process constituting a sequence of reactions, including spiritual, psychological, physical and social sphere of man. These reactions are triggered when suicide appears in the human consciousness as the desired state of affairs, that is, as the goal of the action,
- every mental crisis is threatened by mental decompensation, but the suicidal crisis differs from other crises with the potential possibility that the person will solve their problems by taking their own lives,
- is every case of death, which is directly or indirectly due to the victim's action, which he/she knew in advance would bring such an outcome (Durkheim, 2006),
- an individual making a choice whether to take his/her own life or not, is torn by highly ambivalent emotions – a single factor can tip the balance (Seligman, Walker, Rosenhan, 2003),
- is a symptom of problems, situations and tendencies that the individual cannot adequately recognize and solve (Anthony, 1994),
- according to Edwin Shneidman, in the modern western world, suicide is a deliberate act of self-destruction, an action that can be described as a multi-dimensional disorder occurring in an individual whose needs are not met and who himself/herself defines the problem in which suicide is perceived by them as the best solution (Grzywa, Kumin, Kucmin, 2006),
- E. Stengel believes that suicide is a deliberate act of self-harm which rejects the suicide's certainty of survival before committing it. According to the author, the doer only predicts the possibility of death, but is not sure about it. The suicide is characterized by ambivalence of goals and an equal desire for life and death, leading to unstable awareness in which there is no explicit desire and only a possible intention of death (Hołyst, 1983).

Suicide is a process of interconnected thoughts and actions, lasting from several weeks up to months and years. This process is a series of reactions called suicidal behavior. B. Hołyst distinguished four successive stages of these behaviours:

1) Imagined suicide - means realizing the possibility of solving your problems through suicide. Such a possibility is considered by many people, but few realize it.

2) Desired suicide - these are thoughts that do not subside, gain reality and character, become desirable.

3) Attempted suicide - is a series of behaviours aimed at taking one's life, but this goal is not achieved.

4) Committed suicide - is suicide death (Hołyst, 1983).

Suicidologists believe that the decision-making process about taking one's life does take time and can be blocked at any moment by the activation of internal or external factors.

Characteristics of all suicides

Professor Edwin Shneidman distinguished ten common characteristic features of people who attempted suicide or who committed it:

1. Situational features:

- a common impulse to commit suicide is a stimulus that causes unbearable mental pain,
- a common stressor is the frustration of mental needs,

2. Volitional features:

- a common goal of suicides is to search for and find a solution to the problem,
- a common task is to deprive oneself of consciousness in order to be able not to think,

3. Affective features:

- a common emotional state is a sense of hopelessness and helplessness,
- a common internal attitude is ambivalence,

4. Cognitive features:

- a common cognitive state is a narrowing that prevents you from going beyond the pattern,

5. Relational features:

- a common interpersonal act is communicating the intention,
- a common action is escape, the right to get out of the situation according to your own will,

6. Serial features:

- a decision to commit suicide is logical and consistent with the ways of dealing with difficult situations throughout entire life (Badura - Madej, 1999),

Warning signs of suicide distinguished by Shneidman:

- verbal signals - these are written or oral statements, indicating that a person thinks about taking his/her life, e.g. "I do not want to live anymore", "I'm going to kill myself", "No good awaits me anymore", "Nobody needs me anymore",
- behavioral signals - these are behaviours, which may indicate a suicide risk, e.g. purchase of weapons, purchase of a tombstone, purchase of a large number of tablets, but also distribution of their own goods, self-mutilation,

- situational signals - these are experienced traumatic situations like death of a loved one, divorce, disability, fatal illness, bankruptcy and others,
- syndrome signals – these are significant changes in behavior. Negative emotions such as anxiety, anger, sense of guilt, depressive mood, sadness, depression, pessimistic attitude towards themselves and the world, neglecting everyday activities, loss of interests prevail (James, Gilliand, 2004).

Suicide is a process. It should not be treated as a single act of taking one's life.

