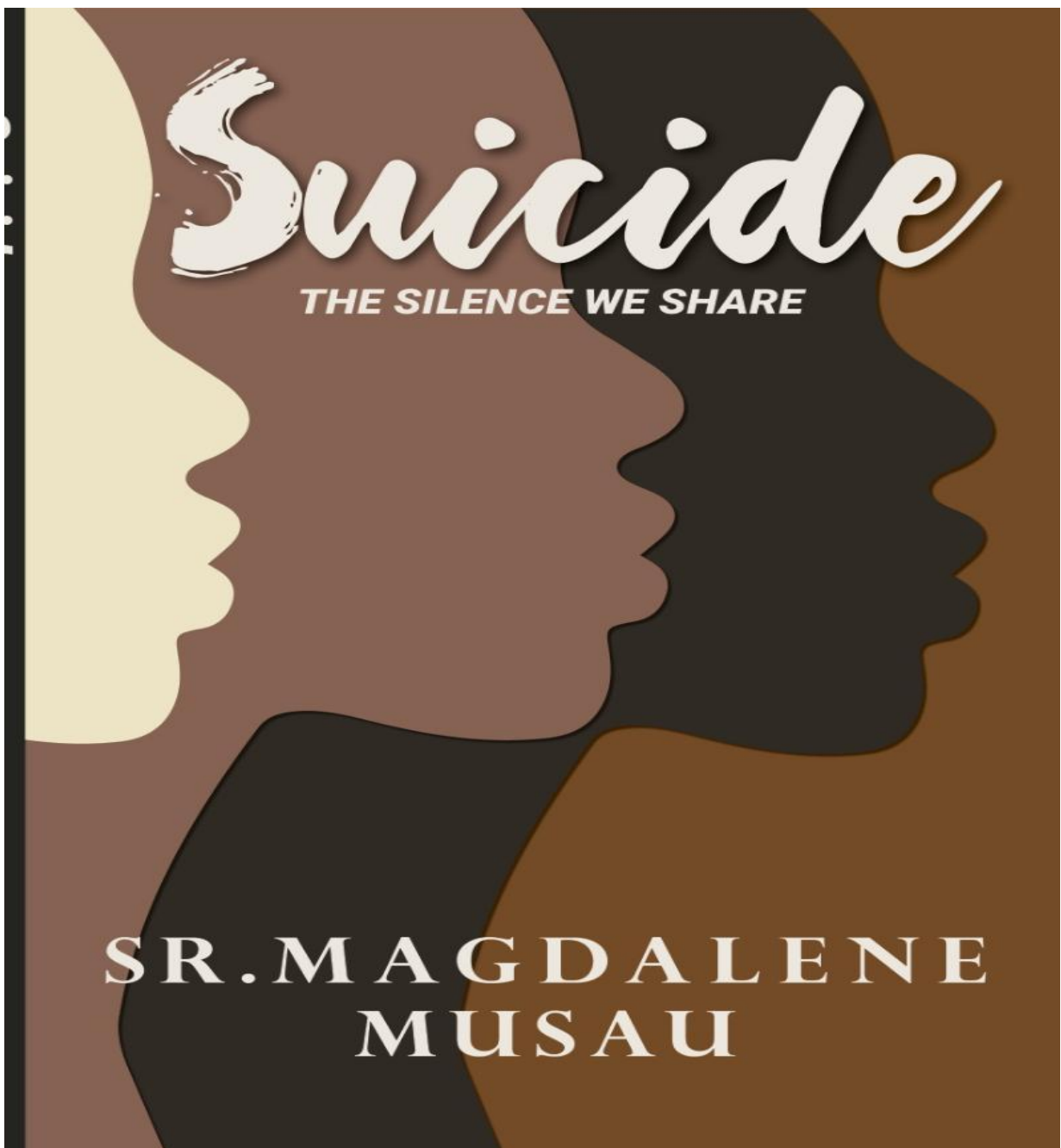


Title: SUICIDE

Subtitle: The Silence We Share

Author: MAGDALENE MUSAU RSM



Abstract

This research paper is based on my book entitled 'Suicide: The Silence We Share' - a Mercy Emerging Leaders' Fellowship project. It is born from my journey of searching for answers in an effort to understand, accept and heal from the deaths through suicide by people in my life. Therefore, I shall define, discuss the causes of suicide, its impact on individuals and their relations, how we can prevent it and break the silence wrapped in stigma.

