The Relationship Between Chronic Pain and Suicide

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Chronic Pain and Suicide

"I don't want to die, but I don't know how to continue living with this much pain."

Have you ever said that, even just within your mind? I have – many times. While I've never been suicidal, I have been in chronic, high pain situations enough times to know how easily one starts thinking of death as a release.

I'm not alone in those feelings. A 2018 study found that nearly nine percent of suicides were committed by chronic pain sufferers (though the true number is likely higher). Also, a 1994 study found that 50% of respondents with chronic pain had considered suicide because of pain.

However, the relationship between chronic pain and suicide is very complex. Pain can alter sleep patterns, impair reasoning skills, and increase the risk of depression. Many factors can cause chronic pain patients to experience suicidal thoughts; it can help to know more about why this happens and where to turn for assistance.

The Relationship between Chronic Pain and Suicide

It has been found that people with chronic pain who committed suicide were less likely to have stereotypical suicide triggers. These include things like a recent fight, ongoing spousal problems, financial issues, or other major life stressors.

This means that chronic pain can lower the suicide threshold, making those with chronic pain need less incentive to commit suicide compared to others. The tendency towards suicidal thoughts can be exacerbated by things like lack of independence, improper medical treatment, sleep issues, and medications.9

Loss of Individualism

Chronic pain harms a person in manifold ways. It can take away their ability to work full time or even do simpler things, like shop for groceries. Losing such independence often makes people feel like a burden on their loved ones.

Someone living with chronic pain can easily become socially isolated, feel like they don't belong, and focus on negatives, such as their unmet goals. All of this increases the risk of depression and suicide.

Medical Treatment

Seeking treatment for chronic pain is rarely a simple matter. Doctors may insist that other issues, such as obesity or anxiety, be treated first. While some doctors see these issues as more important or an underlying cause, these actions ultimately leave the pain untreated.

Many Americans don't have insurance or have such expensive insurance that they don't want to use it. Others may be afraid of visiting a doctor or live somewhere pain medications are so restricted that they are practically unavailable.

Untreated pain is extremely harmful to a person. It can damage their psychological wellbeing, elevate stress responses, and decimate their quality of life.

Even if everything goes right and you find a doctor who treats your pain appropriately, there are still inherent risk factors. Depression is a common side effect of medications; I take several drugs that increase my risk for depression. Even opioids, which are often considered a life-saving pain treatment, can interfere with REM sleep and thus increase the risk of depression.

Sleep Issues

Chronic pain is infamous for causing sleep issues. Poor sleep is associated with higher pain levels, cognitive difficulties, and depression. The cyclical relationship of "painsomnia," where pain prevents sleep, which in turn increases pain and coping mechanisms, which then further prevents sleep, can cause enhanced pain responses and heightened sensitivity to pain.

Furthermore, poor sleep can increase anxiety, making people feel helpless because they have little control over their quality of sleep. They may also become too tired to function properly during the day – escalating issues of isolation and perceived hardship.

When you combine all these risk factors – difficulty functioning, feeling like a burden, believing doctors are unable or unwilling to help, the inability to get good sleep or relieve catastrophic pain – it becomes easier to develop a fearlessness about death.

When life becomes painful, difficult, and seemingly hopeless, the natural fear of death can be overcome by the longing for an escape. Hopefully, long before that point is met, chronic pain sufferers can learn how to cope with their situation and manage suicidal thoughts.

Coping Strategies and Treatment Options

An internet search for coping with suicidal thoughts undoubtedly yields this phrase: suicide is a permanent solution to a temporary problem. However, the very definition of chronic pain is that it's not temporary – for many, it's a lifelong issue. This is just one way that typical treatments for suicidal ideation are unhelpful for chronic pain sufferers, making it more challenging to manage.

Furthermore, most coping strategies focus on people avoiding things that have triggered their suicidal thoughts. We cannot simply avoid our chronic pain. As such, we are dealing with suicidal thoughts resulting from chronic pain requires different, more creative approaches.

Coping with Suicidal Thoughts

- Remember that intense physical pain alters your ability to think clearly. You may feel like there are no solutions or support available, but that is not the case.
- Remember that you are still able to feel pleasurable emotions and have happy experiences despite chronic pain.
- Be proactive: reach out to a support person before your situation becomes critical.
- Get talking – expressing your feelings can release some of the intense emotional pressure you feel.
- Make a safety plan for any suicidal crisis, including who you can call:
    - USA: Call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255)
    - Call the National Hopeline Network at 1-800-SUICIDE (1-800-784-2433)
    - Chat online at https://suicidepreventionlifeline.org/chat/
    - Text 919-231-4525 to reach the HopeLine suicide prevention helpline

- Text CONNECT to 741741 to talk with a Crisis Counselor
- Canada: Call Crisis Services Canada at 1-833-456-4566

Seeking Treatment

- Ask your doctor to address issues that increase your risk of suicide, such as depression or insomnia.
- Educate yourself about your specific pain issues, and be prepared to describe them in detail during medical appointments.
- Prevention: remove methods of suicide if possible.
- Make use of social programs or mobility aids that can increase your independence.
- Get new or severe health issues addressed as soon as possible – don't wait.
- See a therapist regularly – one that specializes in chronic pain if possible.
- Join a support group for regular discussions about coping with your condition.

Embrace Life

Suicide is frequently acknowledged as a plan B within the chronic pain community – a backup plan for when someone can't take it anymore. I encourage you to work towards a different plan B.

Continually seek ways to improve your pain levels, maintain health, and be involved in support networks. Know that others have gone through severe chronic pain and successfully worked through suicidal thoughts – embracing life with chronic pain is possible.