Suicide, Suicidal Behavior, and Non-Suicidal Self-Injurious Behavior: A Primer for Group Leaders

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Teen self-harm (fatal or nonfatal) is a concern to all who work with teens. This concern, while valid, needs both perspective and nuance. Teens, who are at a volatile stage of development, are prone to extremes and intense affect and emotion. This intensity, often overwhelming to teens themselves, can be overwhelming to the adults who work with them (as well as the teens' own parents). This emotional intensity can often obscure the context and mask the nuance.

First the numbers:

- According to the National Institutes of Mental Health (NIMH) approximately 14% of teens experience mood disorders, anxiety disorders or eating disorders.
- Suicide attempts for youth (2007 data):
    - 14.5% seriously considered attempting suicide (but did not make a plan).
    - 11% made a suicide plan (but did not act on it).
    - 7% reported attempting suicide (i.e. were not treated by physician or nurse).
    - 2% made an attempt treated by a physician or nurse
- Suicide rates for youth (up to 18 year old) are **less than 1%.**
- Rates of Non-Suicidal Self Injury have been estimated at up to 50% of teens (study results indicate the rates are anywhere from 13% to 50%).

What does this mean?

It is important to differentiate between two main groups of behaviors:

- Behaviors related to suicide (thinking, planning, attempting); and,
- Non-Suicidal Self-Injurious behaviors (cutting, burning, head banging, and other self harming behaviors).

These two groups are distinctly different with respect to their *purpose* and *desired outcome*.

<u>The difference between Suicidal Behaviors and Self-Injurious Behaviors:</u>

- Suicidal behaviors are often aimed at ending one's life (or in certain cases demonstrating to others that help is needed).
- Self Injurious behaviors are often aimed at achieving self-regulation and/or "numbing" the emotional pain experienced by the individual (as opposed to dying or ending one's life).

<u>Understanding Suicidal Behaviors</u>

As we can see from the data above, around 14.5% of teens seriously considered attempting suicide, and less than 1% did end their lives. Understanding these numbers and the intentions behind them can help make sense.

A very useful model for understanding teen suicidal behavior was developed by Israel Orbach (the Multi-Attitude Suicide Tendency – MAST). This model posits that people can be attracted or repulsed from life or death. By understanding the relationship between the attraction and repulsion we can better understand the teen's experience and potential danger from suicide.

Multi-Attitude Suicide Tendency Model

	Life	Death
Attraction	Normal	Risk of suicide
Repulsion	Risk of suicide attempt	Normal

As intuitively understood, a teen attracted to life and repulsed by death has no suicidal tendency. Similarly intuitive is when teens are attracted to death and repulsed by life: they are at great risk for killing themselves. The

interesting aspect of this model is that it helps us understand the profile of teens who attempt suicide: they are repulsed by life but not necessarily attracted by death.

Most of us intuitively understand what being "attracted by life" or "repulsed by death" means. We can also understand what being "repulsed by life" means – most people have experienced difficult times in their lives where we wish that "it would all just go away".

But what does being "attracted by death" mean? Attraction to death comes from romanticizing it, or yearning for the state of death. At times, this could result from wanting to "re-unite" with someone close who died such as a beloved family member (e.g. benevolent grandparent) or someone who killed themselves ("sharing" the experience with them). Some teens develop fantasies about death being peaceful and relaxing – in contrast to their current experience. In the aftermath of high profile suicides (by celebrities, friends, or other known individuals) it is important to listen for signs of "attraction to death" in teens at risk.

It is important to stress that even when teens "only" express "repulsion from life" they must be taken seriously – even a nonlethal suicide attempt is extremely dangerous.

When we look back at the data, and superimpose it on this model, it begins to make more sense. The more extreme (or severe) the **repulsion from life**, the more likely the person is to make an attempt (consider suicide → plan an attempt → "mild" attempt). The 2% who made attempts that necessitated medical intervention (and the 1% who ended their lives) had a more extreme **attraction to death**.

This model is not aimed at being diagnostic in nonclinical settings, but rather giving group leaders a framework to understand and contextualize what the teen might be expressing. Whenever there is concern of "repulsion from life", let alone "attraction to death", it is imperative to inform the teen's parents/guardians (directly or via a supervisor) – ideally with the teen participating.

Understanding Non-Suicidal Self Injurious (NSSI) Behaviors

Self Injurious behaviors are qualitatively different than suicidal behaviors *even though they may appear similar*. Typically, teens report that self-injurious behaviors help them "calm down", "focus", or remain "in control". While not intended to cause a life threatening injury, these behaviors are dangerous nonetheless and could cause accidental medical complications which could be severe.

While many teens who engage in self-injurious behaviors do eventually attempt suicide, the two are not synonymous. In fact teens can often articulate which self injurious activity was suicidal and which was not.

It is important to understand there are subjective differences between self-injurious and suicidal behaviors, particularly when engaging with the teen. As in the case of suicidal behaviors, it is imperative to inform the teen's parents/guardians of self-injurious behaviors.

So what should we do with this information?

Understanding the differences between self-injurious and suicidal behavior as well as the varieties of suicidal behaviors provides a nuanced context to dealing with teens exhibiting these issues. Observing a (significant) cut in someone's arm could mean the teen was engaged in self-injurious behavior as a means of self-regulation (or being caught up in a thorny bush). It could also be a sign of a suicide attempt. By inquiring about the cut and the reason for it (rather than assuming one or another), a leader can more effective in facilitating help for the teen.

Additionally, teens (and adults) have many myths and misconceptions about self-injury and suicidal behavior. If the topic of suicide or self-injurious behavior comes up in a group, it is important to provide factual information and explanation (as appropriate). This model has been shown to be effective in suicide prevention education programs. Finally, it is important to convey to teens that regardless of the type of behavior, responsible, caring adults should be involved in helping anyone experiencing these attitudes and feelings.

Additional Risk Factors

In addition to using this model, there are known issues that are risk factors for suicide. It is important to remember that these issues in and of themselves are not indicators for suicide. When looking at the "big picture" it is important to keep these in mind:

- Mental health issues (not just depression)
- Substance abuse
- Prior history of suicide attempts
- Family history of suicide and/or suicide attempts
- Being bullied
- LGBT youth are at higher risk due to the social pressures they often face

Resources:

https://www.afsp.org/news-events/in-the-news/understanding-suicide-myth-vs.-fact
http://www.suicidology.org/resources
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2885157/
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2695720/

Guy Sapirstein, PhD is a Clinical Psychologist who consults to individuals and organizations on issues relating to resilience. He has extensive experience dealing with suicidal individuals as well as with post-suicide and other crisis situations.

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