



Suicide In Alcoholism

Benjamin Kissin



Suicide In Alcoholism:

Suicide in Alcoholism George Earl Murphy, 1992 Alcoholics commit about 25% of the more than 30 000 suicides per year in the U S This unique revealing study discusses 50 actual cases of alcoholics who took their lives The first part of the book covers the background of the study the method of investigation and the life histories This leads to the identification of seven risk factors for suicide in alcoholics none of them acute Comparing those findings to the same factors in groups of living alcoholics shows that the risk factors are all more frequently present in the suicides than the living alcoholics Moreover they act in a cumulative fashion the greater the number of factors present the greater the risk of suicide The case histories describe how both alcoholism and its suicidal outcome span the ranges of age sex race and socioeconomic characteristics This accessible work offers a broad understanding of the determinants and predictors of suicide in alcoholics and indicates practical measures to prevent these suicides

Suicide, Homicide, and Alcoholism Among American Indians Calvin J. Frederick, 1973

Suicide, Homicide, and Alcoholism Among American Indians National Institute of Mental Health (U.S.), 1973

Suicide: A Global Perspective Maurizio Pompili, 2012-09-19 In the year 2000 approximately one million people died from suicide a global mortality rate of 16 per 100 000 or one death every 40 seconds In the last 45 years suicide rates have increased by 60% worldwide Suicide is now among the three leading causes of death among those aged 15 44 years both sexes these figures do not include suicide attempts up to 20 times more frequent than completed suicide Suicide worldwide is estimated to represent 1 8% of the total global burden of disease in 1998 and 2 4% in countries with market and former socialist economies in 2020 Although traditionally suicide rates have been highest among the male elderly rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries in both developed and developing countries Mental disorders particularly depression and substance abuse are associated with more than 90% of all cases of suicide however suicide results from many complex sociocultural factors and is more likely to occur particularly during periods of socioeconomic family and individual crisis situations e g loss of a loved one employment honour The economic costs associated with completed and attempted suicide are estimated to be in the billions of dollars One million lives lost each year are more than those lost from wars and murder annually in the world It is three times the catastrophic loss of life in the tsunami disaster in Asia in 2005 Every day of the year the number of suicides is equivalent to the number of lives lost in the attack on the World Trade Center Twin Towers on 9 11 in 2001 Everyone should be aware of the warning signs for suicide Someone threatening to hurt or kill him herself or talking of wanting to hurt or kill him herself someone looking for ways to kill him herself by seeking access to firearms available pills or other means someone talking or writing about death dying or suicide when these actions are out of the ordinary for the person Also high risk of suicide is generally associated with hopelessness rage uncontrolled anger seeking revenge acting reckless or engaging in risky activities seemingly without thinking feeling trapped like there s no way out increased alcohol or drug use

withdrawing from friends family and society anxiety agitation unable to sleep or sleeping all the time dramatic mood changes no reason for living no sense of purpose in life Table 1 Understanding and helping the suicidal individual should be a task for all Suicide Myths How to Help the Suicidal Person Warning Signs of Suicide Myth Suicidal people just want to die Fact Most of the time suicidal people are torn between wanting to die and wanting to live Most suicidal individuals don't want death they just want to stoop the great psychological or emotional pain they are experiencing Listen Accept the person's feelings as they are Do not be afraid to talk about suicide directly Ask them if they developed a plan of suicide Expressing suicidal feelings or bringing up the topic of suicide Giving away prized possessions settling affairs making out a will Signs of depression loss of pleasure sad mood alterations in sleeping eating patterns feelings of hopelessness Myth People who commit suicide do not warn others Fact Eight out of every 10 people who kill themselves give definite clues to their intentions They leave numerous clues and warnings to others although clues may be non verbal or difficult to detect Remove lethal means for suicide from person's home Remind the person that depressed feelings do change with time Point out when death is chosen it is irreversible Change of behavior poor work or school performance Risk taking behaviors Increased use of alcohol or drugs Social isolation Developing a specific plan for suicide Myth People who talk about suicide are only trying to get attention They won't really do it Fact Few commit suicide without first letting someone know how they feel Those who are considering suicide give clues and warnings as a cry for help Over 70% who do threaten to commit suicide either make an attempt or complete the act Express your concern for the person Develop a plan for help with the person Seek outside emergency intervention at a hospital mental health clinic or call a suicide prevention center Myth Don't mention suicide to someone who's showing signs of depression It will plant the idea in their minds and they will act on it Fact Many depressed people have already considered suicide as an option Discussing it openly helps the suicidal person sort through the problems and generally provides a sense of relief and understanding Suicide is preventable Most suicidal individuals desperately want to live they are just unable to see alternatives to their problems Most suicidal individuals give definite warnings of their suicidal intentions but others are either unaware of the significance of these warnings or do not know how to respond to them Talking about suicide does not cause someone to be suicidal on the contrary the individual feel relief and has the opportunity to experience an empathic contact Suicide profoundly affects individuals families workplaces neighbourhoods and societies The economic costs associated with suicide and self inflicted injuries are estimated to be in the billions of dollars Surviving family members not only suffer the trauma of losing a loved one to suicide and may themselves be at higher risk for suicide and emotional problems Mental pain is the basic ingredient of suicide Edwin Shneidman calls such pain psychache 1 meaning an ache in the psyche Shneidman suggested that the key questions to ask a suicidal person are Where do you hurt and How may I help you If the function of suicide is to put a stop to an unbearable flow of painful consciousness then it follows that the clinician's main task is to mollify that pain Shneidman 1 also pointed out that the main sources of

