-Suicide- A community problem that's getting harder to hide

by Cynthia Stowell

◆◆◆ A small group of friends is gathered in a rural area for an evening of drinking. One man is particularly quiet as the group swaps hunting stories. They tease him about the deer he missed last week and he wanders off. Moments later the group is startled by the ring of a gunshot, and horrified, they find their quiet friend slumped in the cab of the pick-up, dead of a head wound.

◆◆◆ Harsh words are exchanged between lovers. He walks out and slams the door as he has many times before. When he returns hours later he finds an ambulance pulling away from the trailer with lights blinking. Rushing into the bedroom he sees a bottle of prescription sedatives on the nighttable, the phone off the hook. Police tell him his girlfriend warned the dispatcher just in time.

◆◆◆ The pavement had been dry, the visibility good. When authorities investigated the one-car wreck they found no apparent cause. All they know is what the elderly victim's family told them — that he had spent the day looking at old photo albums and talking about his deceased wife, then announced he was going for a drive.

Suicide is becoming a major health problem in Warm Springs.

It can happen in any of a variety of ways — in private or at a party, violently or peacefully, with elaborate preparation or on seeming impulse. But suddenly, friends, family and often the whole community are thrown into shock, left to ponder what may have been the one decisive act of a desperate individual, his final message to anyone who would listen.

More often than not, the message is meant to be only a warning or a call for help and the victim may live to communicate his despair more completely. But occasionally the only statement is the deliberateness and finality of self-destruction.

Suicide is fast becoming a major health problem in Warm Springs, giving substance to widespread stereotype of the suicide-plagued Indian reservation.

Already this year there have been two completed suicides involving tribal members and at least eight reported attempts during the first two months. Tribal Crisis Program director Prunie Williams has referred to this as an "epidemic."

Although the figures are not available to confirm it, Prunie feels the problem in Warm Springs is worsening. In the 1969-71 period when suicide on northwest reservations was the subject of extensive research by the Indian Health Service's Dr. James Shore, Warm Springs boasted a below-average rate of completions and attempts. "Since then," said Prunie in frustration, "we're probably leading."

NUMBERS DON'T TELL THE WHOLE STORY

Figures on successful suicides and suicide attempts are sketchy at best. While the most complete records have been kept by the Indian Health Service, doctors and statisticians there are quick to point out that they do not get all the reports. Where a number of agencies are involved and suicide is such a difficult motive to establish, numbers are incomplete and unreliable.

Suicide was the official cause in the deaths of seven tribal members since 1973. That year marked the first suicide in many people's memories, said Prunie, and the six that followed indicate a grim trend.

I.H.S. and crisis program records show one suicide in 1973, one in 1976, three in 1977, and two so far in 1979. All were men. Five were shootings and three were hangings in jail.

Suicide attempts are much harder to identify. I.H.S. health educator Lee Loomis noted that such incidents are often hidden in the accident categories of their records, not to cover up a problem but because the clinic is geared to treating injuries and not establishing causes.

I.H.S. Portland Area Office's "suicide register," begun in 1969 and abandoned in 1975 offers a glimpse into attempt rates. The register shows 17 attempts in the years 1969 to 1971, 23 attempts in 1973, 16 attempts in 1974, and another 16 in 1975.

Since 1975, records are completely inadequate and no reliable figures on attempts could be produced. But Prunie's recent experience has shown an average of twelve attempts per year.

While the national annual suicide rate is around 11 per 100,000, those working with numbers are reluctant to compare the incidence in Warm Springs, which has a population of 2297, with national statistics. When comparing this way, the seven suicides in the years 1969-1971 would translate into an annual rate of 35 per 100,000. This is clearly misleading when considering that in seven of those years there were no suicides at all in Warm Springs.

In his paper "American Indian Suicide — Fact and Fantasy," Dr. Shore cautions against using such statistics to stereotype when there is actually a great variation in suicide rates among Indian reservations. In the period 1969-71, for instance, one northwest reservation with a population of 3,000 had 11 suicides and 103 attempts.

A COMMUNITY PROBLEM

With increased frequency, Monday mornings find people talking in hushed tones about a weekend incident, and newspaper obituaries appear telling only part of the story. The whole community is affected by a suicide and yet it is a delicate topic, not easily discussed and more comfortably hidden.

"If people would come right out and discuss it maybe we could combat it," said Prunie, who has studied and worked with suicide for more than ten years. She praises the efforts of Dr. Shore, who has opened the eyes of local health workers to the causes and treatment of suicidal behavior.

Suicides and attempts occur in clusters

From Dr. Shore, Prunie learned the concept of suicide epidemics, for which she has since found much proof in her crisis work. Suicides and attempts seem to occur in clusters or chains, with one incident triggering others. Another pattern that Prunie has discovered is the anniversary syndrome.

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"Whatch February 1980," said Prunie, predicting that the epidemic of suicides and other deaths early this year would take its toll next year at the same time when memories are stirred.

