The Complexities of Suicide and Suicidal Ideation

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Author: Sophia Brink
Introduction

Suicide is defined as the “act of intentionally causing one’s death.” Approximately one million people commit suicide each year - one person commits suicide every 40 seconds. It’s predicted that the rate of suicide will increase to one suicide every 20 seconds by 2020 (1). In the United States, suicide has increased by 30% from 1999 to 2016 (2). Suicide is an instrument only to the human condition, no other animal model engages suicide (3).

Research has found that there is no specific cause of suicide (4). Every individual is different and thus experiences unique struggles and stressors. Even so, some research has directed a cause of suicide and suicidal ideation to depression (5). There are a wealth of mental health resources and suicide prevention efforts for depression and suicide. However, suicide continues to be a common method for those who do not want to endure emotional pain any longer. Most of us know of someone who has committed suicide, like a celebrity or someone within our personal environment - a relative, friend, or friend’s friend. Why do people commit suicide? The question is still asked.

In this literature review, I will argue that the causes of suicidal ideation and suicide are extended to societal neglect, sociocultural pressures, and biochemical body imbalances, which in return, serve as the core foundations to depression. This research will also explore the terminology that, which I contend, drives the force of the loss of self and suicide - “failure,” “regret,” “hopeless,” and “busy.”
The Association Between Depression and Suicide

Research has linked depression as the primary cause of suicide. Depression is a common but detrimental mood disorder that entails serious symptoms affecting how one thinks, feels, and handles day-to-day living activities (6). Bipolar disorder, psychotic depression, seasonal affective disorder, and postpartum depression are some forms of depressive illnesses (7). Depression is often the result of a chemical imbalance in the brain (8). Without the appropriate treatment, suicidal ideation is likely. Even so, few research studies investigate the landscapes that form the stepping stone to depression.

Time and time again, we have placed the cause of suicide on depression. We have developed resources, therapies, and treatments. Nevertheless, the suicide rate continues to rise. Suicide does not discriminate success, socioeconomic status, cultural background, or religion. The landscapes that harbor depression, suicidal ideation, and suicide are societal neglect, sociocultural pressures, and body chemical imbalances.

A. The Impact of Societal Neglect

Although there are global mental health resources - in person and online counseling- it’s stigmatized for people to reach out for mental health support. Stigma is defined as a “mark of disgrace associated with a particular circumstance, quality, or person (9).” Depression, anxiety, PTSD, and phobias, among other mental health issues, are stigmatized in our society (10). Society continues to neglect the mental health needs of individuals and push a frame of perfection. If one doesn't fit the frame, they often have to pretend to fit the frame to abide to social rules and expectations. It isn’t expected in our society for a person to reach out for psychological counseling.
Research has shown that millennials in this generation continue to hold unreasonable ideals for themselves. These ideals expand to unrealistic and sometimes unachievable expectations. Most of these expectations fall within academic or professional career advancement, “beauty” expectations or goals, and materialistic goal ownership (11).

People who are experiencing emotional or tangible hardships sometimes will not rely on others for emotional support as they think they will be viewed negatively as a “bother,” an “annoyance,” or “over dramatic.” Even so, people will not truly listen to their friends and family members as they are “busy.” Therefore, such negative views feed into a toxic thought pattern for the individual that can later develop into depression and/or suicidal ideation (12). Negative thought patterns depress the mind and push the mind deeper and deeper into a blackout. It’s extremely difficult for people who experience toxic thoughts to “just feel better.” Thus, societal neglect of mental health contributes to the staggering rate of suicide in the 21st century.

B. The Influence of Sociocultural Pressures

The influence of sociocultural pressures can force a person into selecting suicide as an option to escape (13, 14, 15). Sociocultural pressures are pressures related to the social and/or cultural landscape of the particular society, group, or family unit. Sociocultural pressures within the family unit can include the pressure to achieve high grades, to follow a particular profession, or abide to an arranged marriage (15).

Sociocultural pressures related to a group unit are correlated to the peer group or the outbase environment. Within the peer group, pressures can comprise of bullying or the pressure to “fit in,” or follow particular behavior(s) or attitude(s) that the person does not
inherently want to follow. When an individual feels that he or she is an “outcast,” feelings of despair and failure are likely to follow suit (16).

A person’s “outbase environment,” corresponds to the norm environment of the person, outside of the home, such as school, university, and/or work. In an outbase environment, a competitive atmosphere may follow. For instance, although research claims that academically competitive atmospheres challenge and enrich a students’ learning and academic development, research has also found that suicide is the second most common cause of death among college students (17). When the mind is conformed to the notion that receiving A’s on tests or work promotions is the only reliable form of success, not getting the A or the promotion can therefore be absolutely detrimental to the mind (18).

