Abstract: To better understand the nature, expression and purpose of verbalized suicide warning signs, this paper explores suicidal communications within the context of linguistics, Politeness Theory and anthropological studies on how human relationships are sustained and maintained through the use of culturally agreed to patterns of speech and language. This paper further proposes that the current consensus list of suicide warning signs may be inadequate to the task of educating the millions of citizen Gatekeepers needed to recognize and respond effectively to suicidal persons with whom they come into contact. Signal Detection Theory will be proposed as a robust research model to study the recognition of verbalized suicide warning signs. The results of which could provide an evidence base for which warning signs should be taught to Gatekeepers to be culturally competent in the recognition of the verbal expressions of suicidal desire and intent that frequently precede a suicide attempt.

No misery can long be kept secret.
Welsh Proverb

Several questions can be asked about verbal suicide warning signs. What forms of language are used? What words? What syntax and sentence structure? If some suicidal communications constitute threats made to control a relationship, how do these differ from simple statements of intent? If they do differ, do they also differ in terms of direct or indirect forms of speech? Is there a difference between a suicide threat and a statement of a desire to be dead? Are verbal suicide warning signs most frequently presented clearly or are they intentionally disguised by innuendo, hints, indirect statements, phrased in oblique language and, if so, why?

To the degree language has power and is a reflection of thought, what is the shape and form of the speech used by suicidal persons to communicate with those around them, and to what ends? Do suicidal people send verbal warning signs to loved ones
differently than to, say, their physician or hairdresser? If suicide warning signs go unrecognized by adults in the general public, why is this so? Do people from different cultures speaking different languages show similar or different patterns of speech when expressing suicidal intent, desire or planning?

This paper addresses several unanswered and unexplored questions about verbal suicide warning signs. The reason for this hypothesis-generating exploration is obvious. Suicide warning signs are widely taught around the globe as part of a simple recognition, intervention and referral public health model to train “Gatekeepers” to help identify expressed suicidal thoughts and feelings that typically precede fatal or non-fatal suicide attempts. The purpose of this paper is to generate research interest in, and studies of, suicidal communications so that the verbal suicide warning signs taught to the public might enjoy greater scientific validity and reliability and prove accurate markers for suicidal crises which may, if left unattended, lead to premature death by suicide.

**Background**

Early in suicide prevention research investigators documented the presence of verbal, behavioral and situational “clues” or “warning signs” which observers reported to have witnessed prior to suicide completions (Miller, 1978; Osgood, 1985; Shneidman, Farberow, & Litman, 1970, Shneidman, 1996). Among these warning signs were verbal statements which were later interpreted to have expressed suicidal intent, desire, hopelessness or planning. The founders of modern Suicidology framed these verbalizations as a “cry for help” (Farberow and Shneidman, 1961). Others have attributed motives to these communications ranging from warning others of a pending adverse event, to attempting to hold onto a relationship, to a purposive act intended to bring about a change in the behavior of others (Robins et al., 1959; Rubenstein et al., 1970; Richman, 1978).

The teaching of suicide warning signs has become a core component of public health educational initiatives to prevent suicide based on the premise that once suicide warning signs are recognized, positive interventions can follow and lives can be saved. A CDC-funded study of completed suicides among American public and private school students supports the need for “Gatekeeper training” in the recognition of suicide warning signs (CDC, 2004). The authors concluded, “These findings support the need for school based efforts to identify and assist students who describe suicidal thoughts…."

Included in the objectives in Goal 6 of Surgeon General of the United States National Strategy for Suicide Prevention (2001), Gatekeeper training has been a recommended intervention and is now being widely taught. Gatekeeper training is designed to train those in a strategic relationship with populations at elevated risk for suicide to recognize suicide warning signs and to then take prompt action to avert a suicide attempt.

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However, empirical support for what a suicide warning sign is has been limited (Berman, 2003). Recent articles have noted the confusion between warning signs and risk factors, as well as the problem of a lack of consensus opinion about what warning signs should be taught to the public (Rudd, et al., 2006, Mandrusiak, et al., 2006). The following definition of a suicide warning sign is offered by Rudd (2006):

“A suicide warning sign is the earliest detectable sign that indicates heightened risk for suicide in the near-term (i.e., within minutes, hours, or days). A warning sign refers to some feature of the developing outcome of interest (suicide) rather than to a distant construct (e.g., risk factor) that predicts or may be casually related to suicide.”