In the general population, suicide seems to follow seasonal patterns. High risk times are the Thanksgiving and Christmas holidays and winter, noted the local I.H.S. clinic's head doctor Tom Creelman. But neither Prunie nor visiting I.H.S. psychiatrist Dolores Gregory have noticed a seasonal distribution in Warm Springs. At one time, said Prunie, the holidays were particularly stressful for those planning family activities and those without families, but "there's no cycle now — it's one of those guessing games."

According to local health workers, the source of the despair that drives some individuals to suicide lies partly in the cultural history of the Warm Springs community. To Dr. Creelman, suicide is a symptom of other deep-rooted community problems.

He blames the forced separation of Indian people from their traditional lands and lifestyles for the isolation and hopelessness that many individuals now feel. Without the continuity of their culture binding the past to the present, many people feel directionless, adrift in an unfamiliar white world for which they never learned the ground rules.

Prunie concurs, pointing to a widespread loss of tradition. Few people listen anymore to the old people's lessons about tapping inner strengths to cope with difficulties, she said, making despair more common.

Family cohesiveness has been an ufortunate casualty of the rapid movement of the Indian into the twentieth century, removing a crucial element of support from the individual and exaggerating isolation, said Prunie. But Dr. Shore feels that the extended family is still influential to the extent that its members can "learn" patterns of self-destructive behavior from each other.

Community problems that Warm Springs shares with the rest of society include a greater tolerance for violence and little education in the area of death and dying, according to Prunie. Both contribute to weakening a person's ability to cope with life successfully, she feels.

WHO ATTEMPTS SUICIDE?

There is reason to believe that suicide and suicide attempts are more common than the community would care to admit. Suicide does not always occur in classic form. "It's a hard thing to pin down unless you have a dead body with a note next to it," said Dr. Creelman.

Beyond the blatant shootings and drug overdoses, lies the world of accidents, carelessness and physical neglect that some health workers identify as suicide. A diabetic who refuses to take medication, an alcoholic who hangs onto his bottle despite warnings from the doctor — these could be considered suicidal behavior but not recorded as such, said health educator Lee Loomis. So too, single car "accidents" and provoked fights may indicate a low value placed on life.

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The clearcut suicides and attempts in Warm Springs exhibit patterns similar to those on other reservations and in the general populace. Males account for the majority of completions while females appear more often in the attempt figures. Males are apt to use firearms or hanging and females are inclined to ingest drugs. Alcohol is involved in a high percentage of both completions and attempts.

While Prunie has identified no particular high risk group in Warm Springs, Dr. Gregory has observed a younger profile than in the general population. During her five years as counseling on the reservation, she has noted an increase in the number of women and adolescents in her suicide attempt caseload.

The circumstances surrounding an incident vary considerably and the reasons for such an advanced state of despair are as numerous as the victims.

SUICIDE — AN INDIVIDUAL'S LAST CALL

A suicide jolts the community not only because it is perceived as morally repugnant or in violation of the natural order. but also because it is so unexpected. "He seemed to be in good spirits," or "I never would have guessed" are the two common reactions to the news of a suicide. But experts agree that there are many visible warning signs issued by a potentially suicidal person. "This community needs to be educated in the signs of suicide just like they're educated in alcohol and drug problems," said Prunie.

Many suicide risks actually verbalize their desire to die, noted Dr. Gregory. This can be passed off as a bluff, an attention-getting gesture, explained Prunie, but it should not be ignored.

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A suicidal person may withdraw from people and appear preoccupied with his own thoughts. This is often a symptom of deep depression, an emotional state characterized by gloom and lack of self-esteem, and often a prelude to suicide.

Frequent expressions of hopelessness or anger, and a lost sense of the future are indications that a person cannot cope with or control his life. Suicide may be the only act he feels he can control completely.

Increased alcohol or drug intake are clues that a person is troubled and susceptibel to suicidal behavior. While Prunie feels that alcohol is a cause of many suicides — "It rules the brain and breaks down whatever strengths a person possesses" — Dr. Creelman perceives alcohol abuse, like suicide, as another symptom of individual or community problems. In any event, alcohol and drugs play a role in the great majority of suicides, according to health workers.

Someone on the road to suicide might begin to give away his prized material possessions to friends and relatives in preparation for (and possibly to call attention to) his approaching end, noted Prunie. And of course previous unsuccessful attempts, however half-hearted or disguised, are direct calls for help.

A particular event or circumstance can prove to underscore an individual's profound feeling of hopelessness and trigger a suicide attempt. This could be the loss of a job or a mate, the wrong exchange of words in a tavern, or incarceration in jail or prison. Or it might be only the access to a method — a nearby gun or an oncoming truck — that provides the stimulus.

At this point, a suicide attempt is the one sure relief from unhappiness and pain.

(Continued on p. 15)