psychological pain such as shame guilt rage loneliness hopelessness and so forth stem from frustrated or thwarted psychological needs These psychological needs include the need for achievement for affiliation for autonomy for counteraction for exhibition for nurturance for order and for understanding Shneidman 2 who is considered the father of suicidology has proposed the following definition of suicide Currently in the Western world suicide is a conscious act of self induced annihilation best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution Shneidman has also suggested that that suicide is best understood not so much as a movement toward death as it is a movement away from something and that something is always the same intolerable emotion unendurable pain or unacceptable anguish Strategies involving restriction of access to common methods of suicide have proved to be effective in reducing suicide rates however there is a need to adopt multi sectoral approaches involving other levels of intervention and activities such as crisis centers There is compelling evidence indicating that adequate prevention and treatment of depression alcohol and substance abuse can reduce suicide rates School based interventions involving crisis management self esteem enhancement and the development of coping skills and healthy decision making have been demonstrated to reduce the risk of suicide among the youth Worldwide the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it In fact only a few countries have included prevention of suicide among their priorities Reliability of suicide certification and reporting is an issue in great need of improvement It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative comprehensive multi sectoral approach including both health and non health sectors e g education labour police justice religion law politics the media

The Biology of Alcoholism Benjamin Kissin, 2012-12-06 Pathogenesis is defined in Blakiston's Medical Dictionary as the course of development of disease including the sequence of processes or events from inception to the characteristic lesion or disease The central position of the word pathogenesis in the titles of Volumes 6 and 7 in itself connotes a bias on the part of the editors in favor of the disease concept of alcoholism inasmuch as the end product of the pathogenetic process is presumed to be a disease But the disease model as here conceptualized is vastly different from that of Jellinek or of Alcoholics Anonymous or of psychoanalysis In those theories alcoholism is seen as the inevitable consequence of some specific flaw in the heredity or the experience of the afflicted individual that inexorably leads to alcoholism In these present volumes the alcoholic syndrome is viewed rather as the outgrowth of the interaction of a variety of biological psychological and social influences which depending on the predominance of one or another may lead to different types of alcoholism This view which has been labeled the bio psycho social perspective encompasses a larger view of the dynamics of the development of alcoholism incorporating data from each of the phenomenologic levels involved An additional complication arises from the fact that the physiological and psychosocial stigmata of alcoholics which are probably most often the result of prolonged drinking

frequently have come to be considered as causes of the disease

The International Handbook of Suicide and

Attempted Suicide Keith Hawton, Kees van Heeringen, 2000-11-21 Recent research in the area of suicidology has provided significant new insights in the epidemiological psychopathological and biological characteristics of suicidal behaviour The International Handbook of Suicide and Attempted Suicide is the first book to bring together this expertise and translate it into practical guidelines for those responsible for policy issues and for those involved in the treatment and prevention of suicidal behaviour Leading international authorities provide a truly comprehensive and research based reference to understanding treating and preventing suicidal behaviour They explore concepts and theories which best guide work within this field and detail key research which has supported conceptual developments preventive interventions and clinical treatment No self respecting worker in deliberate self harm and suicide prevention either clinical or research can afford to be without access to this comprehensive handbook possession and regular use may well become a marker of serious involvement in the subject This is the most comprehensive up to date informative and well written source of information on suicide and suicidal behaviour an invaluable work of reference which will be essential for clinicians and researchers for many years to come Andrew Sims Emeritus Professor of Psychiatry St James s University Hospital Leeds UK British Journal of Psychiatry