This is an important definition as it sets parameters for the temporal relationship between pre-suicide attempt behaviors and an actual suicide attempt or completion. Distinguishing suicide warning signs from risk factors is critical. Confuse one with the other and a quick, decisive response to a legitimate warning sign is unlikely. Owning a gun is a risk factor; talking about shooting oneself in the head with it is a warning sign. To mitigate the first requires safe gun storage practices or changes in the laws and regulations of gun ownership and treatment of suicidal gun owners. To mitigate the second requires a thoughtful, interpersonal observation and intervention which hinges on the respondent’s recognition that something the potentially suicidal person said or did requires clarification and/or confrontation.

Unlike tightness in the chest, radial arm pain and sweating (warning signs of a possible cardiac event), no similar set of reliable or universal warning signs exists for a pending suicide attempt. However, an expert consensus group has recently offered the following lists, each suggesting a more or less urgent response by the Gatekeeper (Rudd, et al., 2006):

### Consensus Warning Signs for Suicide

If any of the following are seen or heard, it is recommended to take immediate action, e.g., call 911.
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves: seeking access to pills, weapons or other means
- Someone talking or writing about death, dying or suicide

To this second list, it is recommended a mental health professional be contacted or that the person call 1-800-273-TALK.
- Hopelessness
- Rage, anger, seeking revenge

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• Acting reckless or engaging in risk activities, seemingly without thinking
• Feeling trapped, like there’s no way out
• Increasing alcohol or drug use
• Withdrawing from friends, family or society
• Anxiety, agitation, unable to sleep or sleeping all the time
• Dramatic changes in mood
• No reason for living, no sense of purpose in life

The consensus group agreed that while there is a great deal of literature on suicide risk factors, relatively few empirical studies have been completed to help determine what suicide warning signs are and how valid they are in predicting a suicide attempt, especially in the near term, i.e., in the next minutes, hours or days (Rudd et al., 2006).

While these lists of prioritized suicide warning signs are helpful, no evidence is offered to support a differential response to the first list verses the second. Interestingly, two items in the top priority list requiring “immediate action” are comprised of what appear to be verbalized suicide warning signs, such as “talking about” or “threatening to...,” whereas the second list consists of largely psychological constructs which define supposed internal states of mind. “Hopelessness,” “rage” and “feeling trapped” are, as interior states of thought and affect, meaningless to an outside observer unless some expression of these states of mind are verbalized by the suicidal sufferer.

Without evidence-based support for the actual verbal or behavioral expressions of these internal states of distress as described in list two, Gatekeepers have no external, easily-recognized “signs” upon which to initiate an intervention, but must make inferences from whatever it is they can see or hear. As examples of the actual language used to express these internal states are not presented in either list, the question remains: Exactly what verbal or behavioral warning signs do we teach Gatekeepers to recognize as legitimate indicators of near-term risk?

**Unravelling the Puzzle of Oblique Verbal Warning Signs**

A number of early researchers identified examples of both subtle and obvious verbal suicide warning signs (Miller, 1978; Osgood, 1985; Shneidman, Farberow, & Litman, 1970). These were direct quotes from persons who had died by suicide, all of whom are assumed to have been English-speaking Americans. Some authors used the word “clue” to describe verbal suicide warning signs that appeared cloaked in indirect language which, after the suicide, were interpretable in retrospect. An example of direct verses indirect statements of intent might be, “I’m going to kill myself” (a literal statement of suicidal intent), verses “I’m going to go away forever.” (a literal statement with, perhaps, an implied meaning).
Why, we might ask, don’t suicidal people just speak plainly and clearly state their intent? Why do they hint at their state of mind? Why do they beat around the bush? Why must we learn what they meant after it is too late? Is suicide such a taboo subject, such an unpleasant subject for discussion, that even suicidal people cannot express themselves clearly about their thoughts and feelings or is something else at work?

Linguists have studied what is called “mitigated speech” for some time. Much of this work grew out of what has become known as “politeness theory” (Brown & Levinson, 1987). Mitigated speech refers to any attempt to downplay or soften the meaning of what is being said to avoid the appearance of being impolite, or disrespectful to others, especially in hierarchical relationships.

