

Suicide Prevention: NIMH Wants More Attention for "Taboo" Subject

A coroner's vault is an unusual stimulus for a man's long-term intellectual and vocational interest. But such a vault, located in Los Angeles, was the place where clinical psychologist Edwin S. Schneidman first became interested in studying suicide, almost two decades ago. Schneidman, now the chief of the Center for Studies of Suicide Prevention at the National Institute of Mental Health (NIMH), was then working for the Veterans Administration. He went to the coroner's vault to consult the files on two veterans who had committed suicide. While examining these files, he found that one of the veterans had left a suicide note. He then consulted other files and found a note in about every 15th one. All together, there were 2000 suicide notes which Schneidman found to be "a gold mine of scientific information."

The study of these notes led Schneidman to a career of research and application in the field of suicide prevention. From 1958 to 1966 he served as a co-director of the NIMH-funded Suicide Prevention Center of Los Angeles, which is widely thought to be one of the most successful operations of its kind in the nation. In October of 1966, Schneidman became the first director of the newly created NIMH Center for Studies of Suicide Prevention, one of the five "total centers" which NIMH has created recently to help focus attention on significant, but often ignored, mental health problems.*

Schneidman is a buoyant, enthusiastic man of 50, who often paces the room as he delivers his fast sentences. When asked if he is depressed by his work on suicide, he quickly replied, "No. After all, I'm not spending my time on suicides, but on suicide prevention."

More than 22,000 suicides are recorded each year in the United States, but this figure is generally thought to

be low, since many suicides are disguised by the listing of another cause of death on the death certificate. Schneidman and other scholars in the field think that the actual figure is more like 50,000 annually. For each actual suicide, there are eight to ten suicide attempts. The average physician is likely to encounter eight to ten suicides during his career.

Although people in all categories commit suicide, there are differences in the suicide rates of various groups. About three times as many men as women commit suicide (although women make more attempts); twice as many whites as Negroes, proportionate to population totals for the two groups; twice as many single people as married ones; and half again as many college students as noncollege youths of comparable age. Suicide is one of the most frequent causes of death among college-age students.

Since the suicide victim is often a man, with dependents, in a productive period of his life, suicide represents a severe economic and social loss. But another important effect is the psychological impact on his survivors. The problem of the victims is larger than that of the actual suicides; Schneidman argues, "If you don't do anything about these people, you will have future mental health casualties." Schneidman estimates that suicides produce about 400,000 "survivor victims" annually. Concerning these survivors, Schneidman has written, "An individual who commits suicide, often sentences the survivor to obsession for the rest of his life about the suicidal death. The suicide puts his skeleton in the survivor's psychological closet. No other kind of death in our society creates such lasting emotional scars as does a suicidal death." Schneidman believes that there should be programs to assist the stigmatized survivors, especially the children of a parent who has committed suicide.

One of the factors that complicates dealing with suicide is the "taboo" nature of the subject. In the past, many

psychiatrists and physicians have shied away from paying much attention to it. When the Los Angeles center was opened in 1958, its directors asked themselves "were the taboos so strong that it would be allowed to exist," Schneidman explained. Breaking this "taboo" was one of the main reasons why NIMH created its national center on suicide.

Owing to the "taboo" nature of suicide nonmedical people find it difficult to address themselves to the problem. Contrary to popular myth, the individual who attempts suicide is not necessarily destined to try again, suicide does not "run" in families, and the suicidal person is not necessarily mentally ill. Also, a person attempting suicide may not be totally committed to killing himself. "Until he dies, a suicide is begging to be saved." About eight out of every ten suicides give definite warnings of their intent to commit suicide—by verbal indications to those around them, or by giving away their material possessions or money, or sometimes by being excessively preoccupied with making a will or arranging their affairs.

The key to lowering the suicide rate, Schneidman believes, is to get people everywhere to become aware of suicidal intentions in members of their community, whether family or those with whom they work. If such intentions are noticed, Schneidman says, the person should not keep this assessment to himself but should "put it in the channel of communication" by mentioning this fear widely to relevant people. Schneidman emphasizes that it is important for people who detect suicidal intent to share their feeling with others; he is especially concerned that physicians learn to detect such symptoms, since about 65 percent of suicides see a physician within 3 months of their death.

To a great extent, suicide prevention activities have been conducted by non-medical people and by volunteers. One of the most noted of the organizations dealing with this problem is the Samaritans, which was started in London by Rev. Chad Varah. The Samaritans now have 50 centers throughout the United Kingdom. One longtime student of suicide, Louis I. Dublin, has called their effort the "largest and I believe the most successful suicide prevention effort in the world."

