



Dr. Shiri Daniels

The Power of Listening

Providing Emotional First Aid in Situations of Risk of Suicide

A Practical Guide

Dr. Shiri Daniels*

Every 40 seconds someone in the world commits suicide and every 41 seconds there are devastated people left behind, trying to comprehend the meaning of the act. In Israel, not a day goes by without at least one person committing suicide, hundreds of people each year. Some are well-known and renowned personalities, arousing media interest and living-room conversation, while others remain anonymous among the general public in their deaths just as they were in their lives. The characteristic common to all of them is the same terrible emotional pain that they sought to stop at all costs and the dreadful way in which they did it.

In the vast majority of cases, suicide is preventable and suicide prevention is not only reserved for professionals. Listening and social support to those around you is invaluable and can save lives. So how do we identify suicidal distress and how should we act - step by step?

Step One: Awareness of Risk Factors and Sensitivity to Signs of Distress

In the majority of suicides, the person suffered from severe mental distress and especially from depression. Poor mood, lack of interest and enjoyment of activities that were important to them in the past, inability to sleep, eating disorders, pain, pessimism and emptiness, decreased ability to concentrate and make decisions, repeated thoughts of death, lack of energy and avoidance of social activities - are the main signs.

In addition to these risk factors, there are populations at risk with whom one needs to be especially vigilant. These populations include adolescents and young adults, the LGBT community, victims of sexual assault, violence and abuse, single and divorced men and fathers, immigrants and the elderly. The risk of suicide increases significantly in cases of previous suicide attempts or family history of suicide.

Beyond that, there are specific or ongoing stressful events that constitute a radical change, which can be a trigger for suicide. These events include loss (death, separation, and divorce), bullying



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(face-to-face or online), injury and violence, the experience of humiliation or loss of dignity, unemployment or retirement from work, discovery of a serious illness, criminal entanglement, and exposure to suicide (contagion).

The more risk factors, the higher the risk of suicide. It should be emphasized that different people respond differently to crisis life events. The existence of personal and environmental resilience factors (high problem-solving ability, optimistic perception, willingness to ask for and receive help, support network) are protective factors that reduce the level of risk, while their absence increases it.

In most cases, people who think about suicide communicate their intention to those around them (explicitly or indirectly). We must be attentive and sensitive to these communications and not let them slip away from us without reacting.

Verbal expressions can be worrying, can be an expression of hopelessness, meaninglessness and pointlessness in life, along with a sense of despair and hopelessness. Expressions about irreversible and final actions and a description of the benefit that will arise from the act (end of suffering, problem solving, silence, avoidance of a sense of burden) are also warning signs. Suspicious actions may include settling personal matters and dividing property or concern about the availability of means that could be used to kill themselves.

Step Two: Listening and Conducting a Conversation, Asking THE Question

Listen to the person and show interest in his well-being, feelings and thoughts. For example, you can ask: "I've noticed you've been sad / upset / stressed lately. What's going on with you?"

During the conversation, pay attention to the presence of risk factors and warning signs and allow the person to express themselves freely and openly.

Do not be afraid to ask directly about suicide.

After identifying the warning signs, it is extremely important not to avoid the question of suicide. The question must be direct, sensitive and devoid of moral preaching. One can simply ask, "Have you had thoughts of suicide?" Or "Have you thought about or planned to die?". Studies show that the question does not bring ideas to people who have not thought about it and on the other hand it has the ability to save lives!



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You should be careful not to ask the question in a judgmental and critical way such as: "You're not going to do something idiotic, are you?"

The lonelier a person feels, the greater the fear that he will hurt himself. The emotional understanding of his distress is the best antidote to the terrible feeling of loneliness in which he finds himself. We must make a person feel understood and less isolated in his suffering. We have to accept the person, despite the difficult situation we find ourselves in, without judgment or criticism about his feelings, thoughts or actions. Our understanding and inclusion of him does not eliminate the anguish, but allows him to deal with it when he feels supported and not so alone. We distinguish between understanding and accepting the dark feelings and those of suicidal thoughts and those of justifying them. Understanding (as opposed to consent) can be shown to the person concerning circumstances that led him to his thoughts about suicide, while at the same time negating the act.

Step Three: Referral to Professional Help and, if Necessary, Calling Rescue Workers

At this point our mission is to instill hope and belief that there is a way out. Key messages:

- ✓ You are not alone, you are important to me
- ✓ Even difficult and complex problems have more than one solution
- ✓ Strong people also experience "weak" moments of helplessness, anxiety and doubt. Having a crisis is part of human existence
- ✓ Asking for help symbolizes strength and mental strength
- ✓ There are professionals and experts who know how to help you. Give it a chance

When a person is at immediate risk of suicide (threatening to injure himself, leaving a letter indicating suicide intent, posting a message or sending a disturbing message on a social network), it is important to be in contact with him, remove anything dangerous and not leave him alone until a rescue team arrives or you bring him somewhere for professional evaluation and help.

At the same time, it is important to understand that therapy is not a magic wand that works in an instant. Acute mental distress is often a long-distance run. Patience is required, acceptance of ups and downs along the way and perseverance. What is almost self-evident in the physical realm, is very flawed in the mental realm. Unfortunately, many times people who deal with depression also have to deal with lack of understanding on the part of their close environment.



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Unfortunate sayings of "It's all in your head" and "Get yourself out of it!" are often thrown into the air without thought and especially without listening.

Dr. Shiri Daniels is a member of the professional committee of JReady, the Executive Director of Counseling ERAN and the author of the book 'The Power of Listening - Helping those close to you in times of emotional distress and crisis'

For in-depth reading in Hebrew:

<https://www.matarbooks.co.il/%D7%9E%D7%95%D7%A6%D7%A8%D7%99%D7%9D/%D7%A2%D7%95%D7%A6%D7%9E%D7%AA-%D7%94%D7%94%D7%A7%D7%A9%D7%91%D7%94>