Suicide & Language: Food for Thought

Word to Consider	How it Tends to be Used	Things to Consider
Safety	Generally, when safety is discussed, it refers to whether or not a particular person is a 'risk to self or others' and requires intervention.	People often get hospitalized in the name of keeping them "safe". However, research suggests that the risk of suicide is actually highest directly *after* someone has been released from the hospital (as opposed to before they went in, etc.). This leads us to the following question: Is it most important to keep someone safe or to create environments that feel safe (or healing) enough for them to work through whatever has gotten them to this place?
Suicidal Ideation	This is common clinical language referring to someone who is thinking/talking about suicide.	Suicide is not strictly a mental health/medical concern. It is often an existential issue and a very human expression of deep pain. If we medicalize the language that we use to speak about these very human experiences, how does that contribute to a person's ability to understand and move beyond that place? (Alternate ways of saying 'suicidal ideation' are as simple as 'thinking about killing yourself' or 'thinking about ending your life,' etc.).
Suicide	Deliberate killing of one's self	The term 'suicide' was reportedly coined sometime in the 1650's. Although not strictly clinical in origins, this word has taken on a great deal of clinical weight, given that the threat of suicide is one of two primary reasons why someone might be hospitalized against their will.

Risk	Typically, 'risk' refers to assessing how likely someone is to actually try to kill themselves. Risk assessments typically lean on questions like, "Do you have a plan," and "Do you have means to act on your plan," etc.	The impulse to measure 'risk' is often hard to resist, but what's the actual impact, especially given that we know that our most common tool to mitigate risk (the hospital) often leads to higher risk in the long run. Are we just trying to control risk in the moment? Or are we looking to shift the likely outcome overall? In general, people who experience suicidal thoughts have reported feeling off-put by risk assessments and have frequently shared that the process makes them more likely to stop talking about suicide, even though talking about suicide openly is also something that they report being most helpful to moving through that place successfully.
Feeling Suicidal	This phrase is generally one of many ways that people express that they are thinking of killing themselves.	This phrase leads to the common misconception that 'suicidal' is a *feeling*. However, 'suicidal' is not a feeling. Rather, it is an expression of feelings. So, instead of accepting that statement at face value, it can be very helpful to ask, "What does that mean to you?" Sometimes, you'll learn that it means that they were trained to say that in order to get certain needs met. Other times, you may learn about the deep sadness, worries, fear, sense of desperation, etc. that underlies the statement.
Suicide Prevention	This phrase generally refers to the efforts that people, groups, or organizations may make to try and prevent people from killing themselves.	Many people get uncomfortable when this phrase gets challenged, as they are concerned that if we throw out 'suicide prevention', we are saying we don't care if people kill themselves. However, suicide prevention and efforts to support people who are considering killing themselves are not inextricably linked. Whereas 'suicide prevention' seems to imply that *I* may be responsible for *you* and your actions, it is also possible to seek to support someone through a very difficult place with*out* taking over control. As counter-intuitive as it may sound, more than one attendee of Alternatives to Suicide groups has said that knowing they have the 'out' of killing themselves is all that has reassured them enough to keep going and trying.