
 **SPRC**

## WHAT'S IN A NAME?

### The Language of Suicidology

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 **SPRC** THE CHALLENGE

IN ORDER TO UNDERSTAND, ASSESS, TREAT, PREDICT OR PREVENT SUICIDE OR SUICIDAL BEHAVIORS, WE MUST BE ABLE TO:

1. ACCURATELY SPECIFY THE TYPES AND THE SUBTYPES OF SUICIDE AND SUICIDAL BEHAVIORS (NOMENCLATURE)



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 **SPRC** WHAT IS A NOMENCLATURE?

A set of commonly understood, widely accepted, comprehensive terms that define the basic clinical phenomena of suicide and suicide-related behavior

- Based on a logical and minimum set of necessary component elements that has utility (can be applied)
- Purpose is to facilitate communication among clinicians, researchers, and public health practitioners



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 **GOALS OF A NOMENCLATURE**

- Clarity of communication
- Comparability to existing terms
- Mutually exclusive terms that encompass the entire spectrum of suicidal behaviors
- Theory neutral (applicable across all theoretical perspectives)
- Culturally normative (avoids cultural beliefs, judgments, values)
- Can be replicated in different settings or populations



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 **Defining "Suicidal"**

WHAT DOES "SUICIDAL" MEAN?

Ideation?  
Intent?  
Motive?  
Plan?  
Attempt?



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 **NATIONAL COMORBIDITY SURVEY (1990-92)**

13.5% REPORTED LIFETIME IDEATION  
3.9% REPORTED LIFETIME PLAN  
4.6% REPORTED LIFETIME ATTEMPT

ARE THEY ALL "SUICIDAL"?  
DO THEY ALL NEED TREATMENT?



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 CDC's YRBS 2003

16.9% SERIOUSLY CONSIDERED ATTEMPTING SUICIDE  
 16.5% MADE A PLAN  
 8.5% ACTUALLY ATTEMPTED SUICIDE

ARE THEY ALL "SUICIDAL"?  
 SHOULD THEY ALL BE TREATED?



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 SUICIDE

WE DIDN'T DO SO WELL WITH "SUICIDAL," BUT, AT LEAST WE KNOW A SUICIDE WHEN WE SEE ONE...

OR DO WE?



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 6 DEFINITIONS OF SUICIDE (Maris, et al. 2000)

**TABLE 2.1. Definitions of Suicide**

Definition	Source	Year	Page
Suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which in some way produces this result. (Psychological)	Emile Durkheim	1897	44
Currently in the Western world suicide is a conscious act of self-inflicted mutilation, free expression of an unbalanced nature in a suicidal individual who differs in some fundamental respects from the non-suicidal person and the non-suicidal. (Psychological)	Elmer S. Streibman	1961	201
The definition of suicide has four dimensions: (1) a suicide has taken place only if a death occurs, (2) suicide is of one's own doing, (3) the agency of suicide can be active or passive, and (4) suicide intentionally ending one's own life. (Philosophical)	David J. Mayes	1962	82, 91
Suicide is (1) a matter of self-will involving harmful or self-harmful acts, (2) a matter of the will either involving pain or the risk to be killed, and (3) the risk of self-harm involving legal consequences. (Psychiatric/Psychological)	Karl Menninger	1938	21-23
Suicide denotes all behavior that seeks and finds the solution to an existential problem by making an attempt on the life of the subject. (Existential)	Jean Beckler	1979 (1975)	11
A suicide is a kind of self-inflicted life-threatening act without apparent intent to harm, mutilate or to have consequences lethality and death. (Legal)	Joseph H. Davis	1981	38



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**SPRC 8 DEFINITIONS OF SUICIDE**  
(De Leo, et al 2004)

**Table 1** Frequently reported definitions of suicide.

"All cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result" (Durkheim, 1897/1951).

"All behaviour that seeks and finds the solution to an existential problem by making an attempt on the life of the subject" (Easchler, 1980).

"Suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a sensible individual who defines an issue for which suicide is perceived as the best solution" (Shneidman, 1985).

"Death arising from an act inflicted upon oneself with the intention to kill oneself" (Rosenberg et al., 1988)

"Self-initiated, intentional death" (Ivanoff, 1989).

