Language matters: What's wrong with saying 'committed suicide?'

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Consciously choosing empathetic messaging helps open doors with patients thinking about suicide. Language subtly reflects our own attitudes and influences, even when we don't intend to communicate them. It also shapes how people think about their ideas and feelings and how others will react to them.

Language that takes the blame for suicide away from the patient and aligns it with other health conditions decreases the stigma that comes with mental health conditions. The term "committed suicide" goes back to when suicide was considered illegal and immoral, associating it with committing murder or adultery. When we refer to death from a disease, we don't say, "committed to cancer," or "committed to heart failure."

In addition, take a straightforward approach when talking to patients about suicide. Instead of buffering the topic with vague language, be direct. Ask the patient, "Have you thought about killing yourself?" instead of softer terms, like harming or hurting yourself. As a therapist, when I started asking patients more directly, it made the conversation more personal and real, which reverberated with patients, reflecting what they had been thinking.

Starting the work of language choice with colleagues and through your own inner dialogue. Some key terms to focus on are:

Say…	Instead of…
Died of suicide	Committed suicide
Suicide death	Successful attempt
Suicide attempt	Unsuccessful attempt, suicidal gesture
Person living with suicidal thoughts or behavior	Suicide ideator or attempter
Suicide	Completed suicide
Increasing drug/alcohol use; talking about wanting to die/being a burden; self-harm (describe the behavior)	Manipulative behavior, cry for help

For further information on appropriate language choice, review this information from the Centre for Addiction and Mental Health (CAMH).