

Suicide

TOPIC OVERVIEW

What Is Suicide?

How is Suicide Studied?
Patterns and Statistics

What Triggers a Suicide?

Stressful Events and Situations
Mood and Thought Changes
Alcohol and Other Drug Use
Mental Disorders
Modeling: The Contagion of Suicide

What Are the Underlying Causes of Suicide?

The Psychodynamic View
Durkheim's Sociocultural View
The Biological View

Is Suicide Linked to Age?

Children
Adolescents
The Elderly

Treatment and Suicide

What Treatments Are Used after Suicide Attempts?
What Is Suicide Prevention?
Do Suicide Prevention Programs Work?

Putting It Together: Psychological and Biological Insights Lag Behind

LECTURE OUTLINE

- I. **SUICIDE IS A LEADING CAUSE OF DEATH IN THE WORLD**
 - A. There are about 700,000 people who die of it each year, with more than 31,000 suicides per year in the United States alone

- B. Many more (600,000 in the United States) unsuccessfully attempt suicide
 - 1. Such attempts are called “parasuicide”
- C. It is difficult to obtain accurate figures on rates of suicide, and many investigators believe that estimates are often low
 - 1. Many “accidents” may be intentional deaths
 - 2. Since suicide is frowned upon in our society, relatives and friends often refuse to acknowledge that loved ones have taken their own lives
- D. Suicide is not classified as a mental disorder in the DSM-IV-TR
 - 1. While suicide has been linked to depression, about half of all suicides result from other mental disorders or involve no clear mental disorder at all

II. WHAT IS SUICIDE?

- A. Shneidman defines suicide as an intentioned death—a self-inflicted death in which one makes an intentional, direct, and conscious effort to end one’s life
- B. He characterizes four kinds of suicide seekers . . .
 - 1. Death seekers—clearly intend to end their lives
 - 2. Death initiators—intend to end their lives because they believe that the process of death already is underway
 - 3. Death ignorers—do not believe that their self-inflicted death will mean the end of their existence
 - 4. Death darers—have mixed (ambivalent) feelings about death and show this in the act itself
- C. When individuals play indirect, covert, partial, or unconscious roles in their own deaths, Shneidman classifies them in a category called “subintentional death”
 - 1. In a related work, Menninger distinguished a category called “chronic suicide”

III. HOW IS SUICIDE STUDIED?

- A. Suicide researchers face a major obstacle—their subjects are no longer alive
- B. Two different strategies are used to try to overcome this obstacle (with partial success):
 - 1. Retrospective analysis—a kind of psychological autopsy
 - 2. Studying people who survive their suicide attempts

IV. PATTERNS AND STATISTICS

- A. Researchers have gathered statistics regarding the social contexts in which suicides take place
 - 1. Suicide rates vary from country to country, with religious devoutness (not simply affiliation) helping to explain some of the difference
- B. The suicide rates of men and women also differ:
 - 1. Women have a higher attempt rate (3x men)
 - 2. Men have a higher completion rate (3x women)
 - 3. Why? Different methods have differing lethality
 - a. Men use more violent methods (shooting, stabbing, or hanging), compared to women (drug overdose)
 - b. Guns are used in nearly two-thirds of the male suicides in the United States, compared to 40 percent of the female suicides
- C. Suicide also is related to social environment and marital status
 - 1. One study found that half of the subjects who had committed suicide were found to have no close friends
 - 2. Divorced people have a higher suicide rate than married or cohabiting individuals
- D. In the United States, suicide also seems to vary according to race
 - 1. The suicide rate of white Americans (12/100,000) is almost twice as high as that of African Americans, Hispanic Americans, and Asian Americans
 - 2. A major exception to this pattern is the very high suicide rate of Native Americans, which overall is 1.5 times the national average