Suicide does not discriminate success, fame, or high socioeconomic status. Money and/or fame doesn’t prevent one from experiencing depression or suicidal ideation (19). Psychologist Abraham Maslow’s theory, “Hierarchy of Needs (1943)” explains that people’s motivations change and some needs will take priority over other needs as suggested through a hierarchy, in order of 1) physiological needs: sleep, warmth, water, and food, 2) safety needs: safety and security, 3) belonging and love needs: friendships and intimate relationships, 4) esteem needs: status and accomplishments, and 5) self-actualization: attaining one’s full potential (20). Not all people achieve self-actualization. In fact, people often believe that wealth and fame is self-actualization (21). A person’s full potential isn’t the trophies - it’s the realization of the soul and its power - the power to emotionally connect with people, to appreciate yourself, and to be at peace with yourself regardless of who likes you, where you are, and how you are in your life.
When a person achieves status, fame, and/or wealth, they are respected by their personal social circle, community, and society. However, luxury, accomplishment, and/or respect will not exceed the power of emotional connection. When you achieve such social power, people will often love you for not who you are to them but what you can do for them. People won’t expect you to experience feelings of depression or suicidal ideation. And if you try to express your feelings, it’s likely that you’ll be shamed for it because “you have it all.”

C. Brain, Mind, and Behavior: Biochemical Body Imbalances.

Biochemical body imbalances can drive a person to experience suicidal ideation or make a suicide attempt (22). Sleep (23), nutrition (24), and exercise (25) are the primary forces that maintain and strengthen mind, behavior, and body. In the absence of these functions, mental health deteriorates.

I. Sleep

Research has found that suicidal ideation and behaviors are correlated with sleep disturbances (26). Three-quarters of clinically depressed individuals experience struggles with sleeping. Even so, people who experience problems with sleep are more likely to develop depression (27). The National Sleep Foundation recommends 8 to 10 hours of nightly sleep for teenagers, 7 to 9 for young adults, and 7 to 9 for adults (28). In the United States, 40% sleep less than the recommended amount of sleep (29).

Emotional health is destabilized without the appropriate amount of sleep. Sleep is the ultimate necessity to our neurochemistry and overall health (26). Our circadian rhythms permit us to co-occur with the twenty-four light/dark earth rotation (30). The longer that we are awake, we experience more pressure to sleep.
“Sleep is for the weak” is a common notion among most busy working professionals. However, in regards to physical health, research has found that sleep loss contributes to an increased susceptibility to viruses and bacterial infections, an increased risk of cancer, diabetes and obesity, poor memory and memory loss (31). In regards to our emotional health, when the brain is continuously deprived of sleep, the prefrontal cortex - the brain region correlated to reasoning and complex behavior - detaches from the amygdala - the brain region that contributes to the experiencing of emotions. Therefore, the amygdala resorts to “all gas, no break,” meaning that anxiety and depression levels occur and can dramatically increase (32).

**II. Nutrition**

There is a lack of research in the association of suicide and nutrition (33). However, some research has found that nutrition can play a role in decreasing the risk of suicidal ideation. Neurochemistry is balanced by nutrition. Nutritional depletion in vitamins can contribute to mental illnesses and neurological disorders (34). Vitamin B12 and Vitamin B9 (folic acid) are associated to the production of neurotransmitters, noradrenaline and dopamine, which often lack in people with depression (35). A lack of Vitamin D has also been associated to depression (36). Research has shown that low levels of Vitamin D commonly found in military persons has been linked to the high suicide rate among the military (37). Low omega fatty acid levels have been connected to depression, anxiety, and suicide (38). There are multiple variables that contribute to suicide, however, an absence of the appropriate nutrients to maintain and enrich our neurochemistry can increase risk of suicide.

**III. Exercise**
Research has found that the impact of exercise reduces suicidal attempts in bullied teenagers by twenty-three percent (39). Constant sitting and a lack of exercise has been connected to depressive symptoms (40). Additional research has found that those who sit in front of a computer for more than five hours a day are more likely to be depressed (41). If a person is inactive for most of their day, they are more likely to be unhappy (40).

Regular exercise improves mood and increases positive emotions (42). Some reports have shown that exercise could be used in place of antidepressants to elevate symptoms in depressed patients. Exercise boosts the positive neurochemicals that uplift depressive and anxious symptoms (43). It’s a stress reliever, an aid to better sleep, and also contributes to greater self confidence, which in return, acts as a buffer against depression and anxiety (44).

D. The Self and Conditional Terminology

We define our lives and our worlds with our words, ideas, and actions. Terminology used varies across individuals as each individual has a unique cultural, social, and socioeconomic background. However, the terms “failure,” “regret ,” and “hopeless,” are frequent among those who are struggling with their mental health and those who are clinically depressed; and the term “busy” is a frequent societal term that’s an extension of societal neglect (45, 46, 47, 48).

