



REFUTING COMMON MYTHS ABOUT SUICIDE

(English version)



Iván Vinuesa López

Since **ALL** of us are **CHANGE AGENTS**, in order to contribute one grain of sand more in the psychoeducation of **SUICIDE**, a taboo issue that represents one of the most serious public health problems today, I elaborate the present Digital Flipbook, focused on *Refuting the most common myths associated with suicidal behavior*.

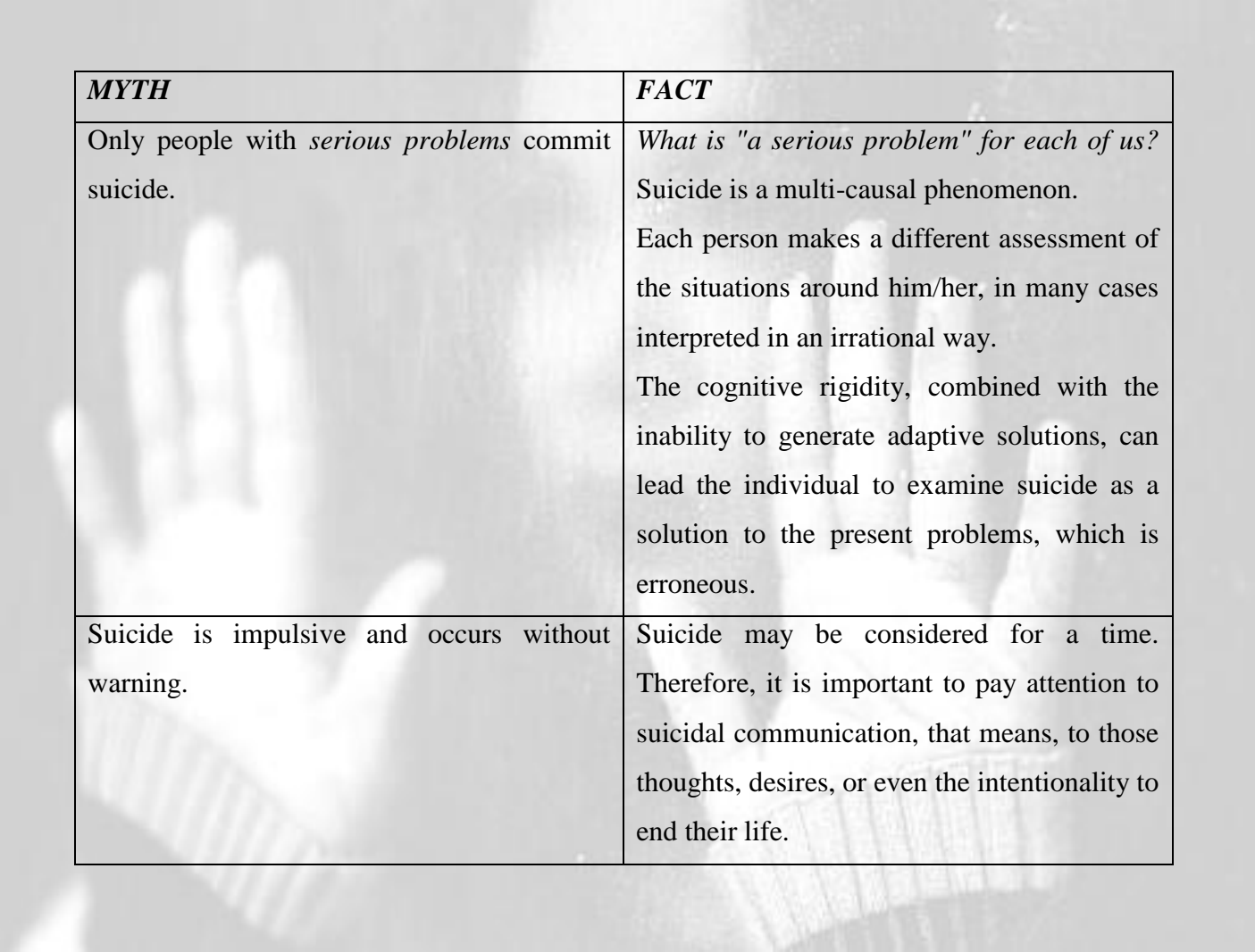
Myths represent erroneous, culturally accepted value judgments that are in contradiction with scientific evidence. Thus, the importance of correcting these myths and making the population aware that **SUICIDE IS A PREVENTABLE PUBLIC HEALTH PROBLEM**.

As an inspiration, the [“Guía para la Prevención del Suicidio en el Ámbito Sanitario”](#), published by Rebeca Alcocer Velarde (Psicólogos Princesa 81), in which other myths are mentioned.

