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# The Stigma of Suicide: Its Role in Healing after Suicide

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See: *Southern New Mexico Suicide Prevention & Survivor Support Coalition* [www.EndSuicide.Net](http://www.EndSuicide.Net)



- Note:

- If while viewing this presentation you feel uneasy or experience uncomfortable memories, feel free to step out and return at any time.
- Following the presentation, the speakers will be available for questions and to visit with you individually.

# Stigma

*Stigma is the result of a process that includes a series of five interrelated components:*

- 1. Identify and label human differences*
- 2. Stereotyping*
- 3. Separation of “them” – the stigmatized group from “us”*
- 4. Experience of discrimination and loss of status by stigmatized people*
- 5. The exercise of power*

Source: Link and Phelan, 2006

# Stigma

“The shame or disgrace attached to something as socially unacceptable” (Dictionary Definition).

“Stigma is an ancient word that literally means a “mark” distinguishing individuals from one another” (Pescosolido, 2013).

“A perceived negative attribute that causes someone to devalue or think less of the whole person. People tend to distance themselves from people in stigmatized groups, to blame them, to assign negative attributes to them, diminish them, and discriminate against them” (Salters-Pedneault, 2009).

# Stigma and Public Health Issues

In the past thirty years stigma in terms of the five interrelated components suggested by Link and Phelan (2006) are noted in the following selected public health examples:

*HIV/AIDS*

*Substance use and abuse*

*Mental Health*

*Suicide*



# Suicide Rates in the US

- The suicide rate rose between 2008–2009 by 2.4% with 36,909 deaths reported according to the CDC. During the same period nearly 4% of US adults (estimated 8.3 million) reported thinking about suicide in the past year, over 2.2 million adults indicated they had made plans in the past year, and over a million reported attempting suicide (MNT, 2012).
- In 2008, 13.4% of those who ended their lives to suicide had experienced job and financial problems according to a report by CDC (August 2011).
- The National Suicide Prevention Lifeline, an emergency crisis hotline revealed that there was a 14% increase in the volume of calls received between 2010–2011.

# Suicide Rates in the US – Contd.

- In 2010, 20% of adults in the US experienced mental illness, although only a third of them indicated they received treatment (SAMHSA, 2012).
- Data from Eurostat and WHO reveal that despite tough economic times, European countries with strong safety nets and social services (MNT, 2012).
- Active duty Army suicide rate has steadily increased from 2004 to 2009 from 9.6/100,000 to 21.9/100,000, surpassing the demographically adjusted national suicide rate for the first time in 2008. Active duty Army suicides have continued to rise setting a record high in 2012 (AFSP, 2013).
- According to a VA report released in 2013, 22 veterans are dying by suicide daily, five of whom were enrolled in VA care. Approximately 950 veterans under VA care attempted suicide each month between October 2008 and December 2010 (US department of Veterans Affairs, 2010; Maze, 2010 *Army Times*).
- In 2010, suicide rates were the highest in the West. Six US states in the West, had age –adjusted suicide rates in excess of 18. New Mexico with a rate of 20.1 ranked fifth behind Wyoming (23.2), Alaska (23.1), Montana (22.9) and Nevada (20.3) (AFSP, 2013).

# Suicide and Stigma – Some History

- Stigmatization of suicide has deep roots in our collective thinking and judgment.
- Suicide was tolerated by the Greeks and Romans (Alvarez, 1990).
- Aristotle argued that suicide weakened the economy and upset the Gods and thereby initiated its stigmatization (Tadros & Jolley, 2001).
- Hinduism and Buddhism, among other Eastern religions have not had a traditionally negative view of suicide.
- In the Judeo-Christian tradition suicide was rare, and stigma about suicide was not evident until the fourth century.
- Gradually the stigma of suicide intensified in Europe and elsewhere despite the encouragement of some philosophers and writers for compassion and understanding.
- Durkheim's studies – the social not the moral origins of suicide (Retterstol, 1993; Levine & Pyke, 1999).
- Ambivalence, fear, misunderstanding, misinformation, and stigma about suicide persist to varying degrees across the world.



# Judaic, Christian, and Muslim Beliefs Impacting Suicide & Stigma

Bioethicists from the monotheistic faiths of Judaism, Christianity, and Islam conclude (December 13–14, 2009, Notre Dame of Jerusalem Center, Jerusalem, Israel),

- *Human life is sacred; it was created and given to man by God.*
- *Therefore, every individual human being enjoys an intrinsic dignity and is deserving of profound respect.*
- *This inherent value of every human life prevents us from damaging or destroying it.*
- *Only God, the creator of life, has the sovereign authority to decide when a human life should begin and end.*

These faiths traditionally altered/restricted funeral rituals and prayers for those who died by suicide. It has been observed that this ritual stigma helped to limit suicide contagion. Today there is common recognition of the role of mental or physical illness. This has resulted in little to no distinction between spiritual practices following suicide or other deaths.

