10 Myths about Suicide
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Myth: Suicides happen without warning

Most teens who attempt or die by suicide have communicated their distress or plans to at least one other person. These communications are not always direct, so it is important to know some of the key warning signs of suicide.

Myth: Suicide is genetic

There is no gene for suicide. Having a family member die by suicide may increase one’s risk, as some believe that exposure may make suicide seem acceptable. But there is no current evidence of a gene that predisposes one to suicide.

Myth: Only certain types of people die by suicide

While some factors contribute to higher risk for suicide, it is important to remember that suicide does not discriminate. There are no clear, specific traits that separate suicidal people from non-suicidal people. Individuals from all cultures, upbringings, social economic statuses kill themselves. Pay attention to what the person says and does, not what he/she has or looks like or how you believe that person should think, feel, or act.

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

Most people who kill themselves do so because they feel they do not belong or are a burden on others. They think that their death will free their loved ones of this burden. Many suicides occur in ways and in places that the person hopes will ease the shock and grief of those they left behind.

Myth: Talking to teens about suicide makes them likely to kill themselves

Talking about suicide with teens gives them an opportunity to express thoughts and feelings about something they may have been keeping secret. Research clearly demonstrates there are no iatrogenic effects of asking teens about suicide (Gould et al., 2005). In fact, discussion brings it into the open and allows an opportunity for intervention. Therefore, youth who come forward to caring adults following a presentation on suicide is most likely the result of providing that youth, who was already suicidal, the freedom to confide their pain to others. Only then, will the healing begin.

Myth: People who talk about suicide are not serious about killing themselves

Many teens who are considering suicide tell others about these thoughts. However, mention of suicide often makes people uncomfortable, and as a result they may not take the person seriously. This myth further complicates matters as…

Myth: Suicidal thoughts and behaviors are ways to get attention

It is important to take any mention of suicide or suicidal behavior seriously regardless of your thoughts about their true motives. In the very least, we need to help teens identify more effective ways to seek having their needs met without dismissing the severity of their expressed thoughts, concerns, and/or behaviors.

Myth: Suicidal teens overreact to life events
Problems that may not seem like a big deal to one person, particularly adults, may be causing a great deal of distress for the suicidal teen. We have to remember that perceived crises are just as concerning and predictive of suicidal behavior as actual crises.

**Myth: Teens are at less risk for suicide as soon as they start to feel better**

Suicide re-attempts in teens often occur in the first six months following a previous attempt, with data suggesting the window for a re-attempt may actually be within the first month after an attempt (Brent et al., 2009). Around this time, the relational routine with family and friends begins to return to normal; however, it may take longer for the teen to return to normal and he/she may feel abandoned by support systems when getting back to old routines. Additionally, this is when the teen may start to face the same problems he/she had prior to the attempt and begin to think that suicide is the only solution. Teens who seem to recover very quickly may be at heightened risk, as it could indicate that they are planning their next attempt.

**Myth: Suicide cannot be prevented**

Most teens are suicidal between 24-72 hours. During this period it is possible to stop someone from suicide by showing him/her how and where to get help. This intervention also makes it less likely that they will make another attempt again. A caring, concerned individual can help someone in distress. Taking someone’s feelings seriously and listening can truly save a life.

*For more information on myths and facts about suicide:*


*References:*