"The definition of suicide has four elements: 1) a suicide has taken place if death occurs; 2) it must be of one's own doing; 3) the agency of suicide can be active or passive; 4) it implies intentionally ending one's own life" (Mayo, 1992).

"Suicide is, by definition, not a disease, but a death that is caused by a self-inflicted intentional action or behaviors" (Silverman & Maris, 1993).

"The act of killing oneself deliberately initiated and performed by the person concerned in the full knowledge or expectation of its fatal outcome" (WHO, 1998).




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**SPRC CDC DEFINITION (1988)**

**SUICIDE**

"Death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) that the injury was self-inflicted and that the decedent intended to kill himself/herself."




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**SPRC THE OCDS MODEL**

Operational Criteria for the Determination of Suicide (OCDS)

Suicide = (1) death (lethal outcome) as the result of injury, poisoning, or suffocation which is both (2) self-inflicted (agent), and (3) intentionally inflicted (awareness of outcome)

Established clear definition of the component evidential elements that are necessary for a certification of suicide

Requires judgment based on explicit or implicit evidence; but when evidence is not present, judgment allows for certification of accidental death; death of unknown cause

\*\*Neither operationalized nor a classification scheme\*\*

Rosenberg et al.(1988)




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SO, HOW ARE THESE 11  
DEFINITIONS OF SUICIDE:

THE SAME?

OR DIFFERENT?



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 SPRC SHARED ASPECTS

- KEY SHARED ASPECTS
  1. outcome of the behavior (death)
  2. agency of the act (self-inflicted)
  3. intention to die in order to achieve a different status
  4. consciousness/awareness of the outcome

De Leo, et al (2004)



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 SPRC DIFFERENCES

- KEY DIFFERENCES:

Theoretical Orientation  
(psychology, sociology, etc.)

Cultural Influences (beliefs,  
value systems)



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 **THE CDC'S NASH CLASSIFICATION**

Table 3  
Schematic of "NASH" Classification Used by Coroners and Medical Examiners in Certifying Manner of Death

Manner of death	Due to injuries, poisoning, or suffocation?	Intentionally inflicted? (if so, by whom?)
Natural causes	No	-
Accidents	Yes	No
Suicide	Yes	Yes, by self
Homicide	Yes	Yes, by others



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 **SUICIDAL BEHAVIORS**

OK, SO WE DIDN'T DO SO WELL WITH DEFINING "SUICIDE" EITHER, BUT

AT LEAST WE KNOW SUICIDAL BEHAVIORS WHEN WE SEE THEM.....



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 **THE VIEW FROM HERE**

SOME OF THE COMMONLY USED CONCEPTS TO DESCRIBE THE SUICIDAL PROCESS - AND THE SYNONYMS I'VE ENCOUNTERED ALONG THE WAY:

THE CONCEPTS:

- Suicide ideation
- Suicide intent
- Suicidal behaviors
- Suicide attempt
- Suicidality



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 **IDEATION**

- Suicidal Ideation
- Suicidal Thoughts
- Suicidal Preoccupations
- Contemplating Suicide
- Considering Suicide
- Prone to Suicide
- Morbid Ruminations
- Suicidal Flashes



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 **INTENT**

- Suicide Intent
- Suicidal Inclinations
- Suicide Wish
- Death Wish
- Suicide Desire
- Suicidal Tendencies
- State of Suicidality
- Expression of Suicidality



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 **SUICIDAL BEHAVIOR**

- Suicide Threat
- Suicide Gesture
- Deliberate Self-Harm
- Unintentional Self-Harm
- Self-Destructive Behavior
- Self-Injurious Behavior
- Life-Threatening Behavior
- Self-Harm Behavior
- Suicide-Related Behavior
- Self-Directed Violence
- Parasuicide

SAME OR DIFFERENT? 

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 CDC's DEFINITION OF SELF-HARM

SELF- HARM, confirmed or suspected:  
Injury or poisoning resulting from a deliberate violent act inflicted on oneself with the intent to take one's own life or with the intent to harm oneself. This category includes suicide, suicide attempt, and other intentional self-harm.



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 DELIBERATE SELF-HARM (DSH)

An act with a non-fatal outcome in which an individual deliberately initiates a non-habitual behavior that, without intervention from others, will cause self-harm or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage and which is aimed at realizing changes which the subject desired via the actual or expected physical consequences.