I used organic inquiry research method in this paper which is process-oriented, relational, collaborative and which involves perspectives that are both subjective and objective. In this type of research, the experiences of the writer are as key as those of the reader and the participant. As the reader interacts with this paper, it helps them break the silence about the effects of suicide and find tools for self-healing, challenge their beliefs and find hope in a merciful God.

Background

The Mercy International Association was formed to 'inspire Sisters of Mercy and their associates to incarnate the spirit of Catherine McAuley in ways which are creative and appropriate to the needs of our time (Mercy world.org.) In writing about suicide, I am using my creativity to address a rather volatile issue in our society today. Mercy International Association focuses mainly on two social justice areas which are 'The degradation of Earth' and 'The displacement of Persons'. The Mercy Global Action Emerging Leadership Fellows training invites the students to pick a research topic under any of the two focus justice issues and I chose to focus on suicide which results from mental health. The rationale of this paper is to highlight the plight of persons that are affected by suicide.

My research comes under the Displacement of persons. As sisters of Mercy or associates, we are invited to focus our energy and resources towards the displaced persons in our world. When we

read a BBC account, reporters George Wright and Laura Gozzi (GOZZI, 2023) share an image of an overloaded boat (which after a few minutes capsizes leaving at least 78 dead, more hundreds missing and a hundred survivors out of seven hundred and fifty) does it disturb our hearts? Do we think of the mental torture people have to endure and the risks they take and the losses they survive in these situations? This paper can be used as a tool to help listen to survivors' stories and silences emanating from their lived experiences. It focuses on the psychological and mental health issues which most likely lead to suicide. This research points out the relationship between silence and suicide.

Because it affects people we know, some of those we serve, members of our families and communities, then it is essential to talk about it. How can we talk about this scary topic that is veiled in shame and other low feelings?

In nutshell, it is hoped that the writer, the reader and the participants will have a transformative experience from interacting with the paper.

Introduction

Jesus in Luke 4:18 identifies Himself with the prophet saying, 'The spirit of the Lord has anointed me to proclaim liberty to captives.' Jesus sends us to participate in bringing about social justice through the same text to not only proclaim but to bring about freedom. One way I do this is through writing to interrupt and influence my readers' line of thought to act. Suicide affects individuals who were close to the involved person and it reduces them sometimes to inaction which is cocooned in feelings like shame, blame and guilt. The reader may find a little crack to talk about how suicide taints their lives and address its secrecy and stigma. Mental health is not often discussed and yet a noticeable population is affected by this scourge and conceal it in deep silence. We need to acknowledge that silence is not necessarily negative and yet at the same time we need to question it. Mental health affects people of all walks of life. It does not discriminate against class, culture, race, religion and others. There are different perspectives when it comes to looking at suicide; that of the

victim, the family, friends and the society. This paper explores the feelings and emotions hidden in silence, offering an avenue to work on the effects of silence on suicide in people's lives.

Organic process: The Researcher's Story

While I held a strong stance due to my not only Christian, but also Catholic value of conservation and prolife, I wondered how I would handle the stigma of having my own die by suicide. My nephew killed himself. I felt vulnerable, how could such 'unchristian' information be shared with my sisters and what would they think about me. Self-preservation kicked in! My heart filled with fear of judgment. Long walks, questioning and journaling helped me to process the pain. Had I missed my nephew? The 'guilt' cloud hung on me even as I convinced myself that I did everything to help him out. I still wondered what else I could have done to help 'this macho man.' Personal growth work through; sessions, exercise, healing and forgiveness helped me come to equilibrium. It was not my journey alone, rather it involved the whole family; nuclear and extended, the whole tribe - for there the family needs to be held long enough to heal.

Then, I started hearing of suicide cases from people I knew, including in my neighborhood. When this kind of coincidences happen, the inspiration is usually reassured that 'God' wants me to articulate my pain in writing. Then I searched on suicide as a question of concern in religious communities and the society at large. The fear of suicide and the secrecy kept me trapped in. So, I thought if I wrote the book on suicide, it would be a way of relieving myself from the experience I had and possibly contribute and serve the world through this agony. I wrote the book on suicide as a way of finding an acceptable way of talking about this scary topic. This book shares real life experiences of people suffering from trauma due to the impact of suicide.

This paper based on my book, is the result of an attempt to heal myself. Then what followed was to check out what others thought, believed and experienced about suicide through a questionnaire.