In the United States the suicide prevention centers have multiplied greatly in the past few years. There are now 90 such centers in 26 states; 3 years

* NIMH's other "total centers": Studies of Narcotic and Drug Abuse, Studies of Metropolitan and Regional Mental Health Problems, Epidemiologic Studies, and Prevention and Control of Alcoholism. (An article on the alcoholism center appeared in *Science*, 27 October 1967.)

ago there were 15, and a decade ago there were only three. California has been the most active state in establishing suicide prevention services. Although these centers depend on local initiative and funding, Schneidman believes that the NIMH suicide prevention center has helped create the climate which has induced the great national growth in the number of centers.

Schneidman says he has received "terrific" support from NIMH in the activities of the suicide prevention center and describes his center's activities as an attempt "to catalyze effort throughout the country." He thinks that the center is especially important in making suicide "a legitimate matter for scientific study."

In furthering the scientific study of suicide, the center has made research grants and has helped establish five interdisciplinary centers at universities. The department of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine now offers 1-year training fellowships in "suicidology" (a Schneidman neologism) on an NIMH grant, with stipends ranging from \$9000 to \$15,000. In March, a new organization, the American Association of Suicidology (AAS) was formed at a meeting in Chicago. (Schneidman was elected president, and psychiatrist Seymour Perlin of Johns Hopkins was elected secretary of the organization.) The group, which has about 200 members, will have its second meeting next March in New York City on the day preceding the meetings of the American Orthopsychiatric Association.

The NIMH center has also helped organize regional workshops, seminars, and training demonstrations. To disseminate information to a wider audience, the center has begun publishing a periodical, *Bulletin of Suicidology*, to be distributed to every physician in the country. Two issues have already appeared, and two more are in preparation.

The study of suicide and suicide prevention has obvious practical and intellectual relevance to several disciplines and vocations. However, in the provision of health services, the problem of suicide has usually been given short shrift. Schneidman and his colleagues are encouraged by their progress in giving suicide prevention the national attention and scientific status which they are convinced it needs and deserves.—BRYCE NELSON

Federal Cuts: Biologists Caucus

Woods Hole. Federal cutbacks in research support are hurting scientists; some are beginning to meet to try to do something about their plight. A noteworthy attempt of this kind took place here Sunday when several hundred biologists forsook the pleasures of a cool, clear seaside evening to gather at the Marine Biology Laboratory to discuss what action should be taken.

After hearing a vigorous opening speech from Nobel prizewinning biologist George Wald of Harvard, an organizer of the meeting, those at the session listened to some gloomy forecasts from representatives of federal research-supporting agencies and then engaged in a discussion which seemed to produce a consensus that the only way for scientists to work effectively for their cause is to be more active politically.

The National Science Foundation's Louis Levin, like other government representatives, explained that it was impossible to tell just what would be the size of the cutbacks. Levin, director of institutional relations, said, however, that investigators on NSF grants would probably have to take 15 to 20 percent reductions this year, and that there are signs that it will be worse next year.

Ronald W. Lamont-Havers, who takes over as director of extramural research for NIH on 1 September, said that NIH was negotiating a 12- to 15-percent reduction with grant holders this year. He also said there were signs that next year would be even worse.

The last major speaker, Philip Handler of Duke University, who is chairman of the National Science Board, was also short on reassuring words. He explained that he and other scientists years ago had independently concluded that the figure of a 15-percent annual increase was necessary to meet inflation and other expanded costs of doing research and supporting a greater number of scientists and students.

He said that the biological sciences had not enjoyed that increase in the last 3 years; funding had remained steady, which, in effect, represented a decline in actual research. He sees no increase for the next 2 years.

Handler said that he agreed with the statement, made by Wald previously, that scientists were not just another self-supporting group and that science was one of the greatest human enterprises; but, Handler argued, the fact that science is glorious doesn't tell congressmen how much money to spend on it. He indicated that scientists should work harder to communicate their needs for research funds and urged them to tell government officials just where cutbacks hurt, to describe the numbers of graduate students not being trained and research not done.

One biologist asked whether scientists shouldn't organize a lobby in Washington. Handler, after agreeing with an earlier comment that scientists had failed to communicate effectively with the public, replied that the individual scientist was much more useful than the lobbyist and that scientists should see their congressmen personally.

At the meeting, signatures were collected for a statement on scientific research and for another on health services to be sent to the platform committee at the Democratic National Convention.

Toward the conclusion of the 2½-hour meeting, the scientists began to focus more on the need to establish some priorities for research over other federal expenditures. Wald lamented the "useless \$5 billion" to be spent on a "thin" ABM system. Others alluded to Vietnam; finally one member of the audience, Robert DeHann, an embryologist at the Carnegie Institution in Baltimore, said that it was important to "get down to the critical issue of priorities and to say let's select science over Vietnam or Defense."

It is clear that many at the meeting felt that urgent action was required to protect scientific research. It is also clear that, if scientists are really going to influence the government or to change its priorities, they are going to have to become much more involved in politics than most have been willing to be in the past.—B.N.