WHO/EURO Multi-Centre Study on Parasuicide, 1992



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 QUALIFIERS/MODIFIERS

- Active vs. Passive
- Acute vs. Chronic
- Imminent vs. Short-Term vs. Long-term
- Low vs. Medium vs. High
- Mild vs. Moderate vs. Severe
- Unlikely vs. Likely
- Absent vs. Present
- Recent vs. Remote



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 **QUALIFIERS/MODIFIERS II**

- Direct vs. Indirect
- Probable vs. Possible vs. Uncertain
- Overt vs. Covert
- Active vs. Casual
- Persistent vs. Transient
- Serious vs. Non-Serious
- Accidental vs. Deliberate
- Lethal vs. Near Lethal vs. Non-Lethal



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 **OUTCOMES OF SUICIDAL BEHAVIOR**

- Near Lethal Attempt
- Near Lethal Self-Harm
- Non-Lethal Suicide Attempt
- Near Lethal Completion
- Near Lethal Suicide
- Failed Suicide/Completion
- Failed Attempt
- Aborted Suicide Attempt

SAME OR DIFFERENT?



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 **OUTCOMES OF SUICIDAL BEHAVIOR II**

- Accidental Suicide
- Accidental Death
- Completed Suicide
- Suicide

SAME OR DIFFERENT?



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 **SPRC** TERMS TO BE DELETED?

- COMPLETED SUICIDE = Connotes SUCCESS
- ATTEMPTED SUICIDE = Connotes a FAILURE
- COMMITTED SUICIDE = Connotes a CRIME



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 **SPRC**

AND WHILE WE ARE AT IT.....

HOW ABOUT.....**SUICIDALITY??**



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 **SPRC** WHAT DO WE MEAN BY SUICIDALITY?

- Suicidal Ideation?
- Suicidal Intent?
- Suicidal Motivation?
- Suicidal Statements?
- Suicidal Threat?
- Suicidal Gesture?
- Suicidal Attempt?
- Suicidal Proneness?
- State of Being Suicidal?
- Expression of Suicidal Proclivity?



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 WELL, YOU MIGHT ASK, WHY CAN'T WE JUST DECIDE ON ONE SET OF TERMS (and one set of definitions)? 

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 OBSTACLES TO CONSENSUS 

- Establishing/Measuring Intent (objective vs. subjective)
- Establishing/Measuring Motivation (reasons)
- Establishing/Measuring Lethality
- Relying on Observed vs. Inquired vs. Obtained Data

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 OBSTACLES TO CONSENSUS II 

- Risk-Taking vs. Self-Destructive vs. Suicidal Behavior
- Clinical Judgment vs. Checklists vs. Scales
- Deliberate Self-Harm vs. Suicide Attempt

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## OBSTACLES TO CONSENSUS - III

- Roles of Psychiatric Diagnosis vs. Psychological Perturbations (psychache) vs. Emotional Reactivity (Impulsivity) vs. Biology
- Clarifying Contributions of State vs. Trait Factors




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## OBSTACLES TO CONSENSUS - IV

DO DIFFERENT AUDIENCES DICTATE DIFFERENT DEFINITIONS?  
 DO DIFFERENT AUDIENCES NEED DIFFERENT DEFINITIONS?  
 DO DIFFERENT AUDIENCES USE THE SAME LANGUAGE?

- Health Care Providers (Clinicians)
- Mental Health Practitioners
- Coroners/Medical Examiners
- Epidemiologists/Statisticians
- Researchers
- Government Officials/Legislators

EVERYONE HAS THEIR "FAVORITE" PHRASES.  
 CAN ONE NOMENCLATURE "FIT ALL" ?




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## WE ARE NOT ALONE

**BINGE DRINKING**

- For men, 5 or more drinks in a row at least once in the past 2 weeks
- For women, 4 or more drinks in a row.....

**HEAVY DRINKING**


- For men, 5+ drinks in a row – at least once in a 2-week period
- For women, 4+ drinks in a row.....

**HEAVY DRINKER**

- Infrequent Heavy Drinker (1 or 2 times/week)
- Frequent Heavy Drinker (3 or more times/week)

**NON-HEAVY DRINKER**

- Consumes alcohol but does not drink heavily




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 **WHAT'S A DRINK?**

- BOTTLE OF BEER (12 oz.)
- GLASS OF WINE (4 oz.)
- WINE COOLER (12 oz.)
- SHOT OF LIQUOR (1 oz.)