In this latter context, during multiple commercial air crash investigations, psychologists analyzing black box recordings between flight crew members have found a lethal pattern of mitigated speech by junior officers to the captain preceded avoidable crashes. Basically, those second and third in command failed to speak directly about a hazardous situation (Fischer & Orasanu, 1999). Further analysis showed that the speech problems fell into three categories: status of the speaker relative to the status of the addressee, the risk inherent in the situation and the degree of “face-threat” involved in challenging a captain’s error.

Consider the following black-box recording of a conversation in the cockpit of the 1982 Air Florida that, with its wings covered in ice, was waiting for clearance to take off just before it crashed outside of Washington, DC.

FIRST OFFICER: “Look how the ice is just hanging on his, ah, back, back there, see that?”

Then:

FIRST OFFICER: “See all those icicles on the back there and everything?”

And then:

FIRST OFFICER: “Boy, this is a, this is a losing battle here on trying to de-ice those things, it (gives) you a false feeling of security, that’s all that does.”

The captain is then cleared for takeoff by the tower.

FIRST OFFICER: “Let’s check those (wing) tops again, since we’ve been setting here awhile.”

CAPTAIN: “I think we get to go here in a minute.”
Just before the plane plunges into the Potomac River, here’s the final exchange:

FIRST OFFICER: “Larry, we’re going down, Larry.”

CAPTAIN: “I know it.”

In this oft-sited finding (one of many), at no time does the first officer state in clear, unequivocal terms that there is too much ice on the wing for a safe takeoff, e.g., “We better not try this, captain. Let’s abort takeoff!”

As a result of multiple examinations of these post-crash conversations, a clear pattern of polite, indirect speech from subordinates to the captain emerges in which, to avoid face-threat critical safety information is not transmitted in clear, unequivocal language. This kind of communication failure has been identified as a "monitoring/challenging error" by the National Transportation Safety Board (NTSB) in over 75 percent of the accidents reviewed.

As a result of this linguistic research major airlines - including flight crews from foreign countries where polite speech has led to several preventable crashes - now train flight crews in how to speak bluntly and directly to the pilot about their safety concerns. (For a full review of this subject and how culture plays a role in airline safety, see Malcolm Gladwell’s book Outliers published in 2008 by Little Brown, chapter 7.)

Suicidal patients speaking to their physician, therapist, a police officer, 911 professional, employer, human resource director, or other authority figure may also use mitigated speech to communicate their suicidal state of mind. And why wouldn’t they? After all, who wants to hear that someone is considering suicide?

**Saving Face, Losing Lives**

In Goffman’s original article On Face Work (Goffman, 1967) and from which politeness theory grew, he writes, “In any society, whenever the physical possibility of spoken interaction arises, it seems that a system of practices, conventions and procedural rules comes into play which functions as a means of guiding and organizing the flow of messages. An understanding will prevail as to when and where it will be permissible to initiate talk among whom, and by means of what topics of conversation.”

In no culture studied thus far do people just blurt out in plain language what is it they want or need from someone else (Brown & Levinson, 1987). Rather, they use a unique conversational logic and language that very carefully avoids what could be interpreted
as rude or disrespectful, or that might lead to an unpleasant confrontation or face-threat.

To explore why suicidal people might use indirect language to communicate suicidal desire, intent and planning, Steven Pinker describes in his book *Stuff of Thought* the work and function of indirect speech and its necessary employment to negotiate potentially difficult areas of communication around such things as sex (Pinker, 2007). Pinker argues that, “Polite indirect speech can use any hint that cannot be pinned down as a request by its literal content, but that can lead an intelligent hearer to infer its intended meaning...”

According to Brown and Levinson (1987), politeness strategies are deployed in order to minimize face-threat. Face refers to the respect that an individual has for him or herself and which we all try to maintain while interacting with others. Most of us try to avoid embarrassing other people and will go to some lengths to avoid doing so. Politeness strategies are used to avoid making others uncomfortable and require the speaker to use hedges, vague words, innuendo and other cautionary language to negotiate the social world.

From an everyday example, imagine that you are an out-of-towner dining alone in an unfamiliar New York City restaurant and need some mustard for your hotdog. Which of the following sentence are you likely to use?

a) “Pass the mustard!”

b) “Excuse me, but could you please pass the mustard?”

c) “These are excellent hotdogs, but they would sure benefit from a little mustard.”

