

Myths About Suicide

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Myths about suicide are created by trying to reason about the suicidal mind from a non suicidal place.

MYTH: *Suicide is a coward's act. It is the easy way out.*

REALITY: The human instinct to survive is deep and very, very strong. Suicide is fearsome, daunting and *very* difficult to complete. "Death by suicide requires staring the product of evolution in the face and not blinking; it is tragic, fearsome, agonizing and awful, but it is not easy." Suicide is not about weakness- it is about the fearless endurance of a certain kind of pain.

MYTH: *Suicide is selfish.*

REALITY: True suicidal thinkers feel alone in a way few people can fathom. Those who die by suicide do consider the impact of their deaths on others, they just see it differently- as a positive rather than a negative. They incorrectly perceive that their death will be a relief or blessing to others- that their death will be worth more than their life. The suicidal state is characterized by "cognitive constriction" – narrowing of focus or "tunnel vision." Attention is focused on here and now goals and tasks, abstract thought and forethought is impaired, resulting in reduced inhibitions. Suicidal thinkers are not selfish, they are simply unable to consider the most obvious consequences of their actions.

MYTH: *People often die by suicide on a whim.*

REALITY: Impulsive suicide attempters are not the norm. Mental preparation for the eventual act of suicide is essential. The extremely fearsome and painful prospect of bringing about one's own death requires previous experiences and psychological processes that take years. Suicide does not occur without prior consideration – those who complete suicide "impulsively" do so by resorting to a plan held in reserve. It may appear impulsive, but the idea and/or plan had been previously considered. Once someone has seriously considered suicide, the neural pathway for that option has been formed, which makes it readily available when faced with an emotionally trying situation.

MYTH: *Most people who die by suicide don't make future plans.*

REALITY: The suicidal mind is characterized by deep ambivalence. Two processes can and do occur simultaneously. A battle is waged between the instinct to live and the desire to die. The instinct to live still compels the suicidal thinker to make plans as usual, even though they are considering ending their own life. A tipping point occurs and the will to live eventually loses out to the desire to death.

MYTH: *You can tell who will die by suicide from their appearance.*

REALITY: People who are about to die by suicide may look very much like they always have. Suicidal thinkers can appear/ behave absolutely normal just hours before ending their life. (However! A sudden change in appearance/grooming is a warning sign of suicide. If someone who is usually well groomed and nicely

dressed suddenly shows lack of interest in their appearance, something is probably amiss and should be addressed.)

MYTH: *You have to be crazy to die by suicide.*

REALITY: Suicidal thinkers experience a break in the mind that is very different from psychosis or dementia. The break is very specific; it has to do with breaking from the universal fear and revulsion toward death, coming instead to embrace and invite it. Suicidal thinkers come to see death as a comfort to others and to themselves. Suicidal thinkers *do* suffer from mental disorders – best evidence indicates that 95% of suicide victims suffer from a diagnosable mental disorder at the time of their death – depression, anxiety, bipolar disorder, schizophrenia

MYTH: *Most people who die by suicide leave a note.*

REALITY: Approximately 25% of suicide victims leave a note. Suicide victims are experience severe social disconnection so this percentage is not surprising. Most suicide notes do not contain much emotional content, rather they tend to be written in a matter-of-fact tone, using short sentences to give instructions regarding day-to-day matters. If emotional content *is* present, it is not uncommon for it to be positive in nature, reflecting the sense of peace and relief that is experienced once the decision to die has been made.

MYTH: *If people want to die by suicide, we cannot stop them.*

REALITY: The erection of suicide barriers on “suicide hot spot” bridges and tall buildings has effectively reduced the number of suicides at those locations – AND the number of suicides in those locales decreased. Suicidal thinkers did not go elsewhere or choose other means to die.

MYTH: *Suicide is just a cry for help. If they were serious about dying, they would have already done it.*

REALITY: Talking to others, especially about something painful and personal like ideas about suicide, represents a reaching out to others, a questioning about whether reliable social ties are there and can be counted on. Ignoring or otherwise mishandling suicide-related communications can have tragic consequences. Simple, genuine expressions of caring and availability can save a life.

MYTH: *Suicidal behavior peaks around the Christmas holidays.*

REALITY: Universally, suicidal behavior peaks in late spring and actually decreases around the holidays, presumably because it is a time of social connection and togetherness. Human biorhythms are such that people become more active/energetic in the spring, and for a subset of people, this activation may become *overactivation* (marked by restlessness, agitation and insomnia) which enables suicidal behavior. Manic phase of bipolar disorder occurs most often in spring. Suicides occur earlier in the week than later, especially on Monday. Thought is that rest/inactive period of winter (or weekend) followed by surge of energy in spring (or Monday) is enough to facilitate suicidal behavior. Suicides *do not* surge around the time of full moon, but do surge in later stages of menstruation when estrogen levels are low.