Resource Sheet #2: The Language of Suicide

The definitions of suicide ideation and suicidal behavior provided in this resource sheet are from the Columbia Suicide-Severity Rating Scale (C-SSRS)*

Suicidal Ideation

Wish to be dead

The person has wished to be dead or not alive anymore, or wished to fall asleep and not wake up. "Wish to be dead" also is referred to as morbid ruminations and is distinguished from suicidal thoughts primarily by the intent (i.e. no thoughts of taking ones own life). For example, *"I wish I were not around, dead or not here."*

A clarifying question regarding intent is needed to differentiate between a wish to be dead and suicide ideation. For example, you may ask, "You say that you've had thoughts of being dead, have you had thoughts of taking your own life?"

Non-specific active suicidal thoughts

The person has general non-specific thoughts of wanting to end his or her life (die by suicide) without thoughts of ways to kill oneself (associated methods), intent, or plan. For example, *"I've thought about killing myself."* This is in contrast to the next type of suicide ideation in which the individual mentions a method of killing oneself.

Active suicidal ideation with any method, but without plan and without intent to act

The person has thoughts of suicide and has thought of at least one method. The person does not have a specific plan with details of time, place or method worked out. For example, *"I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it…..and I would never go through with it".*

Active suicidal ideation with some intent to act, without specific plan

A person has active suicidal thoughts of killing oneself and reports having some intent to act on such thoughts.

Active suicidal ideation with specific plan and intent

The person has thoughts of killing oneself, details of plan fully or partially worked out, and has some intent to carry it out.

Suicidal Behavior

Actual Attempt:

A person carries out a potentially self-injurious act with at least some wish to die, *as a result of act.* **The intent does not have to be 100%.** If there is *any* intent or desire to die associated with the act, then it can be considered an actual suicide attempt. **There does not have to be any injury or harm,** just the potential for injury or harm. For example, if person pulls the trigger while a gun is in his or her mouth but the gun is broken so no injury results, this is considered an attempt.

Inferring intent: Even if an individual denies intent or desire to die, it may be inferred clinically from the behavior or circumstances. For example, it can be inferred that a highly lethal act (e.g., gunshot to head, jumping from a window of a high floor/story of a building) that is clearly not an accident, is a suicide attempt. In addition, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.

Interrupted Attempt (by someone or something)

A person is interrupted (by an outside circumstance) from starting the potentially self-injurious act. If not for the interruption, an actual attempt would have occurred. For example: 1.) Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. 2.) Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. 3.) Person is poised to jump, but is grabbed and taken down from ledge. 4.) Person has noose around neck but has not yet started to hang because he or she is stopped from doing so.

Aborted Attempt (by self)

A person begins to take steps toward making a suicide attempt, but stops before he or she actually engages in the self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him or herself, instead of being stopped by someone or something else.

Preparatory acts or behavior

Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g. buying pills, purchasing a gun) or preparing for one's death by suicide (e.g. giving things away, writing a suicide note) Preparation involves behavior in anticipation of taking one's life but not associated with the plan itself (e.g. writing letters to loved ones, writing a will, making financial arrangements, etc…)

Rehearsal

Rehearsal is implementing the steps of a plan for suicide short of making a suicide attempt (e.g., putting a rope around one's neck or putting a loaded gun to one's head).

Completed Suicide or Death by Suicide

Death from injury, including poisoning or suffocation, where there is evidence that the injury was self-inflicted and intended to cause death.

The term "committed" suicide is discouraged because it connotes the equivalency of a crime or sin.

Additional Terms

Suicidality

Suicide ideation or behaviors as described above.

Deliberate self-harm (DSH)

DSH is intentional self-injurious behavior where there is no evidence of intent to die. DSH includes various methods by which individuals injure themselves, such as self-laceration, self-battering, taking overdoses, or exhibiting deliberate recklessness. The intent of DSH is variable and can include such things as emotion regulation, anger, revenge, and the desire to influence the behavior of others.

Unintentional injury (accident)

Fatal or nonfatal injures that were unplanned and not intended to happen.

Suicide gesture

The word "gesture" is not recommended language because it implies low intent when, in fact, there is routinely insufficient data to support such as assessment. It is more helpful to refer to specific behavior described in this resource sheet.

Suicide threat

Any verbal or nonverbal interpersonal action, stopping short of a directly self-harm act, which communicates or suggests that the person wishes to die or may attempt suicide. The intent of the person making the threat cannot be determined until a thorough assessment is completed.

Suicidology: The scientific study of suicide and suicidal behavior

Prevention

Interventions designed to stop suicide attempts or completions from occurring by focusing efforts on at-risk individuals, environmental safeguards, and/or the availability of lethal methods.

Intervention or Treatment

The care of suicidal people by licensed mental health caregivers, health care providers, and other caregivers with individually tailored strategies designed to change the thoughts, behaviors, mood, environment, or biology of individuals and help them identify and satisfy their needs without engaging in self-destructive behaviors.

Postvention

This term is used to describe actions taken after a suicide has occurred largely to help survivors such as family, friends, and co-workers cope with the loss of a loved one.

Survivors

The term "survivors" originally referred to people who had lost a loved one to suicide. However, it is now used to mean both suicide attempt survivors and those who have lost a loved one to suicide. It is important to clarify the use of this term when discussing or writing about suicide.

Suicide Attempt Survivors or Survivors of a Suicide Attempt (SOSA)

Individuals who have survived a prior suicide attempt.

Suicide Survivors

Family members and significant others who have lost a loved one due to suicide.

* Columbia Suicide-Severity Rating Scale (C-SSRS) developed by Posner, K.; Brent, D.; Lucas, C.; Gould, M.; Stanley, B.; Brown, G.; Fisher, P.; Zelazny, J.; Burke, A.; Oquendo, M.; Mann, J.. Definitions of behavioral suicidal events in this scale are based on those used in The Columbia Suicide History Form, developed by John Mann, MD and Maria Oquendo, MD, Conte Center for the Neuroscience of Mental Disorders (CCNMD), New York State Psychiatric Institute, 1051 Riverside Drive, New York, NY, 10032. (Oquendo M.A., Halberstam B. & Mann J. J, Risk factors for suicidal behavior: utility and limitations of research instruments. In M.B. First [Ed.] Standardized Evaluation in Clinical Practice, pp. 103 -130, 2003.) For reprints of the C-SSRS contact Kelly Posner, Ph.D., New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; inquiries contact posnerk@childpsych.columbia.edu