Liminal experiences-Methodology

I used a self-administered qualitative method to 50 people who were selected randomly. The tool was sent via WhatsApp to different individuals. Out of 50, 10 submitted their responses. 6 were men, 4 were women. Age group ranged between 32-50 years. All respondents were Africans from different ethnic groups. Being aware that suicide is a stigmatized issue, questions were directed outwardly towards others to allow them to be less guarded towards the conversation on the issue. This study uses both qualitative and quantitative research methods to obtain data for the research. This methodology encourages participants to tell their lived experiences. Story telling is both a tool in the African oral tradition as well as in organic inquiry research.

These are the questions I posed to the target group;

- a. Have you ever had a family member, or someone close, die through suicide?
- b. Please state who it was to you.
- c. How did you or those affected heal from the loss?
- d. Please speak to the relationship between silence and suicide.
- e. What are your beliefs about suicide?
- f. Any other comments are highly appreciated.

The answers I received were revelatory:

- a. This is very tough. (This particular person could not engage any further with the questionnaire. That, in itself, says a lot.)

- b. Yes, I had a friend who took his life because of relationship stuff. It was a great loss and even made me look guilty. I can say that many people who suffer in silence end up taking their lives through suicide. Suicide is something that is triggered by stress, depression and anxiety. I think that people should be checking up on their relatives and friends to see how they are doing. People are suffering out there in silence.
- c. No, I don't have any family members who committed suicide. The only belief about suicide that I hear about is that people commit suicide because of curses from the elders, especially from blood relations. I also hear that their souls do not reach their Maker.
- d. My former classmate, Elijah, took his life. We just accept Death, because there's nothing we can do. It is better for people to speak, rather than remain silent because silence kills. It is a mental fight and can be overcome by speaking out. Suicide is a danger to more people because some people prefer silence due to fear of discrimination or having what they share talked about.
- e. No, I don't know anyone who committed suicide. This is my thinking, people can be healed from loss through a lot of seminars by the leaders of the church, or through prayers. Silent people are easily attacked by depression because they do not share their issues or problems easily with anyone. Causes could be maybe a lack of a job, food, or resources.
- f. No, I have never had someone close who died through suicide. I can't tell whether there is anything we can do about it. People fear judgment or others taking their issues lightly. The causes are religious beliefs and culture.

- g. No one I know of has died from suicide. The inability (for whatever reason) to share or seek help about what a person is going through leads to the thought that only death can cure their torment. They see death as the only lasting solution. I think that suicide is a mental health issue, and begins as a tiny thought somewhere in a person's mind. It grows with time until the day it is actually done. Sometimes those undergoing suicidal thoughts do not even know it is a problem. I believe suicide is totally unnecessary in the long run. Mental health is a big issue that is under-looked, especially in our African culture. One is perceived as weird if one raises suicidal issues because most people do not believe in such. You are either weak or bewitched.
- h. My Grandma on my father's side died through suicide. It was tough. We were not supposed to grieve her. It was a pain for the family. She was not given full burial rites, the priests wore black robes and we, the family, wished the ceremony could be rushed. It was a painful experience that came with shame. Afterwards, those she left behind were required to be silent. We were not supposed to talk about it. Silence was the only defense left. I don't remember what happened to her small house. I was young when it happened, but I remember mom saying she was being attacked. I think today we would say she was having mental issues. In my culture, it was taboo. Time has passed and there are lots of challenges people face these days with a high level of hopelessness, fear and limited awareness of resilience.
- i. A distant relative of mine died through suicide. I healed with time through acceptance. I believe silence is a major cause of suicide. This is because it acts like a time bomb and if not addressed in time i.e., by the victim speaking out about what is disturbing him/her, then it becomes very dangerous. Hence, suicide happens. I believe suicide is wrong and should be avoided. Governments all over the world should put measures in place to minimize suicide cases.

j. I haven't had someone close to me die through suicide, but I know of some who have been thinking or talking about it. We healed just by talking and sharing with close friends and relatives to provide release. Silence, when it is negative - meaning a reaction to something - can create fear or lead to suicide, especially among people who are not silent by nature. When they close up in silence it creates fear and agitation. Suicide has become a major concern in today's society, especially among the youth. Mental health awareness should be promoted and therapies and remedies should be made available to young people to help them deal with deep issues.

