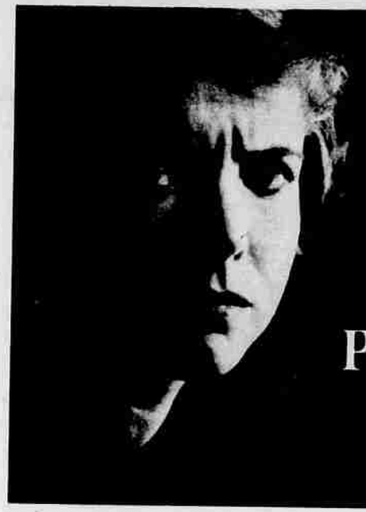

HOW TO SPOT A POTENTIAL SUICIDE

By THEODORE IRWIN

After studying 32,000 cases, a scientist concludes that friends and relatives often may ward off such tragedies—if they know the danger signals of self-destruction

AT LEAST once every minute, someone in the U.S. tries to kill himself—and 50 or 60 times a day these attempts succeed.

The mounting suicide toll is more frequent than murder and claims more lives than diabetes, polio, muscular dystrophy, and multiple sclerosis combined.

However, fresh insight into the why and how of suicide now has been provided by Dr. Joseph Hirsh, associate professor of preventive and environmental medicine at the Albert Einstein College of Medicine in New York. From his five-year investigation of 32,000 self-inflicted deaths, he has evolved ways to spot a potential suicide—danger signals that may enable relatives and friends to ward off a tragedy.

Dr. Hirsh found that three "central features" usually are present in a suicide. He calls them the LAD syndrome.

"L" stands for loss and loneliness. The loss may be of a loved one, a physical function, self-esteem, or some other painful privation, real or fancied. It generally is accompanied by a dismal feeling of loneliness.

"A" is for aggression. "This is the chief effective force behind suicide," says Dr. Hirsh. Turned outward, aggression could result in homicide; directed inward, it could be expressed as suicide.

"D" is for depression, which often predisposes a person to "put himself out of his misery."

A combination of these three factors is the soil in which thoughts of suicide grow. Fortunately, many of the danger signals can be detected.

Here is what to look for:

1. Talk or hints of intention to commit suicide, such as, "I'd be better off dead" or "What's the use of living?" These statements must be taken seriously. A survey indicates four out of five people who killed themselves previously had discussed the act with relatives or their doctors.

2. Remarks about being a "burden" or "worthless." Especially among old people, self-pity and constantly belittling themselves reflect concern over loss of their self-esteem.

3. Poorly organized living habits, personal untidiness, indecisiveness, difficulty in concentrating.

4. Refusal to take part in social and recreational activities.

5. Oversensitiveness, unusual timidity, and fearfulness.

6. Lack of strong ties to family, church, and community.

7. Loss of interest in what formerly were pleasurable pursuits and a tendency to mope.

8. Mental and physical sluggishness so that the individual has to force himself to go to work. These symptoms are exaggerated in the morning.

9. Persistent insomnia. The person who keeps getting up at night, pacing the floor, and smoking may be headed for a severe depression.

10. Lack of appetite, loss of weight, fatigue, stomach upsets.

11. Chronic emphasis on aches and pains which don't seem to have any foundation in fact.

12. Fear of being disliked or harmed. "Everybody is out to get me.")

13. Nervousness and a tendency to react emotionally to whatever problem arises.

14. Children who express strong, hostile, aggressive emotions.

15. "Hidden suicides," such as the invalid who kills himself inch by inch by refusing to eat properly or the man with the weak heart who indulges in violent sports.

When someone is suspected of harboring suicidal notions, relatives and friends should do all they can to make him feel wanted. Dr. Hirsh cautions that this doesn't mean merely giving verbal assurances of affection and regard. There must be careful attention to his problems. Especially if he's elderly, he must be encouraged to take an active part in family affairs. Recreation and hobbies should be provided. Seek his advice to make him feel important. If possible, use him as a baby sitter, unless there are signs of senility.

Also, try not to let him live alone. Living in isolation is bad; mixing with people is good.

Some despondent people recover hope by turning to religion, which can be a powerful and therapeutic aid. So help the potential suicide to join a church or at least encourage him to talk to a minister.

A SUICIDE attempt that fails should not be taken lightly. Three out of four people who committed suicide either had threatened or tried to take their own lives at least once before. Once a person has tried suicide, the exit of self-destruction has etched in his mind a pathway which he is apt to follow the next time he faces a seemingly insurmountable problem. Relatives and doctors must be particularly watchful for a minimum of three months after an attempt, even though there seems to be an improvement in behavior.

Watch out for birthdays, Christmas, and anniversaries of a death, a divorce, or a broken engagement—dates or occasions which sharply remind a dejected person of his unhappiness and which may trigger action.

When profound depression is observed, cajoling, arguing, teasing, or jollying is not only ineffective but may intensify the feeling. And don't try to go it alone. Before the LAD clues start to cluster, seek the help of your doctor, a minister, a family agency, a psychologist, or a psychiatrist. If the danger is great, "there's no substitute for a psychiatric ward in a hospital," advises Dr. Robert E. Litman of the Suicide Prevention Center in Los Angeles. A complete reconstruction of personality through psychiatry may be necessary.

Clearly, every community should have some organization to which the desperate and disheartened can turn. Preventing suicide is not just the job of relatives and doctors. "It's everybody's business," says Dr. Hirsh.