Research on the Neurobiology of Alcohol Use Disorders Leo Sher, 2008 This book describes the neurobiological mechanisms of alcohol abuse and dependence including the role of serotonergic dopaminergic noradrenergic and hypothalamic pituitary adrenal systems in alcohol use disorders and the results of neuroimaging studies are presented The neurobiology of comorbidity of alcohol use disorders with other psychiatric disorders are also discussed Research on the neurobiology of alcohol abuse and dependence is very important Therefore this book will be of interest to biomedical researchers physicians and other clinicians students and anyone who is interested in the mechanisms of addictive disorders

Mapping the Social Consequences of Alcohol Consumption Harald Klingemann, G. Gmel, 2013-03-14 Research on alcohol related consequences has traditionally focused mainly on health aspects of alcohol consumption or effects which can be more easily quantified or measured It is evident that alcohol has many consequences which can be characterised as social in nature and which are not or not only medical and are directly health related Such consequences include violence crime and psychosocial factors The increasing relevance of consequences of alcohol consumption other than medical is also reflected in the second European Action Plan 2000 2004 of WHO aiming at the prevention and reduction of harm done by alcohol to the health and wellbeing of individuals families and communities This book attempts to provide a comprehensive overview of social consequences of alcohol consumption on the individual group organisational and societal level It is a result of a two year collaborative study under the leadership of WHO Euro with the participation of alcohol researchers from Finland Germany Norway Scotland and Switzerland Although the book was written by experts in the field it is targeted not only at scientists but at all people dealing with alcohol related problems in practice

Alcohol Norman S. Miller, Mark S.

Gold,2013-11-11 This book is written for a truly general medical audience Clinicians researchers residents and students will find Alcohol a direct treatment of the major drug problem in America Along with the first volume in this series on marijuana Alcohol is timely and relevant The subject is presented with clarity in an effort to provide professionals and interested readers with a basic background in the field of alcohol studies The emphasis is on what is known and can be counted on as fundamental knowledge on the various aspects of history epidemiology diagnosis treatment and prevention of alcoholism Because drugs other than alcohol are such an important feature of the contemporary alcoholic they are covered as a part of the natural history of alcoholism Change and progress are essential to knowledge past and current research in the alcohol field as well as detailed discussions of what further needs to be investigated are included in the volume The student as well as the practitioner will find the contents useful for didactic purposes as well as a clinical reference We believe that the researcher will also profit from the comprehensive coverage of the subject The chapters are organized in sections to highlight important topics and are arranged in a sequence to ensure a logical development of the subject alcohol Throughout the book we combine our clinical and research experiences to provide a synthesis that we hope will have widespread clinical usefulness N S M

Alcoholism and Clinical Psychiatry Joel Solomon,2012-12-06 It is well known that alcoholism continues to be one of this country's major public health problems This issue is carefully documented by Dr Gerald Klerman Chief of ADAMHA in the second chapter of this volume In spite of the major role that alcohol plays in the health care issues of internal medicine neurology and psychiatry the subject continues to fall between the cracks of the various disciplines For this reason it has become almost a discipline of its own yet there are no academic departments of alcoholism because academic departments are unidisciplinary and alcoholism is clearly a multidisciplinary field within medicine In spite of the many disciplines involved in the study and treatment of alcoholism psychiatry continues to have a special albeit often neglected relationship to alcoholism and it is the articulation of that relationship which prompted the Department of Psychiatry at the Downstate Medical Center to organize the conference upon which many chapters in this volume are based Particular emphasis in selecting the topics to be covered was placed on the interface between alcoholism and clinical psychiatry including affective disorders schizophrenia suicide adolescence the special problems of women and psychotherapy to mention only some of them

Unveiling the Magic of Words: A Report on "**Suicide In Alcoholism**"

In some sort of defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their capability to kindle emotions, provoke contemplation, and ignite transformative change is truly awe-inspiring. Enter the realm of "**Suicide In Alcoholism**," a mesmerizing literary masterpiece penned by way of a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve to the book is central themes, examine its distinctive writing style, and assess its profound effect on the souls of its readers.

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Suicide In Alcoholism Introduction

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