Z. Płużek believes that there is a sequence of events from suicidal thoughts through suicidal tendencies to a suicidal act (Hołyst, 1983). Before taking a suicidal act, a person experiences a specific mental state which is called a pre-suicidal syndrome. This concept was introduced by Erwin Ringel in 1949. The pre-suicidal syndrome is a pre-suicidal state, it is an indication and a threat that this act will be committed. Ringel distinguished three main elements of the pre-suicidal syndrome:

1) Narrowing, which was divided into:
- situational narrowing - concerns the narrowing of one's personal abilities. An individual is convinced of his/her own inability to deal with the current situation, he feels powerless, deprived of the ability to influence what is happening in his life. He perceives the world around him as a threat. He feels lonely and cornered,
- emotional narrowing - this is extremely pessimistic perception of the world. An individual experiences only negative emotions leading to depressive states and self-destructive behaviours. A sense of fear, tension, anger, guilt, and physical and mental exhaustion prevail,
- the narrowing of interpersonal relationships - it is an actual abandonment by others and a reduction in the number of relationships maintained so far. The dominant feeling is isolation, loneliness, abandonment, lack of trust in others,
- the narrowing of the world of values - all the values that have so far had significance are no longer valid, including the loss of the sense of life, faith, loss of self-esteem.

2) Inhibited aggression and self-harm. A man threatened with suicide shows a high level of aggression towards himself and the environment. This aggression is the result of frustration caused by the inability to meet their needs. If a man cannot direct this aggression outwardly, he or she redirects it to themselves through acts of self-harm. The last stage of self-harm is committing suicide.

3) Suicide fantasies. Fantasizing about suicide is a form of escape from reality. An individual considers suicide as a way out of a difficult situation. There are three types of suicide fantasies differing in the severity of suicide risk:

- imagining being dead - these fantasies are about the result of death, that is, "I'm not here", "people are mourning me", "I have a beautiful funeral",
- imagining committing suicide but without having specific plans,
- imagining a specific, concrete method of committing suicide, planning it in every detail (Ringel, 1992).

Suicide fantasies are often verbalized and people in a pre-suicidal state feel the need to talk about them (Pużyński, 2002). Unfortunately, the behaviours of the suicides who speak directly about their intention are often downplayed by the society, which means that the chance to save them is taken away. Ringel and Bałandynowicz estimate that as many as 80-85% of the suicides announce their suicide, counting on help from the outside world. Therefore, it is extremely important to take seriously any announcement of the possibility of committing suicide. Suicide does not come without warning, it is a process that begins with a pre-suicidal syndrome, through steady increase in the risk of suicide from suicidal thoughts to suicide attempts or suicide itself (Gmitrowicz, 2005).

Risk factors for committing suicide

James and Gilliland believe that the presence of 4-5 risk factors in an individual poses a significant risk of committing suicide:

- a person clearly communicates verbally about the intention to commit suicide,
- a person claims that when they die, nobody will miss them, no-one will cry over the loss of them,
- subject matter of death, depression, self-harm appears in conversations of a given person, their work, choice of literature, drawings, home decor,
- a person gets rid of valuable things, settles private matters,
- a person has already attempted suicide,
- a person has created a specific plan to commit suicide, from the method to the purchase of tools and determining where and when they will do it,
- a person reveals high intensity of one or several emotions such as anger, aggression, loneliness, despair, resignation, powerlessness,
- a person experiences a high level of hopelessness and helplessness,
- a person shows a radical change in the current behavior, moods and habits,
- a person lives alone and does not maintain contact with the environment,
- there have already been cases of suicides, violence and aggression in the family,
- a suicide’s family has been destabilized because of violence, aggression, sexual assault,
- a person has recently lost a loved one as a result of death, divorce, departure, separation,

- a person has recently suffered a physical or mental injury,
- a person is preoccupied with the anniversary of the painful loss,
- a person is threatened with a serious financial loss or bankruptcy,
- experiences chronic stress due to their own problems,
- a girl / woman is in an unplanned pregnancy,
- a person cannot cope with his/her sexual orientation,
- a person has been in prison,
- a person is psychotic,
- a person is depressed or is coming out of it,
- a person manifests thinking verging on persecutory delusions,
- a person abuses or used to abuse alcohol and/or drugs,
- a person has undergone unsuccessful detoxification treatment (Badura-Madej, 2015).

Erich Fromm believes that the "drive to live and drive to destroy" are the factors that depend on each other. The more the drive to live is blocked, the stronger the momentum of destruction. The more life is fulfilled, the weaker the destructive factor (Fromm, 1970).

