

Suicide: Facts for Parents

A Conversation with Dr. Igor Galynker

BY SUSAN FISHER

Suicide is the third leading cause of death for 15 to 24 year olds, following accidents and violence. Statistically, more young people in this age group commit suicide than die of all illnesses combined.

Dr. Igor Galynker, Director for The Family Center for Bipolar Disorder and Director of the Division of Biological Psychiatry at Beth Israel Medical Center, has done extensive research on mood disorders and, in particular, suicide. “Suicide is not a thought. Many people think about suicide, it’s natural, but they don’t do it.” Rather, suicide is an impulsive act, a leap between thoughts and action. Dr. Galynker describes suicide as “illogical logic,” a “rational” approach to diminish pain.

Suicide happens in a “Trigger State,” which, according to Dr. Galynker, is an altered state of consciousness characterized by hopelessness, psychotic pain or a mental flooding that overtakes rational thought. Trigger states can occur anywhere from ten minutes to ten days before an actual suicide attempt. Dr. Galynker illustrates the impulsive and irrational behavior of potential suicides with the story of a young man, caught on the verge of jumping off the Golden Gate Bridge. The young man parked his car, carefully crossed the highway to avoid being hit by oncoming traffic and proceeded to the bridge where he planned to jump to his death. The irony of trying to stay safe on his way to killing himself was lost to him, and illustrates the convoluted “logic” of suicides. This young man was not fixed on killing himself by jumping off a bridge; rather the story illustrates his impulsive and irrational behavior.

Suicide rarely occurs before adolescence and suicidal behavior manifests differently in boys than in girls.

Girls attempt suicide three times as often as boys yet boys are three times as likely to be successful. This results in a 3:1 boy to girl death rate. According to Dr. Galynker boys are more determined. They are generally set off by “narcissistic injuries”—pain caused by perceived failure that is exacerbated if the

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failure is public. “Failure” can include failing to measure up to parents’ expectations; getting expelled from school; being the victim of bullying, teasing, or being ostracized, or otherwise publicly humiliated. For girls, suicidal thoughts are often rooted in loneliness and isolation, leading to feelings of having no friends, having “friends” who reject them, being excluded from social activities, having empty weekends, and/or feeling needy with no one to turn to. Girls appear able to tolerate ambivalence to a greater degree than boys, simultaneously thinking suicidal thoughts while being aware of the pain they will cause their parents. In addition, girls are generally more changeable in their resolve; hence they exhibit three times more half-hearted attempts. Moreover, their methodology is different: girls tend to use pills and cutting while boys employ more violent methods, such as guns, car wrecks or jumping from windows. In simple terms, once boys are suicidal they are more determined and less likely to fail.

What do parents need to know?

- The biggest risk for suicide is a previous attempt.
- Suicide can happen in the presence of any serious mental illness, not just depression. Substance abuse; lack of social support; family history; family stress including divorce, emotional or physical abuse; even copycat behavior can contribute to suicidal actions.

SUICIDE: FACTS FOR PARENTS CONTINUED

“Children with serious suicidal ideation start withdrawing, they stop caring,” says Dr. Galynker. This is a tremendous warning signal to parents.

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- Dropping grades, increasing social isolation, even flippant comments such as “I don’t want to live anymore,” are potentially serious warning signs that parents should investigate.
- Parents need to be mindful of their children at all stages of childhood. They should recognize that a happy child in middle school may become an unhappy adolescent in high school.

In conclusion, suicide can be considered a state of mind rather than solely a response to seemingly insurmountable obstacles. Working to change our perception of suicide bodes well for treatment of those with serious suicidal ideation. Therapies, including medications and cognitive behavioral therapy, can be very effective in reframing one’s perspective on the present and future. Dr. Galynker tells the story of a man whose suicide attempt led to serious injury as well as the loss of his family and job; yet despite his more compromised life situation, he was no longer suicidal. It was always a state of mind. ●