V. WHAT TRIGGERS A SUICIDE?

- A. Suicidal acts may be connected to recent events or current conditions in a person's life
 1. Although such factors may not be the basic motivation for the suicide, they can precipitate it
- B. Common triggers include stressful events, mood and thought changes, alcohol and other drug use, mental disorders, and modeling:
 1. Stressful events and situations
 - a. Researchers have counted more stressful events in the lives of suicide attempters than in the lives of nonattempters
 - b. One stressor that has been consistently linked to suicide is combat stress
 - c. Both immediate stress and long-term stresses can be risk factors for suicide
 - (a) Immediate stresses can include the loss of a loved one, the loss of a job, or natural disaster
 - (b) Long-term stresses can include:
 - (i) Serious illness—especially those that cause great pain or severe disability
 - (ii) Abusive environments from which there is little or no hope of escape
 - (iii) Occupational stress
 1. Research has found particularly high rates of suicide among psychiatrists and psychologists, physicians, nurses, dentists, lawyers, police officers, farmers, and unskilled laborers
 2. Work outside the home may be linked to lower suicide rates among married women, contrary to previously held beliefs
 2. Mood and thought changes
 - a. Many suicide attempts are preceded by changes in mood
 - (a) These changes may not be enough to warrant a diagnosis of a mental disorder
 - (b) The most common change is a rise in sadness
 - (c) Also common are increases in feelings of anxiety, tension, frustration, anger, or shame
 - (d) Shneidman calls this “psychache”—a feeling of psychological pain that seems intolerable to the person
 - b. Suicide attempts also may be preceded by shifts in patterns of thinking
 - (a) Individuals may become preoccupied, lose perspective, and see suicide as the only effective solution to their difficulties
 - (b) They often develop a sense of hopelessness—a pessimistic belief that their present circumstances, problems, or mood will not change
 - (c) Some clinicians believe that a feeling of hopelessness is the single most likely indicator of suicidal intent
 - (d) People who attempt suicide also may experience dichotomous thinking—viewing problems and solutions in rigid either/or terms
 - (i) The “four-letter word” in suicide is *only*, as in “suicide was the only thing I could do”
 3. Alcohol and other drug use
 - a. Studies indicate that as many as 70 percent of the people who attempt suicide drink alcohol just prior to the act
 - b. Autopsies reveal that about 25 percent of these people are legally intoxicated
 - c. Research shows the use of other kinds of drugs may have similar ties to suicide
 4. Mental disorders
 - a. Attempting suicide does not necessarily indicate the presence of a psychological disorder
 - (a) Nevertheless, the majority of all suicide attempters do display such a disorder

- (b) At greatest risk are those with mood disorders, substance use disorders, and/or schizophrenia
- 5. Modeling: The contagion of suicide
 - a. It is not unusual for people, particularly teenagers, to commit suicide after observing or reading about someone who has done so
 - (a) One suicide appears to serve as a model for another
 - b. Suicides by celebrities, other highly publicized suicides, and co-workers are particularly common triggers
 - c. Suicides with bizarre or unusual aspects often receive intense coverage by the news media, possibly leading to similar suicides
 - d. Even media programs clearly intended to educate and help viewers may have the paradoxical effect of spurring imitators
 - (a) Some clinicians argue that more responsible reporting and postvention could reduce this effect

VI. WHAT ARE THE UNDERLYING CAUSES OF SUICIDE?

- A. Most people faced with difficult situations never attempt suicide
- B. In an effort to explain suicide-proneness, theorists have proposed more fundamental explanations for self-destructive actions
 - 1. Leading theories come from the psychodynamic, sociocultural, and biological perspectives
 - 2. These hypotheses have received limited research support and fail to address the full range of suicidal acts
- C. The psychodynamic view
 - 1. Theorists believe that suicide results from depression and from anger at others that is redirected toward oneself
 - 2. Additionally, Freud proposed that humans have a basic death instinct (“Thanatos”) that operates in opposition to the life instinct
 - 3. While most people learn to direct their death instinct toward others, suicidal people direct it at themselves
- D. Durkheim’s sociocultural view
 - 1. Durkheim argued that the probability of suicide is determined by how attached a person is to such social groups as the family, religious institutions, and community
 - a. The more thoroughly a person belongs, the lower the risk of suicide
 - 2. He developed several categories of suicide, including egoistic, altruistic, and anomic suicide:
 - a. Egoistic suicides are committed by people over whom society has little or no control
 - b. Altruistic suicides are committed by people who are so well integrated into their society that they intentionally sacrifice their lives for its well-being
 - c. Anomic suicides are those committed by people whose social environment fails to provide stable structures to support and give meaning to life
 - (a) A major change in an individual’s immediate surroundings also can lead to this type of suicide
 - 3. Despite the influence of Durkheim’s theory, it cannot by itself explain why some people who experience particular societal pressures commit suicide while the majority do not
- E. The biological view
 - 1. Family pedigree and twin studies support the position that biological factors contribute to suicidal behavior
 - a. For example, there are higher rates of suicide among the parents and close relatives of those who commit suicide than among nonsuicidal people
 - b. As always with this type of research, however, nonbiological factors, such as shared environment, also must be considered
 - 2. In the past two decades, laboratory research has offered more direct support for a biological model of suicide