Psychological intervention

The goal of a psychological intervention for a person who is in a suicidal crisis is to sustain the desire to live in them. We do not try to change his/her personality or treat mental disorders at this stage. The most important thing is that the person in crisis has the opportunity to:

- make emotional contact with the intervenor, thanks to which the narrowing of social relations decreases,
- build trust in the intervenor, feeling that he really wants to help me,
- relieve aggression, verbalisation of aggressive feelings reduces the level of aggression, which in turn reduces the risk of suicide,
- overcome the sense of hopelessness, helplessness, overwhelming through identifying those problems that can be solved by supporting the intervenor,
- awake fantasies, dreams, plans for the future (Badura-Madej, 1999).

At this stage, we do not convince the suicide that life is beautiful, that it is worth living, because these could further deepen his belief that suicide is the best choice he has ever had. The task of the intervenor is to sustain the suicide’s live.

Rules of conduct for the individuals threatened with suicide

Psychological intervention towards a person threatened with suicide is very difficult, both for emotional and moral reasons. Therefore, it is important to remember certain rules when dealing with a person in a suicide crisis:

- the psychologist must be highly sensitive and alert to various alarm signals,
- when dealing with a person threatened with suicide, his/her safety is more important than confidentiality or his/her autonomy,
- suicide should always be seen as a complex process shaped by the interaction of many factors, therefore, we are looking for several causes and not just one,
- a person in a suicidal crisis has lost control over their own life, and suicide is the only thing they have control over, so it is important to restore their sense of control in various areas of life.

A dialogue with a person in a suicidal crisis is diagnostic and therapeutic in nature. Depending on the degree of threat, psychological intervention takes on a more or less direct nature. It is the most important to assess the extent of the suicidal crisis and, by analogy, to take appropriate intervention measures. Reliable assessment will allow you to make a decision whether a person needs immediate help through hospitalization or perhaps outpatient therapy would be sufficient. The dialogue should be conducted directly, which means that the psychologist asks straightforward about suicidal thoughts, the motives that guide the suicide, the action plan in connection with making such a decision. The more detailed the plan of suicide (the person has chosen the way in which they will take their life, has already acquired a tool such as weapons, tablets, rope, etc., planned when and where they will do this), the greater the risk of taking their life. The more risk factors and the lack of protective factors, the greater the risk of committing suicide. During the evaluation, the support system also plays an important part, the psychologist assesses whether it is available and whether the person is using it.

Intervention for a person after a suicide attempt

If a person has already attempted suicide, the intervenor proceeds depending on the time that has elapsed since that incident. If there has been a short period since the attempt, i.e. up to about 6 weeks, the psychologist, as in the case of suicidal tendencies, assesses the risk of repeating the attempt by the suicide. In this case, the intervention focuses on establishing verbal and emotional contact with the suicide, thus broadening the social narrowing. Then the problem which became the cause of the suicidal crisis is discussed and solutions other than

suicide are searched for. The most important thing is not to leave the suicide alone, but be with him/her until the risk of suicide has passed.

Intervention for the suicide's family

Crisis intervention consists in analyzing the crisis in the family. The attention is focused on the fact that the suicide attempt is a critical event for both a person who attempts to take their life and for the whole family, thus causing a crisis in the family system. The purpose of the intervention is to educate the family about constructive ways of dealing with the problem and to strengthen them, to motivate the family to give support to the suicide and to guarantee him/her a sense of security and love (Badura-Madej, 1999). Showing how much a person is needed, how much they mean is essential. The intervention should lead to strengthening family ties and mutual acceptance, eliminating negative behaviours such as: blaming oneself, rejecting a suicide and aggression in the family. The faster the intervention is undertaken, the more effective it is. It should be determined whether a family therapy is sufficient. If it is not, it should be continued while simultaneously providing individual therapy to family members.

Summary

Suicide has become a serious problem globally. Each year brings an increasing number of suicide attempts and suicides. The increase in the number of young people deciding on this dramatic act is alarming. A person who is considering taking his/her life is a person in a crisis situation caused by serious life problems, who, due to the disorganization of social ties, cannot benefit from support systems. The task of every society should be prevention and education to prevent suicide attempts. People should become sensitive and alert in interpersonal contacts in order to provide support at the right time or to direct a given person to the appropriate support unit. Saving even a single life is a very big success because every human life is unimaginably valuable.

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