

## FUNDAMENTALS FOR SPEAKING OR WRITING ABOUT SUICIDE

### Terminology

The field of suicide prevention is ever-changing as new research emerges informing best practice. Some suicide-related terms often used among the general population have been found to increase stigma related to suicide and/or give or imply a false assumption about suicide leading to misunderstanding of those who are suicidal. Increased stigma and general misunderstandings are both detrimental to the field of suicide prevention. Below are basic guidelines to keep in mind when speaking or writing about suicide.

#### Terms to Avoid

“Committed suicide” – This gives the false impression suicidal people are committed to completing suicide. “Committed” is also usually associated with sins or crimes and carries stigma.

“Successful” or “failed” suicide attempt – It is detrimental to associate suicide with success or failure as they imply favorable or inadequate outcomes.

“Suicide Epidemic” – Though the impact of suicide on those left in its wake may make it seem so, suicide is not at epidemic levels and using such overstatements can lead vulnerable individuals to normalize suicide when, in fact, death by suicide is statistically rare.

#### Terms to Use Instead

“Completed suicide” or “died by suicide”

“Completed suicide” and “attempted suicide”

“Suicide is a critical public health issue.”

### Common Beliefs vs. Facts

Suicide prevention research has also shed light on commonly held but false beliefs about suicide. These beliefs can add to stigma and misunderstanding and may hamper our willingness or abilities to intervene with suicidal individuals.

#### Common Belief

Those with serious suicide ideation are committed to dying.

Suicide is not preventable.

#### Fact

Most suicidal individuals are highly ambivalent right up until the last moments.

Research tells us that 90% of those who die by suicide had a mental health and/or substance use disorder. These conditions are treatable. Additionally, most suicide experts maintain that warning signs for suicide are present close to 100% of the time.

## Common Belief

If you stop someone from completing suicide by one means, they will just find another way.

Suicide is an impulsive act.

Suicides can have a single cause.

Those who threaten suicide are just seeking attention.

Suicide is a selfish act.

Suicide is a common response to bullying.

Teens should know all about suicide.

## Fact

Method substitution rarely occurs. Thus restricting access to lethal means is a highly effective prevention method.

Though impulsivity can play a role in some suicidal behavior among teens, suicide is not an impulsive act. Those who die by suicide have a plan to do so.

Suicide is complex and occurs when diverse risk factors lead to a combination of interpersonal elements resulting in the desire and capability for suicide.

All threats of suicide must be taken seriously. Approximately 70% of those who die by suicide make direct or indirect statements related to their suicidality. Additionally, those who go so far as to threaten suicide do require attention.

Though the act of suicide may feel selfish to those left behind, those who die by suicide have come to believe that they are a burden to those around them and that their death would be worth more than their life to them.

Suicide is not a common response to bullying. Suicide is not a common response to any one factor because suicide is not common. Deaths to suicide are statistically rare. Bullying is one among many risk factors for suicide.

Suicide prevention education for teens and young adults is indeed very important; however, because some young people will be vulnerable, such education is only safe when presented under certain circumstances:

- Using safe and effective curricula
- In small groups
- In a positive manner (hope, help & strength)
- Always avoiding discussions of statistics or methods
- With an adequate number of knowledgeable adults to watch for vulnerable youth
- Providing ways to seek help for friends & self

*“There are few things more tragic than a fight against misery that is both winnable and unfought.”* ~ Thomas Joiner, PhD

Sources: *Why People Die by Suicide*, Thomas Joiner, PhD, Harvard University Press, 2005  
*Myths About Suicide*, Thomas Joiner, PhD, Harvard University Press, 2010  
Suicide Prevention Resource Center, Media Guidelines and other materials  
Lectures and trainings by Thomas Joiner, PhD; M. David Rudd, PhD; and Scott Poland, PhD