The 10 Most Frequently Asked Questions about Suicide

Note: The following is a list of the ten most frequently asked questions about suicide that I get asked during workshops, parent meetings and student assemblies. Please don’t feel compelled to totally agree with me but please consider my insights:

1. Why do you use the term “Complete Suicide” instead of “Commit Suicide?”

I learned from my support groups that when they hear the word “commit” they related that to their loved one committing a crime. They tell me people “commit” murder, bank robberies, etc. They say they are offended when people refer to their loved one as “committing” suicide. Completed is a more sensitive and appropriate term.

2. Won’t I put ideas in kids’ heads by talking about suicide?

The National Association of Suicidology adopted a statement at their 2001 national convention that “Suicide is a national health problem. The number one preventative measure is to talk about it.” The willingness to address the issue is seen as admirable and is appreciated by most teens. One evening after I addressed 800 plus people in a community that had 10 adolescent suicides in a year, I walked into a restaurant and was immediately surrounded by about 20 teens who indicated to me that they were at the function. I asked them, “What was the most important thing I said all night?” They all said without hesitating, “we want to talk about it.” The number one suicide preventative measure is not Prozac®, but to talk about it. In this day and age, teens are under tremendous pressure. They appreciate caring adults who are willing to help them tackle the tough issues of life, and suicide is obviously one of these issues.

3. If I am talking to a person who at the time seems to be suicidal, should I come right out and ask him if he is thinking about suicide?

YES. Whenever I asked a person if they were considering suicide, I sensed a great sigh of relief in the person. It was like they were saying “FINALLY, somebody is willing to talk to me about this!” Even when I prefaced the question with, “You know, I can’t keep this confidential if you say ‘yes’,” it still didn’t stop them.

4. There are so many adolescent suicides. What is wrong with today’s kids?

You are asking the wrong question. It’s not what is wrong with today’s kids. It is what is wrong with society. Please don’t lay the blame for the adolescent suicide epidemic on the adolescents. This is the wrong attitude. People with this attitude will most probably do more harm than good in working with suicidal people. Society isn’t listening to their cry for help and doesn’t know how to respond to this epidemic.

5. Isn’t depression a result of a character flaw? Maybe if the person made better decisions they wouldn’t be depressed.

Although I agree that bad decisions have negative consequences and depression may be one of them, it is well documented that depression is a medical condition caused by an imbalance of brain chemistry. When we look at depression as a medical condition instead of a character flaw, we develop the proper attitude in dealing with the depressed individual. This individual may be depressed, but they are still very alert to our attitude. A positive attitude will be of paramount importance as we interact with the individual.
6. How is grief from suicide different than grief from death of other causes?
Suicide is a sudden death which many times can induce trauma and traumatic reactions. It is in most cases a more violent death. There also tends to be more guilt and anger with survivors of suicide than death from other causes. I call it the “I could of, should of, would of” syndrome. These issues compound the grief process.

7. Can I scare kids out of suicidal thoughts?
NO!! Reverse psychology is a BAD idea. Think about this: You are depressed and you share your thoughts about suicide with a person who you think will help; he says back to you; “Just go and kill yourself.” Instead of scaring you out of the suicidal episode, he just convinced you that “I am right. Nobody does care.” Think of the remorse you would feel if this person in crisis took your advice.

8. I have read claims that some medications meant to prevent depression, can actually be a factor or cause of a suicide. Is medication dangerous?
I have seen medication as a positive component to treatment of depression and other behavior disorders. I don’t have enough information to refute the claims of these reports, but medication has been critical to the treatment of many depressed teens I have worked with. These treatments have been proven effective when closely monitored under a doctor’s supervision. I do want to emphatically state however, that medication is only one component of treatment. Counseling and therapy are also of critical importance as well as diet, activity, and exercise.

9. What are the most important things to teach teens while helping a friend in suicidal crisis?
I believe that there are two extremely important principles we can teach teens to help a friend in suicidal crisis: First is to not keep the friend’s crisis a secret. This being said, we need to teach the helping teen to either go with his friend to a responsible adult for help, or if the friend won’t go with him/her, go to a responsible adult with the information and have them promise to get help immediately. Will the friend in crisis be upset? Probably. But he will be alive and when he recovers he will realize the courage it took for his friend to break confidentiality and seek out help. The second thing we can do is teach them that if their friend is in an acute crisis, don’t leave him alone until he is in the care of a responsible adult.

10. What have been some of the worst things that could be said to a teen in suicidal crisis?
The worst thing said would have to be the reverse psychology line of “just go on and do it.” The others include the following:

- “These are the best years of your life.” When you tell a depressed person that they are currently in the best years of their life, what hope does he have for the future? You may very well be communicating that things will not get any better, or “toughen up and stop complaining.” All things this depressed person does not need to hear.
- “You have your whole life ahead of you” – The depressed person may very well hear you saying that he has to be miserable for his whole life. Once again, the depressed person is not given any hope, only continuing discouragement.
- “If you think you have problems now, wait to you become an adult and have the pressures of raising a family, a job to go to and bills to pay, etc.”