- a. Serotonin levels have been found to be low in people who commit suicide
 - (a) There is a known link between low serotonin and depression
 - (b) There is evidence, though, of low serotonin activity among suicidal subjects with no history of depression
 - (c) One possibility is that low serotonin activity may contribute to aggressive and impulsive behaviors

VII. IS SUICIDE LINKED TO AGE?

- A. The likelihood of committing suicide increases with age, but people of all ages may try to kill themselves
- B. Although the general findings about suicide hold true across age groups, three groups (children, adolescents, and the elderly) have been the focus of much study because of the unique issues that face them
 - 1. Children
 - a. Suicide is infrequent among children
 - b. Rates have been rising for the past several decades
 - (a) More than 6 percent of all deaths among children between the ages of 10 and 14 are caused by suicide
 - c. Boys outnumber girls by as much as five to one
 - d. Suicide attempts by the very young generally are preceded by such behavioral patterns as running away, temper tantrums, social withdrawal, dark fantasies, and marked personality changes
 - e. Despite common misconceptions, many child suicides appear to be based in a clear understanding of death and on a clear wish to die
 - 2. Adolescents
 - a. Suicidal actions become much more common after the age of 14 than at any earlier age
 - b. About 1,500 teens commit suicide in the United States each year
 - (a) At least 1 in 12 makes suicide attempts
 - c. About half of teen suicides have been tied to clinical depression, low self-esteem, and feelings of hopelessness
 - (a) Anger, impulsiveness, poor problem-solving, substance use, and stress also play a role
 - (b) Some theorists believe that the period of adolescence itself produces a stressful climate in which suicidal actions are more likely
 - d. Far more teens attempt suicide than succeed
 - (a) The ratio may be as high as 200:1
 - e. Several explanations, most pointing to societal factors, have been proposed for the high rate of attempts among teenagers
 - f. Teen suicide rates vary by ethnicity in the United States
 - (a) Young white Americans are more suicide prone than African Americans at this age
 - (b) Rates are becoming closer
 - 3. The elderly
 - a. In Western society the elderly are more likely to commit suicide than people in any other age group
 - b. There are many contributory factors:
 - (a) Illness
 - (b) Loss of close friends and relatives
 - (c) Loss of control over one's life
 - (d) Loss of social status
 - c. Elderly persons are typically more determined than younger persons in their decision to die, so their success rate is much higher
 - d. The suicide rate among the elderly is lower in some minority groups in the United States; especially Native Americans and African Americans

VIII. TREATMENT AND SUICIDE

- A. Treatment of suicidal persons falls into two categories:
 1. Treatment after suicide has been attempted
 2. Suicide prevention
- B. What treatments are used after suicide attempts?
 1. After a suicide attempt, most victims need medical care
 2. Psychotherapy or drug therapy may begin once a person is medically stable
 - a. Many suicidal people fail to receive psychotherapy after a suicide attempt
 3. Therapy goals are to keep the patient alive, help them achieve a nonsuicidal state of mind, and guide them to develop better ways of handling stress
 4. Various therapies and techniques have been employed
 5. Cognitive and cognitive-behavioral therapies may be particularly helpful
- C. What is suicide prevention?
 1. There are hundreds of suicide prevention programs in the United States
 2. There also are hundreds of suicide hotlines, 24-hour-a-day telephone services
 - a. Hot lines predominantly are staffed by paraprofessionals—persons trained in counseling but without a formal degree
 3. Both suicide prevention programs and suicide hotlines provide crisis intervention
 4. The general approach includes:
 - a. Establishing a positive relationship
 - b. Understanding and clarifying the problem
 - c. Assessing suicide potential
 - d. Assessing and mobilizing the caller's resources
 - e. Formulating a plan
 5. Although crisis intervention may be sufficient treatment for some suicidal people, longer-term therapy is needed for most
 6. Another way to prevent suicide may be to limit the public's access to common means of suicide
 - a. Examples: gun control, safer medications, and car emissions controls
 7. Do suicide prevention programs work?
 - a. It is difficult to measure the effectiveness of suicide prevention programs
 - b. Prevention programs do seem to reduce the number of suicides among those high-risk people who do call
 - c. Several theorists have argued for more effective public education about suicide as the ultimate form of prevention

