

HOW DO WE TALK ABOUT SUICIDE AND SUICIDAL IDEATION?

The language we use makes a difference. When talking about suicide or suicide-related behaviors, we stay away from “committed suicide” as well as “successful/unsuccessful suicide attempt.” It is a common, and harmful, idea that those who die by suicide “commit” something wrong—the way you would commit a crime, a sin, etc.—against themselves. This blame only furthers the stigma that already exists. Instead, we use terms such as “suicide attempt,” “suicide survivor,” or “died by suicide.” We can also say someone is “living with suicidal thoughts/ideation.” By changing the way we speak about suicide, we can begin to eliminate the stigma and criminalization of suicidal behaviors.

It is common to be afraid to speak about suicide and suicidal ideation. Many of us grew up thinking suicide was a shameful word or action. But we now know when someone is struggling with mental health, it is not unusual to have some type of thoughts of suicide. It can be helpful to ask directly if a loved one who is struggling is having these thoughts. (See “What to do if a community member is experiencing suicidal thoughts”) Therapists and practitioners distinguish suicidal thoughts, or ideation, as active or passive.

Passive suicidal ideation is marked by thoughts about suicide or a preoccupation with death without intent to act on it immediately. **Active suicidal ideation** is marked by actual, imminent, or emergent detailed thoughts and plans to die. These two states exist on a spectrum, and people may experience suicidality that moves between active and passive states.



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Suicide and suicide attempts are not the same as what we often call self-harm. [Self-harm or nonsuicidal self-injury \(NSSI\)](#) refers to hurting oneself on purpose as a way to release painful emotions, distract from emotional pain with physical pain, express self-hatred or low self-esteem, punish oneself for perceived wrongs, or regain a sense of control. Self-harm is not a suicide attempt but rather a sign the individual is trying to cope with intense emotions. If an individual does not receive support, this behavior may become habit-forming. Many people who have overcome self-harm consider themselves in recovery. If left untreated, however, continual self-harm can lead to a greater risk of suicide.