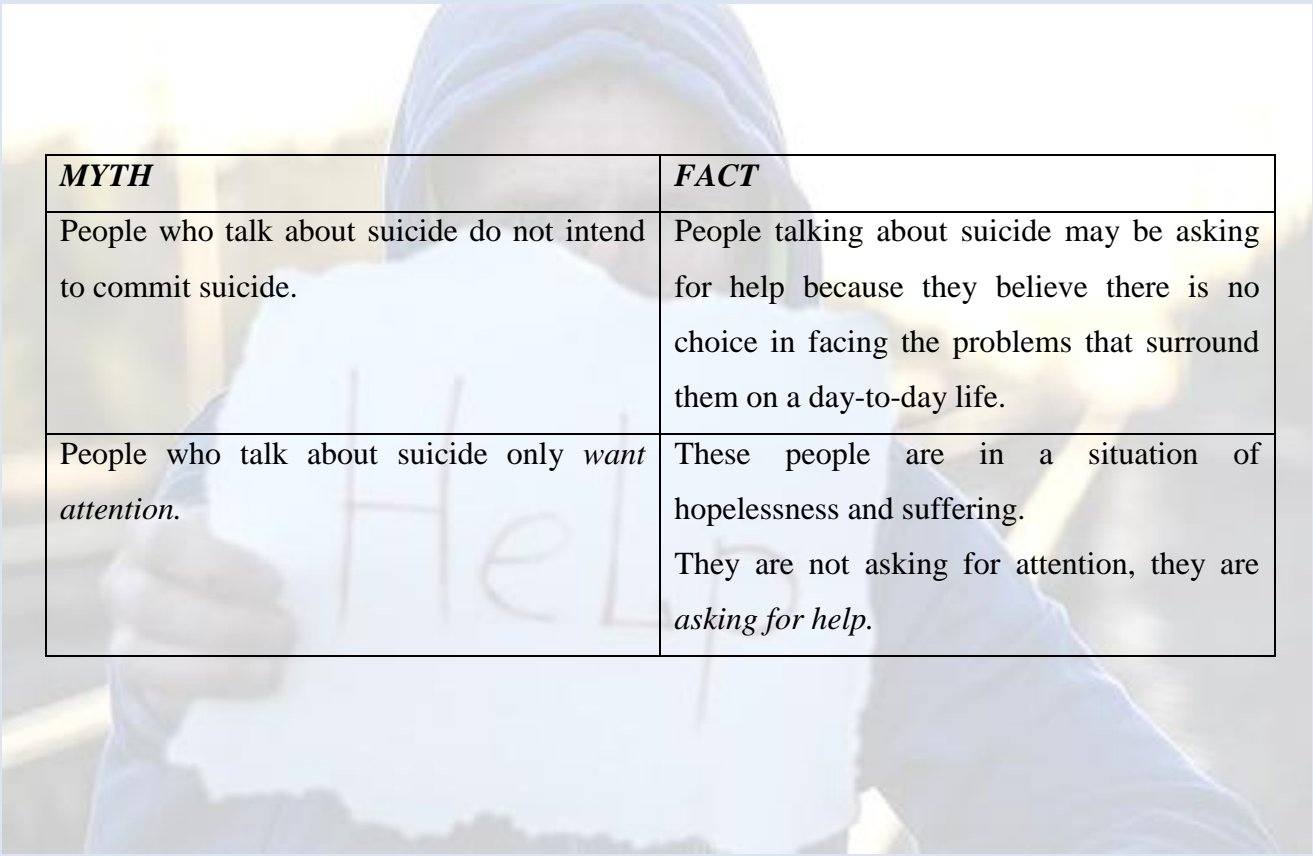
<i>MYTH</i>	<i>FACT</i>
Suicide is not a serious problem, because few people commit suicide.	<p>Around 800,000 people commit suicide each year worldwide, which would mean one death every 40 seconds. Not to mention that, for every completed suicide, there are a greater number of attempted suicides.</p> <p>This serious public health problem is associated with a high level of suffering, both in the individual who considers suicide as an alternative way of coping with the problems of his/her own life, as well as in his/her environment.</p>
Suicide cannot be prevented.	<p>Each suicide is individualized.</p> <p>However, the identification of characteristic signs and symptoms of suicidal behavior, indicative of vital distress, are decisive in its prevention.</p> <p>In the same way, knowledge about the risk, predictive and protective factors associated with suicidal behavior can facilitate its reduction.</p>