This last statement is made just loud enough to be heard by a stranger if the stranger “chooses” to listen. It is clear that option “a” is rude, option “b” is acceptable, and option “c” is a cleverly disguised request which can easily be ignored.

The last statement is no less a request than first two, but contains one major difference: If the stranger chooses not to “hear” or “understand” the statement, and does not pass the mustard, the speaker retains plausible deniability that no request was ever actually made, and thus the hearer cannot possibly be offended.

Even if the mustard is passed, following the ultra polite hidden request, the speaker can save face by responding to the offer of mustard, “Oh, no thanks, I didn’t need any mustard, but thanks anyway.” In this final interchange no one loses face, everyone was polite and both parties can go on eating their lunch.

Such polite language use is widely employed. “It’s too dark to read in here” is an oblique request from a speaker that a hearer to turn on the lights. “It looks like someone may have had too much drink” is preferred to you’re drunk, and the well-known mob
extortion observation, “You gotta’ a nice place here, it would be too bad if it burned down” all carry unmistakable meaning and intent. Depending on the nature of the relationship between speaker and hearer (more later), requests to trouble others for help or assistance can be carefully hidden inside polite language through the use of indirect requests, rhetorical statements and a wide range of euphemisms. The reason for going to all this trouble is that we human beings are as much about making or maintaining a good impression of ourselves with others, and protecting the face of others, as we are about getting our needs met (Allan and Burridge, 1991).

### Why Indirect Verbalised Suicide Warning Signs

Politeness theory would predict that suicidal people might well use indirect speech to broach the subject of suicide with potential Gatekeepers and rescuers, especially if the Gatekeeper were in a position of authority, for example, a parent, teacher, professor or someone’s whose respect is essential to one’s well being.

- Suicidal patient to physician after receiving a prescription: “If someone took all of this medicine at once, would it kill him?”

- Physician: “Yes, especially if taken with alcohol, but you’re going to be OK aren’t you, Fred?”

- Patient: “Of course not. I was just curious.”

The form of the patient’s rhetorical question allows plausible deniability while the doctor’s presumptive request for a denial of suicidality (tell me you are not thinking what I am thinking), allows both parties to exit the interview with face intact and the unpleasant and taboo word “suicide” need never be brought into the conversation.

This is essentially a “coded” conversation. Coded or indirect communication patterns contain two necessary elements, the literal meaning of a statement and the intended meaning. It is up to the speaker, and to the hearer, to agree to a mutual unscrambling of the coded interchange. The classic invitation to sex – “Would you like to come up and see my etchings?” - is an example where both speaker and hearer know exactly what is being proposed, but each is provided a face-saving out and the speaker has full, plausible deniability if rejected.

From training materials developed by the QPR Institute for Gatekeeper training (Quinnett, 1995) here are some other examples of polite, indirect speech in which a possibly suicidal person used a statement with both a literal meaning and possible intended meaning:
• Problem gamble caller to hotline: “I know it’s too late for me, but can you recommend a counselor for my wife?”

• Query to crisis line volunteer: “Is 24 aspirins and a bottle of vodka lethal?”

• Comment to a pharmacist: “The doctor said if I took all these at once it would kill me. It’s probably a good thing, because I can’t afford another prescription.”

• Domestic violence hotline caller: “My boyfriend says if I leave him, he’d just as soon be dead. Being dead doesn’t sound so bad to me either.”

• Older woman to a case manager: “I can’t take care of my two cats anymore, and where I’m going they can’t come. Could you please tell me where the nearest animal shelter is?”

• Teenager to a friend: “Everyone would be better off if I wasn’t around.”

• From a boy who killed himself only minutes later, the following question was put to his highly religious mother following a severe family quarrel: “Mom, do you think God has a place in heaven for a boy like me?”

In this last true and tragic case, the mother responded “yes” to the literal and rhetorical question and moments later heard the fatal gunshot from the back porch. Note that in all these examples the word suicide does not appear, yet each statement contains an indirect request for information or help, hints at a dire outcome or is a rhetorical question whose answer may have potentially fatal implications. All are noticeably polite.

If politeness is a universal human trait (Pinker, 2007) then surely polite and indirect speech bears investigation in any study of suicidal communications, not only in English but in all languages. Brown and Levinson (1987) documented a full range of polite forms of speech that closely matched those in English in both Tzeltal, the Mayan language spoken in Mexico, and Tamil, a non-Indo-European language in South India and Sri Lanka, as well as in many other languages. The framing of questions, the words used, the statements made, and in what context they occur become a critical aspect of what is taught to potential Gatekeepers in any culture.