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 **"RESPONSIBLE DRINKING"**

- Definition
  - None
  - Consumption or consequences?
  - Same as "designated driver"?
- Disadvantages
  - Not a real guideline
  - Implicitly blames alcohol problems on the drinker
  - Appropriated by the alcohol industry to encourage others' drinking behavior
  - If you are a "responsible drinker" – then is it OK to drink?



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 **O'CARROLL, et al (1996)**

**Beyond the Tower of Babel: A Nomenclature for Suicidology**

Patrick W. O'Carroll, MD, MPH, Alan L. Berman, PhD,  
 Ronald W. Maris, PhD, Eve K. Moscicki, ScD, MPH,  
 Bryan L. Tanney, MD, and Morton M. Silverman, MD

Suicidology finds itself confused and stigmatized for lack of a standard nomenclature. This paper proposes a nomenclature for suicide-related behavior in the hope of improving the clarity and precision of communications, advancing suicidological research and knowledge, and improving the efficacy of clinical interventions.



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 **PROBLEMS WITH O'CARROLL et al.**

- Instrumental Suicide-Related Behavior – NO GO!!
- Non-Zero Intent – too broad; too vague
- Suicide Act – too broad a construct
- Doesn't include Deliberate Self-Harm – popular European term; seems to be more descriptive and understandable



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 **REVISED NOMENCLATURE – DRAFT II**

SUICIDE-RELATED THOUGHTS AND BEHAVIORS

II. Suicide-Related Thoughts and Behaviors

C. Suicide-Related Behaviors (DSH?)

1. with no suicidal intent (Suicide Gesture)
  - a. without injuries (Suicide Gesture Type I)
  - b. with injuries (Suicide Gesture Type II)
  - c. with fatal outcome (Accidental Death)
2. with some suicidal intent (Suicide Attempt)
  - a. without injuries (Suicide Attempt Type I)
  - b. with injuries (Suicide Attempt Type II)
  - c. with fatal outcome (Suicide)



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 **REVISED NOMENCLATURE – DRAFT II**


A. Suicide-Related Ideations

B. Suicide-Related Communications

1. Suicide Threat
2. Suicide Plan

C. Suicide-Related Behaviors (DSH?)

1. Suicide Gesture (no intent)
  - a. Suicide Gesture Type I (no injury)
  - b. Suicide Gesture Type II (injury)
  - c. Accidental Death (fatal outcome)
2. Suicide Attempt (intent)
  - a. Suicide Attempt Type I (no injury)
  - b. Suicide Attempt Type II (injury)
  - c. Suicide (fatal outcome)



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**SPRC REVISED NOMENCLATURE – DRAFT II**

NOMENCLATURE FOR SUICIDE-RELATED BEHAVIORS		Intent to Die by Suicide	OUTCOMES		
			NO INJURY	NON-FATAL INJURY	DEATH
NON-SUICIDAL ACT	WITH NO SUICIDAL INTENT WITHOUT INJURIES <i>SUICIDE GESTURE – TYPE I</i>	NO	✓		
	WITH INJURIES <i>SUICIDE GESTURE – TYPE II</i>	NO		✓	
	WITH FATAL INJURIES <i>ACCIDENTAL DEATH</i>	NO			✓
SUICIDE-RELATED BEHAVIORS	WITH SUICIDAL INTENT WITHOUT INJURIES <i>SUICIDE ATTEMPT – TYPE I</i>	YES	✓		
	WITH INJURIES <i>SUICIDE ATTEMPT – TYPE II</i>	YES		✓	
	WITH FATAL INJURIES <i>SUICIDE</i>	YES			✓

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**SPRC NEXT STEPS FROM NOMENCLATURE TO CLASSIFICATION**

- Define terms
- Operationalize terms/definitions (provide examples)
- Refine scales: intent; motivation; lethality
- Develop coding forms; instructions; training manuals
- Test for inter-rater reliability
- Field test for validity (in different populations)
- Disseminate nomenclature
- Develop classification system
- Measure interventions (targeted to well-defined populations at risk)

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**SPRC A CAUTIONARY NOTE**

“All suicide classification and nomenclature systems are, to a greater or lesser extent, flawed; and all, or almost all, have points that are well or uniquely taken.”

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