The use of poems helps people to talk about their secretive stories as impacted by suicide. When individuals share real-life experiences, they provide the reader with relational and identifiable experiences.

How do we talk about suicide in a palatable way?

No Place But, Here.

We only know affliction. Wooi! Wooooooi! Wooooi! Kikwu, Oh! Death,

Do you not ever satisfy your hunger? Death, when will you die?

If we could kill you, you'd be long gone by now! We are tired of feeding your insatiable gulping. Death, may you die!

And then you, you, our dear ones. Did you have to go?

Who called you?

Did the Giver of life call you? How is it You called yourself?

This Boundless 'INbreath' you were given at conception.

That at death we giveth back in the invaluable - EXhale!

But we wait for our turn, not so?

For the definitive rollcall.

No! We do not present ourselves to our Creator before we are called!

Yet the irony of life is that even.

We the readers at times have 'wished to kill. No! We even may have wished to be killed or wished to die!'

Therefore, we tread this space cautiously; with compassion for ourselves and others, even as we navigate through this eternal silence! to be but here.

Target Group

My target group is anyone interested in engaging with people, those working in ministries, family, relationships. Just as the wearer of a shoe knows where it pinches, the drive to unveil suicide and its silence came as a result of inner searching and questioning. I invite you to go through these same questions with me.

- a. What do you know about the vulnerability of those experiencing mental health issues?
- b. Has anyone you know and have loved ever had a mental breakdown or died by suicide?
- c. Has anyone you worked with ever had a momentary mental struggle?
- d. Is anyone you know struggling with being on earth?
- e. Do you wonder where the soul of your loved one(s) who died through suicide is?
- f. If a person you knew died by suicide, how did that leave you feeling?
- g. What value is there in killing oneself 'for the community, for others to benefit?

Preparation: The self

I see and interpret the world in a particular way. My identity influences how I come into the research. I am intuitive and I allow myself to be led by a higher power as I write. I trust the process of writing and I see it as a way of serving the world and most of all as a way of offering Mercy to the reader and participant.

- a) How do I connect with this suicide topic?
- b) How does this stance influence the research?

Plant the seed

- a. One unexpected seed was in the form of conversations I have had with persons online and buyers of the book. Apart from the target group, other viewers of the book profile have engaged in useful conversations with me about challenges they have gone through or their family members. Therefore, I think awareness ripples to help as the book is purposed to. Aspects of God like reconciliation, Mercy, forgiveness that those affected offer to themselves or others, allow the God of mercy to offer Mercy and hope to a population that would otherwise give up.
- b) I also gathered the fruit through writing the book to put together people's stories and capture some of the conversations regarding suicide and the silence we share.

A. Definition of Mental Health, Suicide and Silence

Mental health is the mental well-being of an individual, that allows an individual to do various activities within the society, such as withstand different issues such as stress, enabling an individual to learn new skills, work and also engage positively with other members of the society (Li et al., 2020). Mental health plays a critical role in an individual's ability to make decisions, integrate well with the other members of the community and also help individuals establish relationships with other members of the society, while shaping how individuals live within the society. Mental health plays an important role in the personal, community and socio-economic development, and is a basic human right. There

are however, various mental health issues which affect people depending on the degree of their difficulties and distress, thereby leading to different social and clinical outcomes. Some of the major mental health conditions include mental disorders and psychosocial disabilities. An increase in mental health issues leads to cases such as; Anxiety Disorders, Depression, Bipolar Disorder, Post-Traumatic Stress Disorder (PTSD), Schizophrenia, Eating Disorders, Disruptive behavior and dissociative disorders among others (Ashdown-Franks et al., 2019). An increase in the levels of stress and anxiety leads to an increase in the cases of suicide within the society.

Suicide is the act of taking one's life willingly (Turecki et al., 2019). In most cases, suicide is caused by the increase in the cases of mental health issues such as depression, bipolar condition, schizophrenia, anxiety disorders as well as personality disorders. The major causes of suicide among humans include; physical disorder such as chronic fatigue syndrome as well as substance abuse. In most cases, suicide is caused by high levels of stress, which might emanate from relationship issues, financial and academic challenges, as well as bullying and harassment from other people (Temes et al., 2019). Individuals who had initially attempted to kill themselves are at a high risk of repeating the same act in the future. In most cases a major contribution to death through suicide is silence, which makes it hard for them to communicate their issues with other people.