Given the unacceptability of death by suicide in most cultures among most people, the suicidal person takes a terrible risk of being rejected and losing face if he or she is blunt in a statement of desire, intent and/or plan or if an unequivocal request for help is made and then ridiculed by the listener. Just as no teenaged boy asking a girl for a first date can deny the anticipated terror at loss of face if she says no, neither can suicidal persons deny the guilt and shame they experience if their clearly stated desire to die draws laughter.

A colleague in a college counseling center described a freshman co-ed who walked into his waiting room with both wrists bleeding profusely. Holding out her arms to the receptionist as the blood dripped onto the carpet, she said, “Excuse me, please, but I
think I need help?” The question mark is added here because, in our latest cultural version of politeness, her voice rose on the word help in classic Valley Girl uptalk, thus transforming a statement into a question in case the hearer needed even more motivation to act.

If a direct statement of intent to die by suicide is scoffed at or ridiculed by the hearer, the suicidal sufferer has no way out. There is no loophole through which to escape with face intact and no plausible deniability that what said was not what was meant. Confronted by a non-sympathetic hearer, the loss of face might even push the suicidal sufferer beyond his or her natural resistance to act on a suicide plan. However, if the statement of intent and desire is sufficiently vague and polite, and the word suicide is never mentioned, e.g., “I’m going away forever”, the hearer can elect to question the intent of the statement or not. If the hearer dismisses the intended message with, “You must be kidding”, the suicidal speaker has a face-saving escape and can respond with, “I mean, I’m moving to California.”

**Conversational Implicatures, Plausible Deniability and the Burden to Rescue**

A conversational implicature (Grice, 1975) is the means by which the speaker uses words to imply meaning without spelling out exactly what that meaning is. The speaker is counting on the hearer to “get the drift” by being intelligent enough to “read between the lines” and understand what was not said. This language is in heavy use by critics, satirists, diplomats and comedians as well as all of the rest of us. Grice argues that the language of conversation is specifically rooted in the needs of the conversational partners so that, in the end, messages are transmitted with more or less fidelity to what was intended. Grice called this the “cooperative principal,” by which means both parties adhere to certain aspects of human conversation that move the agenda forward efficiently and effectively without setting off gunshots, duels or civil wars.

Through implicatures that create plausible deniability, critics use unsaid words to make their deepest cuts. When the actor Raymond Massey played Abraham Lincoln on Broadway, the critic George F. Kaufman wrote of his performance, “Massey won’t be satisfied until he’s assassinated.” This oblique assault on Massey’s acting talents did not accuse him of being a hack and overacting, but no intelligent reader missed its meaning. Had Massey challenged Kaufman to pistols at dawn over the insult, Kaufman could have denied the intended message and stuck to the literal one.

Conversational implicatures seem perfectly designed for suicidal persons needing to talk to others about the terrible decision they are contemplating. Consider that if a suicidal person says “I’m suicidal and I’m going to kill myself” to another person, a potential burden for rescue emerges that was not there had the speaker said exactly the same
thing in a polite, indirect way, e.g., “Nothing seems worth it anymore, I can’t go on any longer”. The implied burden to assist is the same and a researchable question could be asked if suicidal sufferers appreciate the weight of the request they are making of others, whether that request is implied or plainly stated.

Unless the hearer is given a loophole through which to escape the obligation to rescue, the hearer (in most interpersonal human venues) has been charged by the suicidal person with a Good Samaritan responsibility to render assistance and attempt an intervention. Hints, understatements, idle generalizations, and rhetorical questions are all excellent substitutes for direct requests for help. Not only are they polite, but they minimize discomfort to the hearer and provide everyone a way out the dilemma.

Here are three factual statements made to loved ones or others by people who went on to kill themselves within a week.

- Church member in the middle of an ugly divorce to his pastor: “Do people who kill themselves go to heaven?”

This rhetorical question, with the implicature that the speaker may be thinking about suicide, and perhaps seeking a blessing or approval for suicide, was answered at the literal level. Had the question been asked in the context of sermon on suicide and its consequences in the afterlife, it would have been within a context that might not have raised the index of suspicion. But in this case, it was asked out of context and was, it appears, a coded suicide warning sign.