<i>MYTH</i>	<i>FACT</i>
Talking about suicide is a bad idea. It can induce a person to commit suicide.	<p>The validation of the emotional state and normalization of the situation, stimulated by the "tension" of the person who contemplates suicide, are necessary components to reduce suicidal ideation.</p> <p>This can help to generate time, contemplating other alternatives to consider such a decision, and prevent suicide.</p>
The suicidal person wants to die.	<p>The person who commits suicide wants to stop suffering, but not to die, only to live without the problems that surround him/her in his/her daily life, which usually carries a high load of suffering. That is why they contemplate death as the only way to deal with them.</p> <p>Most people with suicidal ideation communicate their thoughts to at least one person, or call a crisis telephone line, or even their family doctor, which is considered evidence of ambivalence, not of an irrevocable intention to commit suicide.</p>

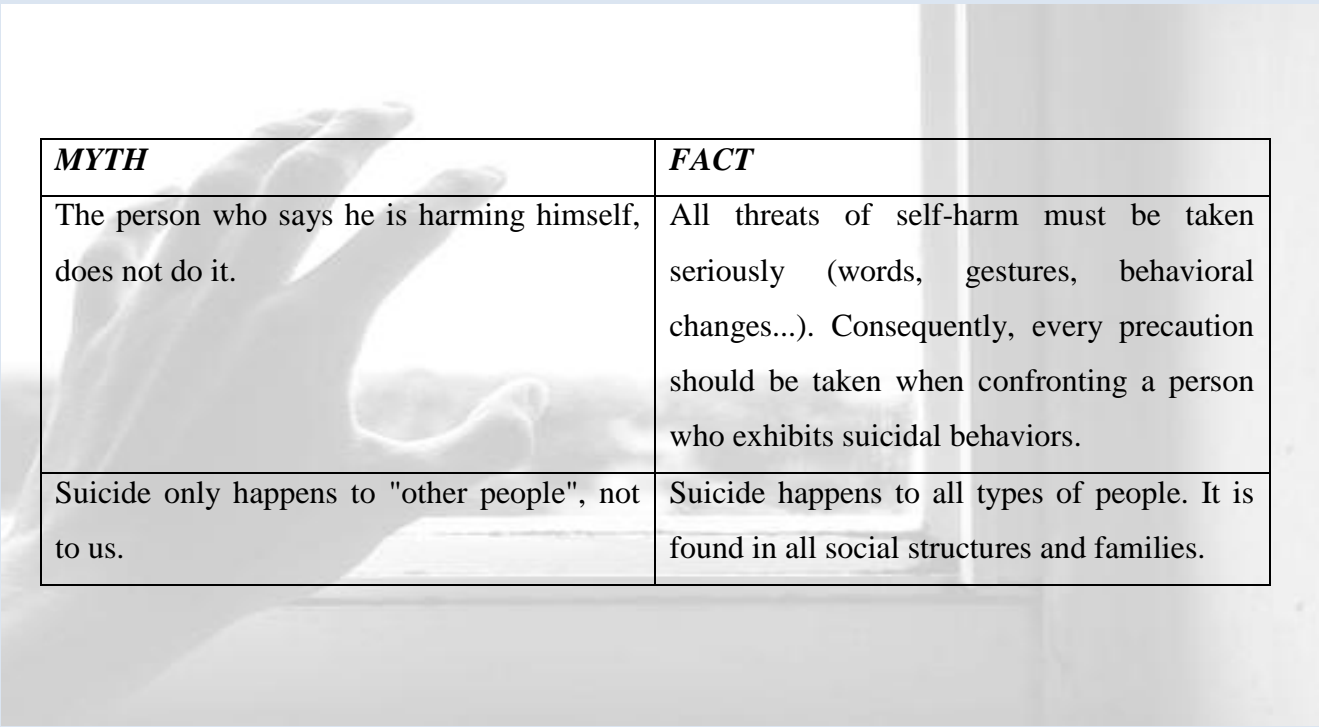
<i>MYTH</i>	<i>FACT</i>
When a person shows signs of improvement, or survives a suicide attempt, he or she is out of danger.	One of the most dangerous times is immediately after the suicidal crisis. The person is particularly vulnerable and in danger of hurting him/herself. Past behavior is prognostic of future behavior, which is why the suicidal person continues to be at risk.
People who commit or attempt suicide always suffer from a mental disorder.	The proportion of suicides related to mental disorders varies in different territories, and there are cases in which no mental disorder is evident. Although suicidal behaviors have been associated with mental disorders such as “depression, substance abuse, or schizophrenia, among others”, as well as self-destructive behaviors, this association should not be generalized.



