

Myths and Facts about Suicide

There are many beliefs about suicide that people assume to be true. With the stigma regarding suicide, it is important to separate the myths from the facts in order to better understand those who may be suicidal and what actions are appropriate and helpful in preventing suicide. Here are some common myths regarding suicide and the true facts behind them.

Myth: Talking with others about suicide will cause them to attempt or complete suicide.

Fact: Talking with others about suicide does not put the idea of suicide in their head. Many of those contemplating suicide are afraid to tell others due to the stigma around suicide. Talking with others about suicide, gives them the opportunity to express what they're already feeling. By asking questions you are able to better gauge the risk of them completing suicide and will be prepared to intervene if necessary.

Myth: People who make suicidal statements don't actually intend to complete suicide.

Fact: Someone who is talking about suicide may be reaching out for help and support. Though it is possible for someone to make a statement without a true intent to complete suicide, it is important that we take these statements seriously and assess how at risk the individual may be for completing suicide. Any and all suicidal statements should be responded to immediately.

Myth: People who talk about suicide or who engage in self-harming behaviors do so for attention.

Fact: Although some people may be seeking attention by talking about suicide, they may also be reaching out for help. Self-harming behaviors that are not intended to be lethal do cause accidental death at times. We should take all talk and actions related to suicide seriously. Self-harming behaviors such as making scratches on the wrist might be later followed by a more lethal behavior or can lead to emotional problems.

Myth: Suicides happens without any warning signs.

Fact: Most suicidal people give clues and signs regarding their intentions to at least one other person. Some common warning signs include suicidal threats and statements, suicide notes and plans, expressing hopelessness about the future, thoughts or feelings of not belonging, displaying severe emotional pain or distress, and showing worrisome behavior or changes in behavior including withdrawal from social connections, changes in sleep, anger and hostility that seems out of context/character, and increased irritability.

Myth: Someone who has attempted suicide before and survived is no longer at risk for suicide.

Fact: Those who have a history of past attempt(s) of suicide are actually more at risk for future suicidal behavior. In fact, the highest rates of suicide occur immediately after hospitalization for a suicide attempt. Some may have the most energy and motivation to complete their plan just when others see an improvement in their behavior. That being said,

Myth: Suicide is caused by mental disorders such as depression.

Fact: Only a small portion of those who are depressed take their lives. Suicidal behavior does indicate severe unhappiness, however, someone who is suicidal does not necessarily have a mental disorder. Many of those with mental disorders are not suicidal.

Myth: Suicidal people are fully intent on dying.

Fact: Suicidal ambivalence is when a person is undecided about living or dying. Many of those who are suicidal are ambivalent about living or dying. While a part of the suicidal person wants to continue to live, the other part of them is self-destructive. They want to live, but death seems to be their only option to escape from pain and suffering. Many of those who are suicidal believe that completing suicide is the only solution to all of their problems. Having emotional support at the right time can prevent someone who is ambivalent from completing suicide. It is important to determine whether someone at risk for suicide has a support system, or others who will encourage them to keep living.

Myth: People who complete suicide do not pre-plan their actions; they act impulsively.

Fact: Most suicide attempts are thought about and planned over days or weeks. Again, it is essential to look for any warning signs that the person might be expressing. Most people who complete suicide have given clues and warning signs to at least one other person in their life such as a friend or family member.

Myth: Those who are suicidal overreact to life events.

Fact: A problem or situation might cause a large amount of distress to someone who is suicidal, even if you believe it's not a big deal. It is important to keep in mind that the stress someone perceives is very real to them. Perceived crises are just as predictive of suicidal behavior as actual crises.

Myth: Young children cannot be suicidal.

Fact: Young children can be suicidal. Approximately 30-35 children under the age of 12 take their own lives annually in the United States. It can be harder for younger children to deal with the emotions they are experiencing as they might not have learned appropriate coping skills. This may cause them to be more impulsive and complete suicide.

Myth: Only white males complete suicide.

Fact: Suicide does not discriminate. People of all genders, ethnicities, and socio-economic status can be at risk for suicide and complete suicide. It is important to look for warning signs and changes in behavior to help prevent suicide.

Myth: Suicide is an act of anger, revenge, or aggression.

Fact: Most of those who complete suicide do so because they feel as if they don't belong or they don't want to burden those in their lives. Many of them believe that their death will free their loved ones of the burden they put on them. In fact, many of those who complete suicide attempt to do so in a way which will minimize the shock and grief of their loved ones.

Myth: Having a school-wide assembly after a student dies by suicide is a good way to deal with the crisis.

Fact: An assembly may lead to copycat suicides where other students repeat the suicidal behavior. It is important to address the event, however, it is best to do so in smaller groups. It is also essential to talk to those students who are most effected by the suicide in small groups or individually.

Myth: Suicide is not preventable.

Fact: The suicidal mindset is often temporary and treatable. Many of those who complete suicide feel that there is no other option. By recognizing the warning signs of suicide, reaching out to those we believe may be suicidal, showing support, and seeking proper treatment, suicide can be prevented.

References

- American Academy of Pediatrics. (2011). *Help Stop Teen Suicide*. Retrieved from:
<https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/Help-Stop-Teen-Suicide.aspx>
- American Association of Suicidology & National Center for the Prevention of Youth Suicide. *Myths about Suicide*. Retrieved from: <http://www.suicidology.org/resources/myth-fact>
- Cardoza, K. (2016). 6 myths about suicide that every educator and parent should know. *The Mental Health Crisis in Our Schools*. Retrieved from:
<http://www.npr.org/sections/ed/2016/09/02/478835539/6-myths-about-suicide-that-every-educator-and-parent-should-know>
- Fawcett, J., Scheftner, W. A., Fogg, L., Clark, D. C., Young, M. A., Hedeker, D., & Gibbons, R. (1990). Time-related predictors of suicide in major affective disorder. *American Journal of Psychiatry*, 147(9), 1189-1194. doi: 10.117/ajp.147.9.1189
- Firestone, L. *Suicide: What Therapists Need to Know*. American Psychological Association: Education Directorate. Retrieved from: <http://www.apa.org/education/ce/suicide.pdf>
- Hoyer, E. H., Olesen, A. V., & Mortensen, P.B. (2004). Suicide risk in patients hospitalised because of an affective disorder: A follow-up study, 1973-1993. *Journal of Affective Disorders*, 78(3), 209-217. doi: 10.1016/S0165-0327(02)00311-7
- Qin, P., & Nordentoft, M. (2005). Suicide risk in relation to psychiatric hospitalization: Evidence based on longitudinal registers. *Archives of General Psychiatry*, 62(4), 427-432. doi: 10.1001/archpsyc.62.4.427
- Sandoval, J., & Zadeh, S. (2008). Principles for intervening with suicide. *National Association of School Psychology: School Psychology Forum: Research in Practice*, 2(2), 49-66. Retrieved from: [http://www.nasponline.org/publications/periodicals/spf/volume-2/volume-2-issue-2-\(winter-2008\)/principles-for-intervening-with-suicide](http://www.nasponline.org/publications/periodicals/spf/volume-2/volume-2-issue-2-(winter-2008)/principles-for-intervening-with-suicide)

World Health Organization (2014). Myths about suicide. *Preventing Suicide: A Global Imperative*. Retrieved from: http://www.who.int/mental_health/suicide-prevention/myths.pdf?ua=1