- Elderly father to an adult son while the son was visiting the father in his home to discuss nursing home placement: “Stop worrying so much about me, I’ll be going home soon.”

This statement included a request to stop worrying with the implicature that the father is going to a “home” other than one in which the conversation occurred. Home was a euphemism for death.

- Said to a ward nurse by a World War II veteran at discharge from a psychiatric hospital where he had been treated for clinical depression and suicidal ideation: “Don’t bother about me. When the going gets tough the tough know what to do”.

This D-Day veteran shot himself, in his home, five hours after discharge.

In each case the speaker used language that provided plausible deniability of his intentions had the hearer challenged the statement and asked for clarification of its intended meaning. Sadly, in each case the literal message was accepted and the burden to render assistance avoided.

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In one study on the apparent impact of clearly stating your intentions to die by suicide in direct language, Wolk-Wasserman (Wolk-Wasserman, et al., 1986) found that on interviewing significant others following the suicide attempt of an intimate other, and despite apparent clear and unambiguous statements of intent to die by suicide, family members and significant others were reluctant to act and even immobilized. The burden of rescue may have been perceived by the hearer as overwhelming.

In a step-by-step development following the communication of suicidal intent, as reported in this Swedish study, reactions of significant others included a) silence and increased tension in the relationship, b) obvious ambivalence and, in due course c), “visible indications of aggressiveness in some cases.” What was common to all significant others in all groups studied was that the most common response to a suicidal communication was “almost total silence – a verbal vacuum” followed by reports of increased tension, anxiety, evasiveness and in some cases anger and aggression.

At least in this study it appears little or no helpful dialogue followed what were later described as direct verbal expression of suicidal intent between intimate others. Since all cases were recruited from an emergency room population of attempters, no conclusions can be drawn about the potential for more favorable outcomes (e.g., averting a suicide attempt) had there been a helpful, understanding dialogue between the parties. But one conclusion seems clear. If the most common reaction to a direct verbal statement of intent to attempt suicide is silence, anger and/or avoidance, then the use of polite, indirect speech to emit verbal suicide warning signs makes even more sense.

**What Non-Suicidal People Say**

In an ongoing uncontrolled experiment involving hundreds of participants learning to teach the QPR Gatekeeper Training for Suicide Prevention (Quinnett, 1995), which includes the teaching of suicide warning signs, their purpose, meaning and importance in suicide prevention, participants are asked to form into groups of three and discuss the following questions.

- Who would you tell if you were contemplating suicide? Why? Why not? How would you tell them and in what language?
- Would you write a suicide note? Why? Why not?
- If you wrote a note, to whom would you write it?

After a small group discussion of 15 minutes a reporter for each group shares the findings. While this is a highly artificial setting and the circumstances are quite unlike those in which suicidal persons find themselves, the vast majority of participants report...
they would use indirect verbal statements of intent, not direct ones. The majority would not write a suicide note. Approximately one third state they would send no warning signs at all. When the latter group is reminded that if truly suicidal they would be suffering severe and unbearable psychological pain, a greater number of them report they would “hint” at what they were planning to do, but still not use direct, clear, unequivocal statements of intent to die by suicide.

The following list of reasons is representative of why participants say they would use indirect language:

- I’d want to see if anyone was listening.
- I’d want the person I told to care about me enough to ask what I meant.
- If they didn’t understand what I just threatened to do, perhaps they don’t really care.
- I wouldn’t tell anyone who I thought couldn’t rescue me, provided I wanted to be saved.
- If I wasn’t sure I really wanted to die, I’d want to be able to later deny what I’d said.
- I know I’ve been a big problem for them, so I wouldn’t want to force them to take notice of me.

From these selected samples, it appears that at least part of the reason participants would elect to use indirect verbal statements are twofold, 1) participants appear to experience the same classic ambivalence about the decision to die as do suicidal people, and they reflect this ambivalence in their equivocal statements of intent and, 2) participants appear to be testing a private hypothesis regarding a would-be rescuer’s willingness and ability to intervene; in which case the indirect statement becomes a “test” of commitment, competence, caring, trust and whether the hearer is willing to bear the burden of assistance.

