**The Language of Suicide**

*Words we use shape mindset and co-create our reality*

**Our goal**: to destigmatize suicide and mental illness as we create safe communities of conversation and support.

These are summary notes from the following articles about the language of suicide:

<https://www.irmi.com/articles/expert-commentary/language-matters-committed-suicide>

<http://auccco.com/resources/Documents/guide-for-speaking-publicly-about-suicide.pdf>

<https://suicidepreventionmessaging.org/safety/messaging-donts>

<https://www.huffpost.com/entry/showing-mental-health-stigma_n_5ae50d3de4b055fd7fcc52db/amp>

https://www.suicideinfo.ca/resource/suicideandlanguage/

**3 Areas of Language Use**

1. Personal Conversation
2. Public Messaging
3. General language around mental health and mental illness

**Personal Conversation: Why the change in language?**

* This impetus to change the language of suicide began in the bereavement community.
* Insensitive language used to describe suicide, plus silence and denial are major contributors to the stigma of suicide.
* “When a tragedy is not spoken of openly there can be no true sympathy, sharing or healing,” Sommer – Rottenburg, p.240).
* Those who are left behind feel the full burden of suicide’s stigma
* Others often steer clear of suicide survivors to avoid the “contamination” of suicide association. The bereaved can feel abandoned and ashamed.
* Adding to this injury is the mention of suicide in euphemistic, obituary-type language.
* The need for language that addresses the act of suicide in a direct but respectful way has, in recent years, gathered momentum.

**Personal Messaging: Some suggestions**

| **Say this** | **Instead of this** |
| --- | --- |
| Died of/by/from suicide | Committed suicide |
| Suicide death | Successful attempt |
| Suicide attempt | Unsuccessful attempt |
| Person living with suicidal thoughts or behavior | Suicide ideator or attempter |
| Suicide | Completed suicide |
| (Describe the behavior) | Manipulative, cry for help, or suicidal gesture |
| Working with | Dealing with suicidal crisis |

**Public Messaging: the challenge**

* Suicide prevention is a hard sell.
* Well-meaning professionals often make serious errors when crafting messages for suicide prevention.
* We think that we need to grab the public's attention through graphic and scary messages.
* This messaging turns people off.
* Instead, we align with our audience's beliefs, values, priorities, and needs.
* We craft messages that are:1. positively engaging; 2. provide people with the information we want them to remember; and 3 give them action steps.

**Public Messaging: the opportunity**

* Workplaces, schools, faith communities, and healthcare systems can help model safe and compassionate language.
* We can challenge the misinformation and myths that exist.
* We can learn how to effectively disseminate our messages to large numbers of people.
* We craft safe and powerful messages, work collaboratively with traditional media outlets, and strategically use social media.
* Instead of just "raising awareness" by sharing statistics of suicide death, we can inspire hope by sharing stories of recovery and letting them know that help is available.

**General Language:**

**Avoid** using technical mental health terms for ordinary events. Such use trivializes real mental health conditions.

 Sure, it’s sad if your favorite TV show goes off the air. You might seem quirky if you like to organize your things in a particular way. But saying either of those things make you “depressed” or “OCD” is false.

Drawing an **oversimplified connection** between mental health and mass shootings sends an inaccurate message about mental health disorders

People who live with mental health disorders are more likely to be victims of violent crimes than the ones committing them. Fewer than [5 percent of gun-related killings](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318286/) are committed by someone diagnosed with a mental illness, according to a 2015 study.

**Stop using phrases** like psycho and crazy to insult someone we think did something wrong. Such pejorative terms further perpetuates the inaccurate idea that people with mental illnesses should be ashamed or feared,

You wouldn’t call someone who has cancer a “cancerous person.” The same rules apply to someone experiencing a mental health condition.

**Don’t use person-first language** when referring to someone with a mental health condition, such as using terms like ‘schizophrenic’ or ‘borderline’ instead of ‘person with schizophrenia’ or ‘person with borderline personality disorder. The former terms are stigmatizing because they reduce the whole person to a diagnostic label.”