

**Chapter Four: Myths, Misrepresentations, and Fallacies**

**Out of This World: Suicide Examined**

Antonia Murphy

Loc 912	<b>CHAPTER FOUR</b>
Loc 913	<b>Myths, misrepresentations, and fallacies</b>
Loc 913	If we look at suicide historically,
Loc 914	For the most part, suicide is either excused, appropriated, accounted for, or reviled within a number of prevailing orthodoxies
Loc 915	religious, political, cultural, or territorial.
Loc 916	rarely simply allowed to be the human, individual experience that it is.
Loc 916	more often misunderstood, misrepresented, and treated with great suspicion within wider society.
Loc 919	Many ideas about suicide contain part truths and part understandings.
Loc 920	Reducing suicidality to a mental illness is one such example of a part truth - it can be partly helpful, partly miss the point, and partly unhelpful.
Loc 921	there remain other fallacies and myths
Loc 923	many of the statements
Loc 923	are made in order to make us feel more distant from our own connection with suicidality,
Loc 925	either by demarcating the suicidal as ill or disturbed,
Loc 926	or as misguided, selfish, oppressed, misunderstood, or dangerous within a sociological, religious, cultural, criminal, or political framework.
Loc 928	There is a really particular terror produced by suicide and a particular guilt - there but for the grace of God perhaps—because it is, actually, something we could all do and something which we can all feel drawn to
Loc 931	Suicide smashes through any pretension we may have that life is easy
Loc 932	In Europe within the Christian tradition suicide was denounced as a sin
Loc 938	as late as 1961 an unsuccessful suicide could still be sentenced as having committed an unlawful act.
Loc 944	Scriptural pronouncements on suicide in the writings of the major world religions - Catholicism, Hinduism, Islam, Judaism, are mostly admonishments against

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	taking your own life and couched either in the sanctity of life and the authority and mercy of God.
Loc 971	Individual suicide, however, is largely a secular act, not carried out under a religious banner
Loc 984	Prevalent current approaches and diagnoses attempt to reduce suicidality to a set of faulty behaviours, complex models of motivations and impulses, negative thoughts,
Loc 986	They deny or avoid the fact that suicide, as an act of killing, is underpinned by aggression turned against the self.
Loc 994	suicidal behaviour results from a complex interplay of factors,
Loc 995	Intention,
Loc 995	feelings of entrapment
Loc 996	triggered by defeat/humiliation
Loc 998	determined by
Loc 998	factors that facilitate/obstruct
Loc 999	addition, background factors (e.g., deprivation, vulnerabilities) and life events (e.g., relationship crisis),
Loc 1007	the heart of the matter
Loc 1007	the central features of the suicidal state: defeat, entrapment, constriction, etc.,
Loc 1010	two very important aspects about suicide. One: that it is an unconscious act. Two: that it is an act of aggression.
Loc 1014	The intention is to kill the self and at the same time aggress the Other.
Loc 1015	The real whammy in suicide, and what makes it so difficult to get hold of, is that, more often than not, the person does not know this herself. Usually her aggressive wishes are so deeply repressed, cut off, unknown, and, most important, felt to be unacceptable, that they are utterly repressed.
Loc 1043	The World Health Organization is extremely well placed to talk about suicide and has some excellent material available.
Loc 1044	include Preventing Suicide: A Global Imperative,
Loc 1045	<b>“Myths”</b> .

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Loc 1048	<b>Myth:</b> Once someone is suicidal, he or she will always remain suicidal.
Loc 1049	<b>Fact:</b> Heightened suicide risk is often short term and situation-specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.
Loc 1052	<b>Myth:</b> Talking about suicide is a bad idea and can be interpreted as encouragement.
Loc 1054	<b>Fact:</b> Given the widespread stigma around suicide, most people who are contemplating suicide do not know who to speak to. Rather than encouraging suicidal behaviour, talking openly can give an individual other options or the time to rethink his/her decision, thereby preventing suicide.
Loc 1057	<b>Myth:</b> Only people with mental disorders are suicidal.
Loc 1058	<b>Fact:</b> Suicidal behaviour indicates deep unhappiness but not necessarily mental disorder. Many people living with mental disorders are not affected by suicidal behaviour, and not all people who take their own lives have a mental disorder.
Loc 1062	<b>Myth:</b> Most suicides happen suddenly without warning.
Loc 1063	<b>Fact:</b> The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning. But it is important to understand what the warning signs are and look out for them.
Loc 1066	<b>Myth:</b> Someone who is suicidal is determined to die.
Loc 1067	<b>Fact:</b> On the contrary, suicidal people are often ambivalent about living or dying. Someone may act impulsively by drinking pesticides, for instance, and die a few days later, even though he would have liked to live on. Access to emotional support at the right time can prevent suicide.
Loc 1071	<b>Myth:</b> People who talk about suicide do not mean to do it.
Loc 1072	<b>Fact:</b> People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing anxiety, depression, and hopelessness and may feel that there is no other option.
Loc 1074	I would add to this two other commonly held beliefs which we often hear spoken: <b>Myth:</b> If someone survives suicide they are no longer a risk. <b>Myth:</b> Once a person has tried suicide they will not try again.
Loc 1078	<b>Fact:</b> Having tried and not completed a suicide a person can remain at very high risk. The fact of “failing” may well reinforce feelings of worthlessness and uselessness and lead to a greater suicidality.

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Loc 1080	important to take seriously their intention to kill themselves and not disregard it because it has not succeeded.
Loc 1085	I would draw particular and urgent attention to that <b>most prevalent of myths</b> , namely,
Loc 1086	that if we talk about suicide to someone we will give him the idea and put dangerous ideas into his head. This is <b>absolutely not the case</b> . If a person is a suicidal it is a great relief to be able to talk about it and to realise that someone else can bear it. This of itself is therapeutic and may even be enough to move that person from immediate danger.
Loc 1088	One of the horrendous features of suicide is isolation, becoming withdrawn from the world. Once someone has asked the person about suicide, and is prepared to listen to her, this very dangerous aspect of suicide, feeling utterly on her own with it, has already shifted.
Loc 1090	if she is not suicidal and she is asked about it there is no harm done. It may even help her formulate better what she is feeling and what state of mind she is in. It may be a relief for her to realise she is not suicidal.
Loc 1092	One of the reasons that we do not easily enter the territory of suicide with another is our fear - fear of what she might say and a fear that we will not know how to respond, together with a sense that we will have to do something about it.
Loc 1093	Another possible reason
Loc 1094	is a sort of embarrassment.
Loc 1096	talking openly, even if you are not a professional, can relieve the pressure and open up options that the person can follow up with your support.
Loc 1099	There are also other myths I would add to the WHO list, some more important than others.
Loc 1100	It is often felt that bad weather and long dark winter nights contribute to rises in suicide. But actually the evidence is to the contrary.
Loc 1102	although Christmas often brings its own pressures.
Loc 1102	seems perfectly understandable to me. Just when all around starts springing into life, the weather starts to improve, the buds burst, etc., the suicidal and depressed feel all the more frozen, left out in the cold, in contrast to the liveliness around them.
Loc 1104	At least in winter everyone retreats a bit. Spring and summer may well accentuate the feelings of isolation, remove, and despair in the suicidal mind.

Notes and highlights for

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Loc 1170	Misunderstanding is a form of rejection - "I just don't (want to) get it." But the paradox is that by "getting it", allowing it, rather than misunderstanding or dismissing it or modelling it, we are likely to do far more good and are more likely to prevent suicide.
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