LEARNING OBJECTIVES

1. Define suicide and know the current prevalence.
2. Describe each of the four kinds of people who intentionally end their lives: death seekers, death initiators, death ignorers, and death darers. Also describe the category of subintentional death.
3. Know the effects of cultural factors, race, and sex on suicide rates.
4. Understand the common precipitating factors in suicide.
5. Discuss how mood changes, hopelessness, and dichotomous thinking are related to suicide.
6. Describe the common predictors of suicide.
7. Give the psychodynamic view for suicide, including the role of Thanatos.
8. Explain the role of biological factors in suicide, including the role of serotonin.
9. Explain the role of sociocultural factors while comparing and contrasting Durkheim's three categories of suicide: egoistic, altruistic, anomic.
10. Discuss the characteristics of suicide prevention programs.

KEY TERMS

altruistic suicide
 anomic suicide
 anomie
 crisis intervention
 death darer
 death ignorer
 death initiator

death seeker
 dichotomous thinking
 egoistic suicide
 hopelessness
 paraprofessional
 parasuicide
 postvention

retrospective analysis
 subintentional death
 suicide
 suicide prevention program
 Thanatos

MEDIA RESOURCES

Abnormal Psychology Student Tool Kit

Produced and edited by Ronald J. Comer, Princeton University and Gregory Comer, Princeton Academic Resources. Tied directly to the CyberStudy sections in the text, this Student Tool Kit offers 57 intriguing Video Cases running three to seven minutes each. The Video Cases focus on persons affected by disorders discussed in the text. Students first view the video and then answer a series of thought-provoking questions. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

PowerPoint Slides

Available at the Instructor's site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 10. The slide files reflect the main points of the chapter in significant detail. Student handouts were created using the instructor slides as a base, with key points replaced as "fill-in" items. Answer keys and suggestions for use also are provided.

Internet Sites

Please see Appendix A for full and comprehensive references.

Sites relevant to Chapter 10 material are:

<http://www.nimh.nih.gov/health/publications>

This Web site, provided by the National Institute of Mental Health, supplies downloadable links to PDF files and booklets on a variety of mental health topics.

<http://www.suicideinfo.ca>

This Canadian site, the Centre for Suicide Prevention, is a library and resource center providing information on suicide and suicidal behavior.

<http://www.cdc.gov/violenceprevention/suicide/index.html>

This is the Web site of the National Center for Injury Prevention and Control. It includes a suicide fact sheet, prevention strategies, and publications focused on the topic of suicide.

<http://www.afsp.org/>

This Web site is designed for the prevention of suicide. It offers fundraisers and supports for those who are suffering from suicidal thoughts or have had someone pass away. There is supporting research and education for professionals and survivors as well.

<http://www.save.org/>

Suicide awareness/voices of education Web site which includes links and other information on suicide.

<http://www.psycom.net/depression.central.suicide.html>

This site contains links about suicide and suicide prevention, and is maintained by a private individual.

<http://www.suicidology.org/>

The Web site for the American Association of Suicidology which is dedicated to the understanding and prevention of suicide.

<http://www.hopeline.com>

The Kristin Brooks Hope Center offers crisis support and information on suicide.

Mainstream Films

Films relevant to Chapter 10 material are listed and summarized below.

Key to Film Listings:

P = psychopathology focus

T = treatment focus

E = ethical issues raised

Please note that some of the films suggested may have graphic sexual or violent content due to the nature of certain subject matter.

The Bridge

A haunting documentary looking at the lives and deaths of 24 people who died at the Golden Gate bridge in 2004. **P, serious film**

Dead Poet's Society

This 1989 film stars Robin Williams as an unconventional teacher in a strict prep school. The suicide of one of his students is explored. **P, E, serious film**

Girl, Interrupted

Based on an autobiographical novel by Susanna Kay-sen, this film details the experiences of several women as patients in a psychiatric hospital in the 1960s. The 1999 film challenges the diagnosis of mental illness and the relationship between diagnosis and social norm violations. **P, T, serious film**

The Hours

From 2003, this film stars Nicole Kidman as Virginia Woolf, Julianne Moore as a 1950s homemaker, and Meryl Streep as a NY socialite—one of the common links among them all is suicide. **P, T, serious film**

It's a Wonderful Life

This film from 1946 stars Jimmy Stewart as George Bailey, a small-town man whose life seems so desperate he contemplates suicide. **P, commercial film**