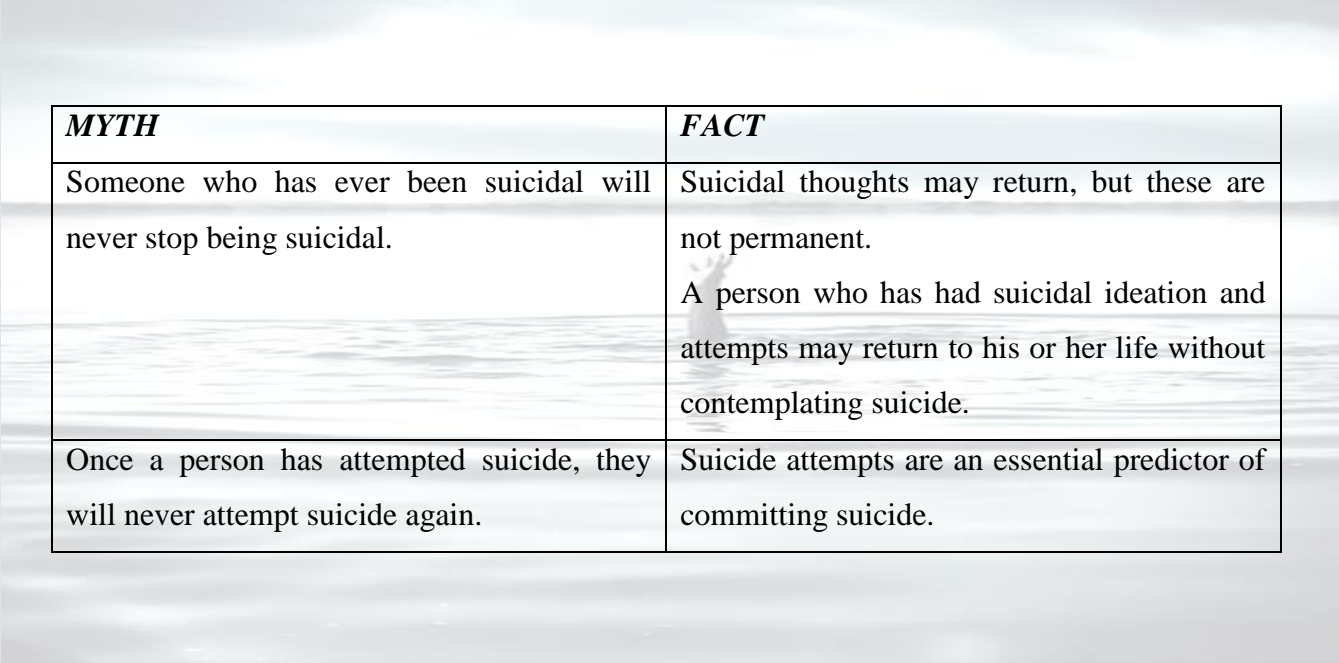
MYTH	FACT
Only people with <i>serious problems</i> commit suicide.	<i>What is "a serious problem" for each of us?</i> Suicide is a multi-causal phenomenon. Each person makes a different assessment of the situations around him/her, in many cases interpreted in an irrational way. The cognitive rigidity, combined with the inability to generate adaptive solutions, can lead the individual to examine suicide as a solution to the present problems, which is erroneous.
Suicide is impulsive and occurs without warning.	Suicide may be considered for a time. Therefore, it is important to pay attention to suicidal communication, that means, to those thoughts, desires, or even the intentionality to end their life.



<i>MYTH</i>	<i>FACT</i>
People who talk about suicide do not intend to commit suicide.	People talking about suicide may be asking for help because they believe there is no choice in facing the problems that surround them on a day-to-day life.
People who talk about suicide only <i>want attention</i> .	These people are in a situation of hopelessness and suffering. They are not asking for attention, they are <i>asking for help</i> .



<i>MYTH</i>	<i>FACT</i>
The person who says he is harming himself, does not do it.	All threats of self-harm must be taken seriously (words, gestures, behavioral changes...). Consequently, every precaution should be taken when confronting a person who exhibits suicidal behaviors.
Suicide only happens to "other people", not to us.	Suicide happens to all types of people. It is found in all social structures and families.



<i>MYTH</i>	<i>FACT</i>
Someone who has ever been suicidal will never stop being suicidal.	Suicidal thoughts may return, but these are not permanent. A person who has had suicidal ideation and attempts may return to his or her life without contemplating suicide.
Once a person has attempted suicide, they will never attempt suicide again.	Suicide attempts are an essential predictor of committing suicide.

REMEMBER...

“Suicide is no one's fault, but it is everyone's responsibility...”

- Pedro Martín-Barrajón

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- ➔ World Health Organization (WHO). (2006). *Prevención del suicidio: recurso para consejeros*.
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- ➔ World Health Organization (WHO). (2014). *Prevención del suicidio: un imperativo global*. Washington, DC: Organización Panamericana de la Salud, OPS.
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