Talking About Suicide, Asking the Question

A 2002 review found there is little literature either supporting or refuting the belief that asking about suicidal intent does not have a subsequent effect on rates of attempts (Hall, 5). Another review found that although it is commonly asserted that encouraging people to talk about suicide is not harmful, there is no scientific evidence to support this assertion. Additionally, no evidence was found that suggested talking about suicide has either a positive or negative effect on actual suicide rates or treatment seeking (Gordon & Angus, 2007: 10).

Whether we should talk about suicide and ask individuals about their suicidality remains a challenging issue. This SIEC Alert will outline some of the reasons given for asking - or not - as well as briefly referencing literature on whether people want to be asked, and newer research on this still contentious topic.

Why Not Ask or Talk About Suicide

There are any number of reasons why people may not be asked if they are thinking about suicide and why there may be reluctance to present education programmes in which suicide is the topic or one of the topics of discussion. These can be usefully grouped into the following themes:

Fear of Suggesting or Planting the Idea of Suicide
- Studies from various countries and throughout time indicate lay persons, caregivers, and gatekeepers are sometimes reluctant to ask about suicide or will not ask at all because they fear doing so will trigger thoughts of suicide or suicidal behaviours or heighten existing suicidal feelings (Feldman et al, 2007: 416; Meerwijk et al, 2010: 72; Jobes, 1995: 5; Dyck, 1991: 42; Gould et al, 2005: 1636; Stoppe et al, 1999: 196; Bonner, 1987: 8; Arya, 1998: 29; Murphy, 1969: 724; Overholser et al, 1989: 925; Ross, 1980: 242).

Normalization of Suicidal Behaviours/Desensitization
- There are concerns that talking about suicide may inadvertently serve to normalize suicidal behaviours and desensitize attitudes toward suicide (Dyck: 42; Chambers et al, 2005: 136).

No Reason to Ask
- Some health care professionals may not ask about suicide in the absence of signs of suicidality or a reason to ask (Meerwijk et al: 70; Stoppe et al: 196).

Uncertainty of How to Respond/Inadequate Training/Knowledge
- Suicidality may not be explored if there is uncertainty of: how to respond to an affirmative answer; if the person asking feels they have inadequate knowledge or training to respond; or if they are unaware that asking about suicide is helpful (Feldman et al: 416; Stoppe et al: 197; Lawrence & Ureda, 1990: 167; Frankenfield et al, 2000: 163; Tatarelli et al, 2005: 209).

Reluctance to Disclose/Confidentiality
- It is not only caregivers who may be reluctant to talk about suicide. Patients may also be hesitant to bring up the subject, sometimes due to fears of breaches of confidentiality (Frankenfield et al: 163; Glatto & Rai, 1999: 1502).

Why Ask and Talk About Suicide

Perhaps the most fundamental argument in favour of asking about suicide is because “it is the suicidal person who knows best why suicide is being considered” (Bonner: 12). Some authors assert asking about suicide is the most important or helpful thing a caregiver can do (Feldman et al: 416; Bonner: 12; Ross: 242).

Jobes says there can be no risk assessment without somehow asking if the individual is suicidal and states it is “better to err in the direction of asking about suicide” (p.5). There is low risk in asking someone who is not suicidal (Lawrence & Ureda: 167); the risk that may exist in asking is outweighed by the knowledge gained (Murphy, 1975: 304).

Recurring motivations given for talking and asking about suicide, include:

Asking Provides Relief

Increasing Public and Personal Awareness
- Responsible public awareness campaigns can help to increase knowledge of the incidence of suicide, educate about warning signs, and provide information on accessing services and help (Higgitt: 2000: 18; Biblarz, 1992: 3). Providing factual information to adolescents and depicting suicide as a tragedy may also serve to minimize the risk of contagion and increase its prevention (Dyck: 42).

People Already Know About or Have Considered Suicide
- Research from Quebec indicated about half of the children studied knew about suicide through media coverage, particularly depictions on television, conversations with older children, or because they had been bereaved by suicide (Mishara, 2003: 128). Many adolescents are already familiar with the subject of suicide and/or know someone who has attempted or died by suicide (Dyck: 42). A person with depression may have already considered suicide as an option; discussion will help sort through problems (Tatarelli et al: 210).

Not Asking May Increase Suicide Risk
- If suicidal intent has been communicated, it would seem counterproductive not to respond for fear of suggesting suicide (Ross: 242). If a person-at-risk feels other people may know of their suicidality but fear asking, this could intensify their feelings of despair and helplessness and, unintentionally, push them closer to a suicide attempt (Capuzzi: 112).

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Do People Want to be Asked About Suicide? Do They Want to Talk About Suicide?

Frankenfeld and her colleagues cite evidence that adolescents and parents alike desire to discuss psychosocial problems with their primary care provider (p.163). In another study, even though the suicidal patients more frequently indicated it would be difficult to discuss mental health issues with the doctor, almost all of the patients felt their physicians should ask about emotional health problems (Zimmerman et al, 1995: 574).

Other studies have found if given the opportunity or asked directly, individuals will provide information about their suicidality (Arya: 29; Doyle: 396; Murphy, 1969: 724; Murphy, 1975: 304). In a pilot study testing a nursing guideline, it was observed that speaking about their suicidality was not easy for patients but they appreciated the opportunity to do so (Meerwijk et al: 70).

Moving Forward

Newer studies are providing some encouragement that talking and asking about suicide may not be inherently harmful:

- Research by Gould et al indicated no iatrogenic effect of screening questions that asked high school students about suicide. Being asked about ideation or behaviours seemed to have been beneficial for students with depressive symptoms or previous suicide attempts (p.1641).

- No short-term iatrogenic effects were seen among subgroups of suicidal viewers and suicide survivors, compared to controls, in a study examining the impact of a prevention program that used video-based media (Bryan, Dhillon-Davis, & Dhillon-Davis, 2009: 628).

Sources and Resources


Gordon, R., & Angus, K. (2007). Review of literature to identify whether encouraging people to talk about suicidal feelings is associated with any known/identified positive or negative outcomes and to identify any similar/relevant awareness raising/social marketing campaigns and their impact. Stirling, Scotland: ISM. Institute for Social Marketing, University of Stirling.