B. Importance of Studying Suicide

There are various advantages of studying suicide. Studying suicide helps in the understanding of the various causes of individual suicide acts, whilst enabling individuals to understand the various methods of preventing suicide (Schmaal et al., 2020). Studying suicide provides the best possible preventive guidelines on how to address suicide issues, while providing the necessary medical and psychiatric data, understandings the causing agents and how to cope with individuals who have attempted suicide. Other major benefits of studying suicide is understanding the cause of death of the individual, the intention to die by suicide, and helping the relatives to cope with the situation of losing a family member (Gijzen et al., 2021).

C. Data on suicide

In the US, suicide is one of the leading causes of death. According to research, an estimate of 10.5% for every 100,000 people across the world in 2016 committed suicide, as compared to 11.6% of the population in 2008. Research has indicated that, around 2016, for every 100,000 men across the world, 16 men committed suicide, while for every 100,000 women, only 7 women committed suicide. Study has indicated that, an estimate of 703, 000 people globally loses their lives through suicide every year, with one death in every 100 deaths recorded as a case of suicide in 2019, reflecting a total of 1.3% (Mitchell & Li, 2021). Currently, the number of men dying through suicide is double the number of women globally. 58% of a death caused by suicide occur before individuals hits the age of 50 years, with the individuals who had initially attempted suicide being at a higher risk of dying through suicide. For the individuals aged between 15-29 years, suicide is the fourth leading cause of death, with 77% of

all deaths by suicide occurring in countries which are in the low- and middle-income bracket. 20% of deaths by suicide occur due to ingestion of pesticide, especially in the rural areas where farming activities take place, although hanging and firearm shooting are the major methods of committing suicide (Kabir et al., 2023).

D. Causes of suicide

There are various causes of suicide among people across the world. Some of the major leading causes of suicide include the increase in mental health problems, increased cases of stigma, bullying and prejudice, domestic, sexual and physical abuse as well as the untimely termination of a relationship (Millner et al., 2020). Individuals also commit suicide because of an increase in their eyes of suffering emanating from constant pain or ailment, loss of a job through retrenchment, financial challenges, homelessness, loneliness and isolation, failing, cultural pressure as well as sexual identity crisis among others.

E. Effects of suicide

There are various effects of suicide both to the individual, family and the society. Suicide leads to the loss of the life of an individual, emotional trauma for the family members who lose their family member through suicide, as well as the increase in the levels of guilt feeling among family members for not preventing the suicide act committed by their family member (Chen et al., 2019). The family members feel guilty and responsible for not being able to show compassion to their loved one who died.

There is confusion, distress, resentment and anger among close friends and family members, while the society loses an important member.

F. How silence contributes to suicide

Silence is a major cause of suicide among many people across the world. In most cases, young men find it hard to share the challenges that they are facing, and thus, they find it hard to seek assistance for their mental health problems. Through silence, the cases of suicide among the young people are more, especially because they don't find it ideal to share their changes with anyone (Szlyk et al., 2019). Between the ages of 16 and 24 years, only 13% of males will speak of their mental health challenges, while 31% of girls of the same age will speak of their mental health challenges. Through silence, the cases of suicide among young males are three times higher than that of females of the same age bracket. Through silence, the cases of depression increase among the young people, thereby, increasing the risks to suicide. Silence and depression lead to an increase in the cases of anger and bitterness, restlessness and anxiety, irritability and aggressiveness. Individuals who are depressed also lose their interest in working, withdrawal from their sexual partners, experiencing feelings of hopelessness, and overreacting, which might then lead to increased cases of suicide (Chandler, 2022).

G. Women leaders and mental health

Women in leadership positions across the world face a number of unique mental health challenges, which can have detrimental impacts on their mental health and wellbeing. Women in leadership face challenges such as the gender pay gap, where they end up being paid differently from the men, even though they do the same work within the same organization (Heath & Weber, 2020). Women are also highly likely to be replaced at their workplace, therefore, making them less secure, and therefore, risking their mental health. Women in leadership are also tasked with the role of caregiving, giving them stress, physical distress and burnouts, therefore, affecting their work performances. There are risks of health challenges, where women have to manage their work and their health conditions, including painful periods, which might cause fatigue and mood swings. Many women lack adequate representation at their workplace, with those in leadership positions facing stiff competition from men who want to occupy the same positions the women are occupying (Heath & Weber, 2021).