The majority of those who, unfortunately, commit suicide do so not because they want to die but that they want to escape the pain of their world. Researchers have argued if suicide is the escape from the self or the loss of the self. When undergoing such emotional distress, trauma, and pain, suicide becomes a potential option. I argue that suicide is the loss of the self. Suicide is the absence or loss of self-awareness - “the conscious knowledge of one’s own character, feelings, motivations, and desires (49),” which is partly constructed by the terms to be discussed.
I.  

Failure

The mind conforms to the notion of “failure” when the individual believes that they defeated themselves, they are not “good” enough, and they won’t be able to ever better themselves. “Failure” is “fixed”. The use of the term in relation to the individual contributes to the sense of worthlessness.

II.  

Regret

Regret is the continued awful feelings of “sadness, repentance, or disappointment over something that has happened or been done (50).” Conforming to the notion of “regret,” it eats the heart and soul - the person believes that they destroyed their life. The use of the term in relation to the individual contributes to the desolate feeling of loss, stupidity, and blame on the self.

III.  

Hopeless

When a person is hopeless, they believe that they have reached the end. Hopeless is “feeling or causing despair about something (51).” When the mind accepts the notion of hopelessness, there’s a sense of numbness. The person feels nothing about themselves and about the world.

IV.  

Busy

“Busy.” We use this term a lot. We are all “busy” in our professional and personal lives. When a friend or relative reaches out to us, we will say, “I’m busy.” We live in a society that is obsessed with “busy.” Research has found that people who tell their friends that they’re “busy” are expressing a superiority in regards to status, time, and attention - that their time and attention should be valued. What this also means is that the person believes that their friend’s time and attention isn’t as important as theirs. “Busy” has also equated to “power,” “prestige,” and “high
social status,” whether or not the person is directly trying to express their power over their friend (48). We use “busy” constantly in our daily lives. But when we consistently use this word towards a friend, we are unconsciously telling that friend to “back off,” and that we don’t prioritize this friendship (52).

“Busy” signals to the friend on the receiving end of the word, consciously and/or unconsciously, that they are not valued by this friend, their time and attention are inferior to this friend’s time and attention and also, unfortunately, that they are worthless (52). However, research has also shown that those who consistently use the term “busy” are also more likely to experience emotional struggles, depression, and feelings of loneliness. People eventually also feel that they have lost control over their lives with “busy (48).” We all experience struggles and live hectic lives. We all have different priorities. However, research has found that friendships are vital to our mental and physical health and increases our life expectancy (53). “Busy” has invalidated friendship. “Busy” has isolated us.

**IV. The Loss of the Self**

These terms equate to the loss of the self. It is not that the person wants to escape their self - their pain, failures, regrets, and sorrows. But it is that they lost themselves. There is no failure, regret, or hopelessness - these terms constructed by society force the mind to conform to a vicious cycle of toxic thoughts, which later lead to depression. Every individual is born different with a unique DNA that builds to a talent, an ability, or a purpose, but when the self is bullied by the social pressures of society, biochemical body imbalances, desolate terminology, and friends who are just too busy, the self becomes numb. The person doesn’t know who they are anymore, therefore, suicide becomes the prime option. It is with therapy and social support
that the self can rid of the pain and unbecome everything that isn’t really him or her so the self can be who they were in the first place.

E. Conclusion

In writing this review, DJ and musician - Avicii - committed suicide on April 20, 2018. Legendary fashion designer, Kate Spade, committed suicide on June 5, 2018. And wondrous chef and storyteller, Anthony Bourdain, committed suicide on June 8, 2018. In writing this review, thousands and thousands of hurting souls, who we - unfortunately - didn’t receive the chance to meet, committed suicide.

It’s not just about “call the suicide hotline” or “talk to your doctor.” We cannot just say “depression,” “bipolar disorder,” or “mental illness,” when he commits suicide and when she commits suicide and move on to the next day. We need to work against mental health stigma, however, the rising suicide rate across the world is on our society and on all of us in our everyday lives. Friends are not real friends to each other - we can go months or years without speaking to each other, our friendships can solely be based upon social media likes and comments, and we don’t always reach out even though we may sense that something is wrong. We live in an unloving and rushed society - stop saying that you’re “busy” and that you don’t have time to emotionally connect with a friend or family member. It takes less than 10 seconds to send a text message or e-mail or pick up the phone and call your friend to let them know that you love them and that they are important to you. We all need a friend - at least one friend who will cry with us, cheer us up, push us to become the best version of ourselves, and want to see us win. Be that friend.
If you are struggling with depression or thoughts of suicide and feel that do not have anyone that will truly listen to you or if you feel that you just can’t reach out to a friend or relative, know that you are not alone. I have also struggled with depression and suicidal ideation. I almost lost my life to depression. I am here. Take time for yourself. Do your best to sleep well, eat well, and treat your body well. **Seek psychological counseling.** The world needs more people like you. Please stay with us and shine your light. You have the power within you to rise up.
Citations


