Myths about Suicide

There are many misconceptions about suicide:

In the General Public





In Professional Communities





Myths about Suicide

MYTH	FACT
"People who talk about killing themselves, rarely commit suicide"	Most people who commit suicide have given some kind of verbal clue or warning of their intentions. Some studies show that as many as 2/3rds of successful suicides share their intentions before committing suicide.

Myths about Suicide

MYTH

"One should not try to discuss suicide with someone who is depressed - might give them the idea."

FACT

Suicidal thoughts are common in the general population and in depressed people- it is not a novel idea. It is much better to talk about suicide with someone who is depressed than to ignore or gloss over it as some kind of shameful topic. Talking may prompt persons to get help for their suicidal feelings.

Myths about Suicide

MYTH

"Suicidal people are mentally ill - only crazy people commit suicide!"

FACT

It is true that suicide is associated with depression, alcoholism, and schizophrenia, but most people who commit suicide could not be diagnosed as mentally ill. Only about 25% of them are actually psychotic. In some cultures suicide is seen as a rational act and more accepted than in the dominant US culture.

Myths about Suicide

MYTH

"The majority of suicides are among minority groups from the lower socio-economic classes"

FACT

Suicide crosses all socio-economic classes. There is some evidence that middle-class people have lower rates than upper-class and unskilled working-class people. Whites have suicide rates from 50% to 100% higher than African-Americans and Hispanics.

Myths about Suicide

MYTH	FACT
"Suicides rates are highest around Thanksgiving and Christmas."	Suicide rates are actually lowest in winter months and highest in the spring. Thanksgiving and Christmas are actually the lowest of six major U.S. holidays.

Myths about Suicide

MYTH	FACT
"Suicide is primarily a spontaneous activity that occurs without warning."	Most suicidal people plan their self-destruction in advance and give clues that indicate that they have become suicidal. Generally people who complete suicide have given many obvious and subtle clues of distress such as saying goodbye and putting their affairs in order.

Myths about Suicide

MYTH	FACT
"Improvement following a suicidal crisis means the suicide risk is over!"	Signs of improvement must be interpreted cautiously in patients. In severely depressed patients, the lifting of depression may give the patient the energy to act on suicide and may represent the relief in finally making a decision to end one's life.

Myths about Suicide

MYTH



FACT

"There are two basic types of people who try to commit suicide. - those who want to die and those who are just manipulative. "

There are many dynamics that underlie self-destructive behavior. Any kind of self-destructive behavior must be taken very seriously by clinicians because the behavior has the potential to cause death. Manipulative gestures may result in life threatening behavior. It takes only a few aspirins or Sudafeds to make a lethal dose.

SUMMARY

•Myths about suicide exist in both public and professional circles.

↓ Corrected Myths ↓

•2/3 of successful suicides share their intentions before committing suicide
•It is good to talk to somebody about suicide who is depressed or having suicidal feelings - for it may prompt them to seek help
•Only about 25% of those who commit suicide are actually psychotic
•Whites have suicide rates from 50-100% higher than other minority groups.
•Most suicidal individuals plan their attempt and give clues that it will happen
•The lifting of depression may give the patient energy to act on the suicide