H. Prevention of mental health Problems and Suicide

Connections through support systems. The spirit of Ubuntu says ‘I am because we are. Therefore, I recognize that suicide is a personal trauma which affects the community. Hence the healing circle is communal and counters silence (Wasserman et al., 2020). According to reports and research by Dr. Dixon Chibanda, who has intensively immersed himself in the research for mental health, and brings the various partners to deal with mental health, such as the local health authorities, health professionals, national and international researchers as well as donors together. Mental health is a major challenge which should be addressed by all parties effectively. Dixon Chibanda who is the Director of

the African Mental Health Research Initiative (AMARI) argues that, the relevant authorities should focus on understanding the various risk factors which lead individuals to actualize suicide. The community should ensure that all individuals are helped to overcome depression, substance abuse as well as mental disorders, which might lead them into depression (Gunnell et al., 2020). People should be treated to overcome chronic pain, be provided with therapeutic assistance and help. Psychiatric treatment should be availed to all individuals to ensure that they overcome their challenges. Mental health issues can, however, not be dealt with, through: Drugs and alcohol, Silence, other addictions and indifference. Mental issues can be addressed through storytelling and circle healing, although financial challenges might limit the process. Dixon noticed that limited psychiatrists in his country Zimbabwe resulted in people taking their lives and he responded by using the grandmothers as resource persons. He trained them in therapy and they in 2006 begun attending to people who experienced depression. The results have amazed the world! The clients showed no symptoms six months down the line, grandmothers enjoyed what they did and showed no signs of burnout. The grandmothers' bench was renamed 'The Friendship Bench' and is being duplicated in other countries in various age groups.

I. Where is God in depression and suicide?

Many Christians would question, where is God during the times of depression and suicide, that God cannot assist an individual overcome the challenges they are facing. The Bible clearly states that, despite our suffering as humans, God still gives us an ultimate grounding since we are of value and worth to God (Jongkind et al., 2019). Although individuals might be undergoing pain, stress and

depression, the love and presence of God does not change because of the temporary situation. According to the New King James Version, In the book of Jeremiah 31:3, “*The Lord has appeared of old to me, saying, ‘yes, I have loved you with an everlasting love. Therefore, with loving kindness I have drawn you’*”. The scripture shows that, despite the various challenges that individuals face, God does not change and His love is enduring, and He guides us to make independent decisions, overcoming grief, pain, fear and the desire to harm ourselves.

What happens to souls of those who die through suicide? Where is the God of Mercy? Can God still enter their situation and there redeem them? Should we lose hope in praying for the departed souls?

J. Suicide ideation

Suicidal ideation is the thought that an individual creates in their mind regarding ending their own life. Suicide ideation involves individuals planning their suicide actively, since they are seriously thinking about suicide (Madigan et al., 2023). This is most common in adolescence and many times adolescents outgrow the suicide ideation.

Conclusions

From this study, it is evident that, Silence contributes to increased mental health issues, and it

forms the major base of suicide among the young people. It is also evident that, suicide is a major issue, which needs to be addressed to help many people overcome the challenges they are facing to ensure that they do not take their own lives. Silence can be overcome by finding the courage to speak, and break the negative ties and thoughts of ending their lives through suicide.

I notice too sometimes silence has its place, as affected work through lives challenges. Being able to balance and use silence appropriately can serve us. In the African culture there is noticeable silence around loss but suicide complicates the grief. As we sit in the circle, we can become aware that we are held by a higher power together, we can bring ourselves to work through even the most difficulty of issues. In this circle healing can happen.

