IS THIS REALLY 'A MAJOR BREAKTHROUGH' IN UNDERSTANDING SUICIDE?

This paper first appeared in the Winter 2009 issue of the 'Skeptical Intelligencer', pp 2-3.

Hardly a week goes by without a media announcement about a 'major breakthrough' in our understanding of some aspect of human behaviour or experience such as a psychological disorder, difficulty or predisposition, and the promise that the findings will bring hope and relief to people adversely affected by such.

Investigations that seem to be amongst the most frequently rewarded with this privilege are those that involve putting people into brain-scanning machines or analysing their genes. In December 2019 a paper appeared in the journal *Molecular Psychiatry (note 1)* that reviewed 131 neuroimaging studies published over the last 20 years on people exhibiting suicidal thoughts and impulses. Their conclusions were as follows:

> *Reviewed literature suggests that impairments in medial and lateral VPFC* (ventral prefrontal cortex) *regions and their connections may be important in the excessive negative and blunted positive internal states that can stimulate suicidal ideation, and that impairments in a DPFC* (dorsal prefrontal cortex) *and inferior frontal gyrus (IFG) system may be important in suicide attempt behaviors. A combination of VPFC and DPFC system disturbances may lead to very high risk circumstances in which suicidal ideation is converted to lethal actions via decreased top-down inhibition of behavior and/or maladaptive, inflexible decision-making and planning. The dorsal anterior cingulate cortex and insula may play important roles in switching between these VPFC and DPFC systems, which may contribute to the transition from suicide thoughts to behaviors.*

Whenever I read this kind of material I ask myself, 'Who is benefiting from all of this?' A cynic would reply, 'The people who are carrying out the research' and I confess often to being unable to refute this.

In September 2019 the Office of National Statistics released a report on the incidence of suicide in the UK for 2018 *(note 2)*, revealing a significant surge. The reasons for this are not yet known but it is largely driven by an increase among men who continue to be most at risk. In addition:

> *In recent years, there have also been increases in the rate among young adults, with females under 25 reaching the highest rate on record for their age group*.

The rate for males was 17.2 deaths per 100,000 and for females 5.4 per 100,000.

The higher suicide rate for males is a global phenomenon *(note 3)*. In other words, being male is a risk factor for suicide. More important is a previous suicide attempt *(note 4)*. A third factor is mental illness and a fourth, alcohol and drug misuse *(note 5).* Older people are more suicide prone *(op cit)*. If we are speaking globally then a rarely mentioned, but highly significant, risk factor is the country where you live. A person living in Russia, for example, is 13 times more likely to commit suicide than someone living in Jamaica *(note 3)* though of course this factor is not independent of others.

Accessibility to a means of self-killing is also relevant. Through the 1960s and into the 1970s, following the changeover to CO-free domestic gas, there was an inevitable decline in suicides by this means for which death by other methods did fully compensate *(note 6)*. In certain areas of the world the banning of a number of pesticides has also led to overall reductions in the suicide rate. Presumably the lack of an immediate method of death by someone in an acute suicidal state allows time for their suicidal impulse to ease. In the UK we are fortunate that ready access to a firearm is unusual for most people, death by hanging being the most frequent method for males and poisoning for females *(note 2)*. Also in the UK, and very likely elsewhere, serious illness and disability, hardship, deprivation and loneliness (*cf* Durkheim, 1895, *note 7*), lack of or loss of employment and livelihood, trauma, bereavement, being regularly bullied or preyed upon, and other misfortunes all predispose people to end their lives *(note 8)*.

'Any man's *(or woman's or child's)* death diminishes me'. It is a heart-rending tragedy for both the person concerned and those whom they leave behind. What can we do to reduce the number of people who take the

ultimate ‘way out’. According to the authors of the earlier-mentioned paper, one answer is to spend more money investigating the brain circuitry of people who are at risk of ending their lives:

Identifying brain alterations that contribute to suicidal thoughts and behaviors (STBs) are important to develop more targeted and effective strategies to prevent suicide.

According to *me* this is yet another example of what GB Shaw in his play *Doctor’s Dilemma* called ‘conspiracies against the laity’. In my view, money intended to mitigate the tragedy of people taking their own lives that is used to further the careers of university academics and the profits of high-tech manufacturers is money misappropriated.

Actually, for most countries suicide rates fell in the period 1990 to 2017 *(note 5)*. And compared with other countries, the UK’s are on the low side, being 109th in 183 countries in 2016 *(note 3)*. In fact, before the 2018 upsurge there had been a continuous decline from 2013 and a declining tendency since the early 1980s. If these promising trends are due, if only in part, to direct human action then some people are doing something right. So let’s get back on track in 2020.

The suicide prevention literature speaks a great deal about the need for social support in all its forms for those who come to think that death is the only way of alleviating their misery and despair. Statutory and charitable bodies aside, everyone can play their part by reaching out to anyone in this darkest of places—family, friends, neighbours and people we happen to meet—and help them feel wanted, valued and supported. But please, please don’t ask them to go inside a brain-scanning machine.

Notes

1. https://tinyurl.com/tpr48st
2. https://tinyurl.com/wkp2v44
3. https://tinyurl.com/ceuj9tl
4. https://tinyurl.com/t3qpd6g
5. https://ourworldindata.org/suicide
6. https://tinyurl.com/thlb96p
7. Durkheim, Émile (1897) *Suicide: A Study in Sociology*. Trans. Spaulding, John A. New York: The Free Press, 1979.
8. https://tinyurl.com/qnt9els.