A Muslim may be affected by mental or physical illness that affects his mind to such a great extent that he does not know what he is saying or doing. If this results in him killing himself, he will not be with the sinners who have fallen into the major sin of suicide. Rather he will be excused because there was an impediment to his being accountable, namely his loss of reason. Narrated by Abu Dawood (4403), al-Nasaa'i (3432) and Ibn Maajah (2041). Classed as saheeh by Shaykh al-Albaani in Saheeh Abi Dawood.

# How Stigma of Suicide Manifests in Everyday Life for Survivors

- *Enormous impact on stress levels, self-esteem, and self-worth*
- *Avoidance*
- *Unhelpful Advice*
- *Absence of Caring Interest*
- *Spiritual Distress*
- *Blaming the Victim*
- *Blaming the Family*
- *Other Negatives (including from Professionals)*

Sources: Link & Phelan, 2006; Feigelman, Gorman, and Jordan and their study titled “Stigmatization and Suicide Bereavement” to be published in the forthcoming issue of *Death Studies*

# Stigma and Suicide

- **Public Stigma:** The reaction that the general population have about those who attempt suicide, those who end their life to suicide, and towards families, friends, and others. Manifests in the form of religious and spiritual intolerance, distancing, labeling, stereotyping, separating, discriminating, expressing limited empathy and compassion, and showing little understanding of circumstances and situations.
- **Self-Stigma :** The reaction of individuals, families, and friends experience that cause them to turn against themselves and internalize the intolerance and public stigma they have experienced.



# Stigma of Suicide and Suicide Prevention Efforts in New Mexico

- The need to examine, integrate, and raise awareness about stigma about suicide in education and prevention efforts.
- The need to use CDC-recommended suicide reporting methods with low potential for promoting suicide contagion.
- The need to educate mental health and other healthcare providers who are at the front-lines of working with the issues of suicide and with survivors about their own biases, stigma, and their impact on their clients.
- The need to encourage local efforts in communities that provide the safety and support for individuals and families dealing with suicide ideation, attempts, and expression on an ongoing basis.
- The need to allocate fiscal resources to rural and border communities that are dealing with increased rates of suicide attempts and deaths.



# Efforts in Southern New Mexico to reduce Stigma of Suicide

- PSAs
- Support Groups
- Awareness Raising and Educational Efforts
  - Speaking Out and Taking a Stand
  - Reaching out to the Military

# PSAs of the Southern NM Suicide Prevention and Survivor Support Coalition



Prevention REV



800 Suicide.mpe



Suicide Espanol.

PSAs available at [www.endsuicide.net](http://www.endsuicide.net)

*“In our view, campaigns to prevent suicide need a much wider audience than adolescents in schoolrooms. Antisucide messages should receive wide exposure in the media, such as television and radio .”*

Cusimano MD; Sameem M: The effectiveness of middle- and high school-based suicide prevention programmes for adolescents: a systematic review. *Injury Prevention* , e-pub, Nov 7, 2010, DOI: 10.1136/ip.2009.025502

February 01, 2011 Societal Stigma and Suicide Prevention  
Johannes E. Hovens, M.D., Ph.D.; G. Johannes van der Ploeg, M.D.  
Psychiatric Services 2011; doi: 10.1176/appi.ps.62.2.222-a  
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# Solutions for a lasting turn of the tide & a willingness to grab a helping hand

*“It is my view that we will see a lasting turn of the tide only when we have programs that deal with fundamental factors such as family turmoil, early-life abuse, alcohol and substance misuse, partner violence, employment adversity, and encroaching medical comorbidities associated with poorly treated pain and functional decline. We must foster the development of public health and preventive psychiatry and instill a culture that reduces stigma and encourages both offering and accepting help. To say this in a different way: We must reduce the prevalence of adversities that drive human vulnerabilities toward distress and disease and at the same time increase people’s willingness to grab a helping hand. Perhaps then we will see a steady decline of suicide.”*

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*Editorial* PSYCHIATRIC SERVICES [ps.psychiatryonline.org](http://ps.psychiatryonline.org) December 2010 Vol. 61 No. 12, p. 1171  
<http://ps.psychiatryonline.org/data/Journals/PSS/3920/10ps1171.pdf>