



# A Window into Suicide: Empathy, Myth, & Fact

*Tyshawn Thompson, M.A.*

How could they have done this? Did I miss the signs? Could I have done more? How? Why? These are among the many lingering questions we are plagued with when someone we know dies by suicide.

Dr. Nicole Ashton, licensed psychologist, describes suicide as “the medical emergency of psychology.” She encourages, “Embrace the chaos of not having the answers.” It makes sense that we would want a simple answer to something that affects us deeply, but I caution that trying to oversimplify suicide is a disservice to the struggles of those we have lost to it.

According to the National Institute of Mental Health (NIMH), suicide is a top 10 leading cause of death in the United States. Sadly, suicide seems to disproportionally afflict people between the ages of 15-34 as it is listed as the second leading cause of death for that age group. Approximately 50 thousand people died by suicide in 2018—a trend that continues to incrementally rise.

A first step in understanding a death by suicide is by being curious of someone’s acquired capability to die by suicide. Acquired capability for suicide refers to aspects of a person’s life that habituates them to pain and fear of dying (Joiner, 2005). Suicide is not as sudden or random as we may imagine. Just as there are risk factors for heart disease, there are risk factors for suicide. Risk factors include trauma such as physical abuse, self-injurious behaviors such as cutting, biological vulnerabilities paired with an invalidating environment, feelings of not belonging or burdensomeness, hopelessness, and the most important risk factor being previous suicide attempts. Yet, these may not be as visible or readily caught as hypertension or diabetes (risks factors for heart disease). This lack of visibility may leave us wondering how people from two different arenas of life die the same way, for example, a police officer and a college student. People who die by suicide represent a heterogenous population. As stated earlier, trying too hard to simplify suicide is a mistake. Suicide is a snapshot of a person’s suffering and we should aim to be empathetic and appropriately curious, not stigmatizing and denigrative.

As we approach the holidays and think about time with our families for those of us who are fortunate. Let’s think of people whose “back home” was the start of their trajectory for acquired capability for suicide and suffering. It is rare that a person grows up in a “perfect” environment. Home life, especially during the holidays, can be a strange time for some and many may be suffering alone.

Here are some parting tips/thoughts:

- People who die by suicide often have an unknown depth of suffering
  - If you lose someone to suicide, it’s not your fault, it’s not their fault—blame the suffering, the trauma, the mental illness.

- Take care with your words
  - “Committed suicide,” perpetuates stigma and paints a person as someone who did something wrong or is guilty of a crime.
  - “Died by suicide,” accurately captures the nature of suicide and removes the blame from the individual.
- Depression is not the only risk factor
  - Suicide’s risk factors are extensive and can affect anyone, notably people with a trauma history and previous suicide behaviors.
- Knowledge is prevention
  - Be curious, empathetic, and nonjudgmental as you navigate people in your life that struggle with suicide or any of the associated risk factors mentioned.

The above suggestions are not intended to substitute for professional help. Many professionals are offering psychotherapy via secure internet video connection at this time. If you feel you would benefit from talking with a professional and would like the name of a qualified psychologist in your area, please try our [Psychologist Locator](#). You can also ask your health care professional or a trusted friend to recommend a psychologist or other mental health professional.

Additionally, a resource for someone who may be struggling with suicide is The National Suicide Prevention Lifeline (NSPL) <https://suicidepreventionlifeline.org/>  
1-800-273-TALK (8255)

#### References

Joiner, T. (2005). *Why people die by suicide*. Cambridge: Harvard University Press.