Leaving Las Vegas

This 1995 film stars Nicolas Cage as a Hollywood screenwriter who has become an alcoholic. After being fired, he takes his severance pay to Las Vegas, where he plans to drink himself to death. **P, serious film**

Ordinary People

This 1980 film examines the treatment of a teenager suffering from depression, anxiety, and posttraumatic stress disorder in the aftermath of his brother's death. **P, T, serious film**

Sylvia

This film stars Gwyneth Paltrow as the talented, troubled and eventually suicidal poet Sylvia Plath. **P, serious film**

The Virgin Suicides

From 2000 and set in the 1970s, this adaptation of Jeffrey Eugenide's novel deals with sexual attraction and teen suicide. **P, T, E, serious film**

What Dreams May Come

This 1998 film stars Robin Williams as a husband distraught by the tragic death of his child. The later suicide of his wife is a significant component of the film. **P, serious film**

Whose Life Is It Anyway?

From 1981, this film follows Ken Harrison (Richard Dreyfuss), an artist paralyzed from his neck down in a car accident. He goes to court for the right to commit suicide. **P, E, serious film**

William Shakespeare's Romeo + Juliet

This 1996 Baz Luhrmann adaptation of the Shakespeare classic stars Leonardo DiCaprio and Claire Danes as star-crossed, teen-aged lovers whose ill-fated relationship ultimately ends in both their deaths. **P, serious film**

Other Films:

About a Boy (2002) depression and suicide. **P, commercial/serious film**

The Bell Jar (1979) anxiety and depression. **P, T, serious film**

The Deer Hunter (1978) **P, serious film**

Love Liza (2002) suicide. **P, serious/art film**

The Royal Tennenbaums (2001) suicide attempt. **P, comedy/serious film**

Sophie's Choice (1982) depression. **P, serious film**

Comer Video Segments

Available as a supplement, this revised set of videotapes contains short clips depicting various topics related to abnormal psychology. Please see the accompanying Video Guide for specific clips linked to Chapter 10.

Recommendations for Purchase or Rental

The Comer Video Segments include excerpts from many superb clinical documentaries. While the segments alone are ideal for use in lectures, it often is useful to assign the entire documentary for special class

screenings or library use by students. The following videos and other media are available for purchase or rental and appropriate for use in class or for assignment outside of class.

Don't Kill Yourself
Films for the Humanities & Sciences

Box 2053, Princeton, NJ 08543-2053
Phone 1-800-257-5126

Calling Dr. Kevorkhian: A Date with Dr. Death
Films for the Humanities & Sciences
Box 2053, Princeton, NJ 08543-2053
Phone 1-800-257-5126

CLASS DEMONSTRATIONS AND ACTIVITIES

Case Study

Present a case study to the class.

Guest Speaker

Invite a crisis intervention worker (from a suicide hotline or prevention center) into your class to discuss his/her work in the field.

“It’s Debatable: Can Rock and Roll Inspire Suicide?” (see Preface instructions for conducting this activity)

Have students volunteer (or assign them) in teams to opposite sides of the debate topic (see Psych Watch, p. 318 in the text for more information). Have students present their cases in class, following standard debate guidelines.

“It’s Debatable: We Have the Right to Commit Suicide” (see Preface instructions for conducting this activity)

Have students volunteer (or assign them) in teams to opposite sides of the debate topic (see Psych Watch, p.

334 in the text for more information). Have students present their case in class, following standard debate guidelines.

Group Work: Examples of “Suicidal Messages”

Divide students into groups, then ask each group to come up with an example of either a popular song or a movie that might influence someone to commit suicide. Discuss the examples with the whole class. After several recognizable examples are generated, lead a discussion on whether this could actually happen and whether a music group or movie producer could be held responsible for a suicide.

Group Work: Who Decides?

Divide students into groups, then assign one of the following positions: (1) It should be legal (or illegal) for doctors to help patients kill themselves. (2) It is a personal decision about whether an individual chooses to die. (This can lead to heated opinions, so warn students about group work rules, such as respecting others’ opinions and defending positions.)

SUGGESTED TOPICS FOR DISCUSSION

“The Right to Commit Suicide”

Using Psych Watch (p. 334 in the text) as a platform, lead a discussion into the myriad issues surrounding assisted suicide.

“The Role of Occupational Stress”

Discuss the dramatically increased rates of suicide among workers in certain occupations. Be sure to highlight psychologists and psychiatrists. Solicit theories to

explain such findings. Students can also be encouraged (or assigned) to follow-up the discussion with a research report (see the following).