References

- Ashdown-Franks, G., Sabiston, C.M. and Stubbs, B., 2019. The evidence for physical activity in the management of major mental illnesses: A concise overview to inform busy clinicians' practice and guide policy. *Current opinion in psychiatry*, 32(5), pp.375-380.
- Bruce, A., Beuthin, R., Sheilds, L., Molzahn, A., & Schick-Makaroff, K. (2016). Narrative Research Evolving: Evolving Through Narrative Research. *International Journal of Qualitative Methods*, 15(1). <https://doi.org/10.1177/1609406916659292>
- Chandler, A., 2022. Masculinities and suicide: Unsettling 'talk' as a response to suicide in men. *Critical Public Health*, 32(4), pp.499-508.
- Chen, T.Y., Kamali, M., Chu, C.S., Yeh, C.B., Huang, S.Y., Mao, W.C., Lin, P.Y., Chen, Y.W., Tseng, P.T. and Hsu, C.Y., 2019. Divalproex and its effect on suicide risk in bipolar disorder: A systematic review and meta-analysis of multinational observational studies. *Journal of affective disorders*, 245, pp.812-818.
- Gijzen, M.W., Rasing, S.P., Creemers, D.H., Smit, F., Engels, R.C. and De Beurs, D., 2021. Suicide ideation as a symptom of adolescent depression. A network analysis. *Journal of Affective Disorders*, 278, pp.68-77.
- Gunnell, D., Appleby, L., Arensman, E., Hawton, K., John, A., Kapur, N., Khan, M., O'Connor, R.C., Pirkis, J., Caine, E.D. and Chan, L.F., 2020. Suicide risk and prevention during the COVID-19 pandemic. *The Lancet Psychiatry*, 7(6), pp.468-471.
- Heath, K. and Weber, M.J., 2020. Women in Leadership and Work-Family Integration: Strategies for Fulfillment and Well-Being. *The Palgrave Handbook of Workplace Well-Being*, pp.1-24.

- Heath, K. and Weber, M.J., 2021. Women in Leadership and Work-Family Integration: Strategies for Fulfillment and Well-Being. *The Palgrave Handbook of Workplace Well-Being*, pp.873-896.
- Jongkind, M., Van Den Brink, B., Schaap-Jonker, H., van der Velde, N. and Braam, A.W., 2019. Dimensions of religion associated with suicide attempt and suicide ideation in depressed, religiously affiliated patients. *Suicide and Life-Threatening Behavior*, 49(2), pp.505-519.
- Kabir, R., Hasan, M.R. and Arafat, S.Y., 2023. Epidemiology of suicide and data quality in Bangladesh. In *Suicide in Bangladesh: Epidemiology, Risk Factors, and Prevention* (pp. 1-15). Singapore: Springer Nature Singapore.
- Li, W., Yang, Y., Liu, Z.H., Zhao, Y.J., Zhang, Q., Zhang, L., Cheung, T. and Xiang, Y.T., 2020. Progression of mental health services during the COVID-19 outbreak in China. *International journal of biological sciences*, 16(10), p.1732.
- Madigan, S., Korczak, D.J., Vaillancourt, T., Racine, N., Hopkins, W.G., Pador, P., Hewitt, J.M., AlMousawi, B., McDonald, S. and Neville, R.D., 2023. Comparison of pediatric emergency department visits for attempted suicide, self-harm, and suicidal ideation before and during the COVID-19 pandemic: a systematic review and meta-analysis. *The Lancet Psychiatry*.
- Millner, A.J., Robinaugh, D.J. and Nock, M.K., 2020. Advancing the understanding of suicide: The need for formal theory and rigorous descriptive research. *Trends in cognitive sciences*, 24(9), pp.704-716.

- Mitchell, T.O. and Li, L., 2021. State-level data on suicide mortality during COVID-19 quarantine: early evidence of a disproportionate impact on racial minorities. *Psychiatry research*, 295, p.113629.
- Schmaal, L., van Harmelen, A.L., Chatzi, V., Lippard, E.T., Toenders, Y.J., Averill, L.A., Mazure, C.M. and Blumberg, H.P., 2020. Imaging suicidal thoughts and behaviors: a comprehensive review of 2 decades of neuroimaging studies. *Molecular psychiatry*, 25(2), pp.408-427.
- Szlyk, H.S., Gulbas, L. and Zayas, L., 2019. “I just kept it to myself”: the shaping of Latina suicidality through gendered oppression, silence, and violence. *Family process*, 58(3), pp.778-790.
- Temes, C.M., Frankenburg, F.R., Fitzmaurice, G.M. and Zanarini, M.C., 2019. Deaths by suicide and other causes among patients with borderline personality disorder and personality-disordered comparison subjects over 24 years of prospective follow-up. *The Journal of clinical psychiatry*, 80(1), p.4039.
- Turecki, G., Brent, D.A., Gunnell, D., O’Connor, R.C., Oquendo, M.A., Pirkis, J. and Stanley, B.H., 2019. Suicide and suicide risk. *Nature reviews Disease primers*, 5(1), p.74.
- Wasserman, D., Iosue, M., Wuestefeld, A. and Carli, V., 2020. Adaptation of evidence-based suicide prevention strategies during and after the COVID-19 pandemic. *World psychiatry*, 19(3), pp.294-306.