Statistics and Suicide

Discuss the accuracy of statistics on suicide. For example, might some national statistics be adjusted to account for cultural beliefs and values? Ask students for cultural or religious examples. How often are deaths

listed as accidents instead of suicides to spare mourners? May accidents sometimes be called intentional suicides?

Women at Risk for Suicide

The chapter mentions that men are more likely than women to kill themselves, but that women make three to four times as many attempts. What factors are involved in the risk of suicide among women? Lead a discussion of the following factors related to suicide.

- A history of physical and/or sexual abuse
- Major depression
- Borderline personality disorder (all personality disorders increase the risk for men)
- Loss of the father through death or desertion before age 20 (this factor is found in 50 percent of women who commit suicide but in only 20 percent of other women)
- European ancestry (twice the suicide rate of African Americans and other ethnic groups)
- Age at the middle of the life span (youngest and oldest groups have the lowest rates)
- Unemployment

- Impulsiveness and emotionality, moodiness, unhappiness, and lack of self-confidence
- An IQ above 135 (the Terman Genetic Studies of Genius found that the rate of suicide among gifted women was nearly 250 times that of the general population of women)

Contrast the list to the following, which are *not* indicators:

- Any particular phase of the menstrual cycle
- Pregnancy (actually associated with lower risk)
- Loss of the mother through death or desertion before age 20
- Chronic stress in the family of origin, parental conflict, and conflict in a woman's relationship with her parents

Open Discussion: Suicide and the Media

Research suggests that suicide rates increase following depictions or descriptions of suicides in the media (e.g., in newscasts and movies). Many of these incidents have been well documented. Lead an open discussion on why this might happen. Alternatively, assign groups to take a position on whether there should be oversight (censorship) of such media accounts.

ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS

“Field Experience Opportunity”

Students can volunteer as paraprofessionals at a crisis center or on a hotline for suicide prevention. Most centers offer significant training and provide an exceptional opportunity for hands-on (though intense) work with clients.

“Write a Pamphlet”

With the use of a software program like Microsoft Publisher or simply paper and markers, students can create a pamphlet targeting suicide prevention. Students can focus on a specific age group or be more general. Students should be encouraged to be as accurate and up-to-date as possible and also to present all sides of the disorder (e.g., alternate treatment approaches or theories).

Abnormal Psychology Student Tool Kit Video Questions

As a homework assignment, have students watch a video clip and answer the accompanying questions.

Students can answer the questions directly into the on-line assessment feature. The results of these quizzes report to the site's built-in grade book.

Web Site Quiz

For homework or extra credit, have students complete the quiz for Chapter 10 located on the companion Web site. Students can complete an on-line test of the key chapter material (using questions NOT from the test bank) and have their scores e-mailed directly to the course instructor.

Essay Topics

For homework or extra credit, have students write an essay addressing one (or more) of the following topics:

- (1) Compare and contrast Shneidman's four types of suicide seekers. Use media examples of each.
- (2) Discuss the right to commit suicide (Psych Watch, p. 334 in the text). Do you agree or dis-

agree? Are there any circumstances where ending one's life is acceptable or unacceptable?

- (3) Discuss the "Black Box Controversy" as listed in A Closer Look (p. 329 in the text). Do antidepressants cause suicide?

Research Topics

For homework or extra credit, have students write a research report addressing one (or more) of the following topics:

- (1) Research and report on cross-cultural views of suicide (Eye on Culture, p. 326 in the text). What do theorists believe are the main determinants of the suicide rate?
- (2) Research and report on the practice of mass suicide. What are common links seen among these groups? How did the media/culture react to the event?
- (3) Conduct a "Psych Info" search and write an annotated bibliography on research into suicide prevention. What are the various strategies being investigated? What are the limitations of the research?
- (4) Research has shown increased rates of suicide and suicide attempts among workers in different occupations, especially psychology and psychia-

try. What theories have been posited to explain such findings?

Web-Based Case Studies

Nine Web-based case studies have been created and posted on the companion Web site. These cases describe the individual's history and symptoms and are accompanied by a series of guided questions which point to the precise DSM-IV criteria for each disorder. Students can both identify the disorder and suggest a course of treatment. Students can be assigned the appropriate case study and questions as homework or for class discussion. The case relevant to Chapter 10 is referenced below.

The Case of Ellen: Depression and Suicidality

Crossword Puzzles

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #10.

Word Searches

As a homework assignment or for extra credit, have students complete and submit Word Search #10.