From the interpersonal-psychological theory of attempted and completed suicide put forward by Thomas Joiner (Joiner, 2004), perhaps indirect suicidal communications are a way for suicidal sufferers to confirm or disconfirm the accuracy of their perceptions that a) one is “a burden on loved ones” and b) one no longer belongs to a “valued group or relationship.” Joiner’s arguments for these two necessary but insufficient precursors to suicide attempts and completions (being a burden and not belonging) fit well into the interpersonal communications models of politeness theory and indirect speech described here.

As a test of caring or willingness to rescue, the rejection of an indirect suicide warning sign (no query is made to clarify the intended meaning) could be interpreted by the suicidal person as proof of his or burdensomeness on others and/or lack of belonging to one’s valued reference group. Indeed, the rejection of direct or indirect verbal suicidal
communications regarding intent and desire to die could provide evidence to the suicidal sufferer that, indeed, they now have permission to proceed.

### Signal Detection Theory Applied to Suicide Warning Signs

Another way to think about polite, indirect verbal suicide warning signs in a communications context is as “weak signals.” In original Signal Detection Theory (Green & Swets, 1966) “weak signals” are those signals easily lost in background noise or mistaken for a benign event when, in fact, the signal was an important indication that something bad was about to happen. Home smoke alarms are obnoxiously loud so as to ensure the audio warning signal exceeds the threshold ambient noise of a busy household where the TV is blaring, the washing machine is running and children are playing. No alarm system is functional unless the person expected to respond to the alarm can hear or see it and knows what it means.

In discussions with people who have lost loved ones to suicide, a common report is that, yes, they knew they were having problems, but no, “I just didn’t think they were serious”. There was concern, but uncertainty. Signal Detection Theory would suggest that whatever the verbal warning signs were, they were of insufficient strength or volume to rise above the hearer’s threshold for recognition and alarm. If this analysis is correct, then we have three options:

1) Train Gatekeepers to recognize polite, indirect verbal suicide warning signs (weak signals) and to respond as robustly to these as they would to strong signals, or
2) begin a robust social marketing campaign that produces greater help-seeking behaviors among suicidal people so that warning sign recognition is not needed, or
3) train suicidal people to speak more clearly and directly about their suicidal thoughts, feelings, plans and intentions with potential rescuers as has been done with commercial airline flight crews.

As will be recalled, the National Transportation Safety Board required the training of flight crews to speak more directly to each other, use fewer implactures and refrain from polite language in the cockpit when safety warning signs were present, with a resulting reduction in air crashes. Such an intervention with suicidal persons seems unlikely unless great strides can be made in teaching help-seeking behaviors to at-risk populations.

Signal Detection Theory (SDT) helps describe how humans make decisions under conditions of uncertainty. SDT assumes that the respondent is an active decision maker and not a passive recipient of information – the very goal we hope to attain in training.
Gatekeepers. The following graphic describes how responses to a possible suicide warning sign might be sorted into hit or miss categories.

<table>
<thead>
<tr>
<th></th>
<th>Gatekeeper does not recognize</th>
<th>Gatekeeper does recognize</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Warning Sign Present</strong></td>
<td>Miss</td>
<td>Hit</td>
</tr>
<tr>
<td><strong>Warning Sign Absent</strong></td>
<td>Correct Rejection</td>
<td>False Alarm</td>
</tr>
</tbody>
</table>

Using a series of trials with Gatekeeper respondents it would be possible to establish statistical estimates of detection sensitivity to any number of variously defined examples of suicide warning signs, including direct and indirect verbal warning signs unique to different cultures and languages.

For example, on a 5-point Likert-type scale the instructions might read: People considering suicide often make statements of their intentions before they make a suicide attempt. Please rate the following possible suicide warning sign as stated by one police officer to colleague: “If they fire me I’m going to eat my gun”.

1 = not a suicide warning sign  
2 = possible suicide warning sign  
3 = probable suicide warning sign  
4 = highly probable suicide warning sign  
5 = unequivocal suicide warning sign

A list of suicide warning signs published from various sources could be evaluated for their effectiveness to trigger recognition “hits” (warning sign present) and “misses” (warning sign absent), as well as gradations of perceptual certainty above threshold from “possible suicide warning sign” to “unequivocal suicide warning sign.”

In SDT, **sensitivity** refers to how hard or easy it is to detect that a target stimulus is present from background events, whereas **bias** is the extent to which one response is more probable than another. Research on sensitivity would predict that some suicide warning signs would be obvious and easy to recognize while others would be subtle and difficult to recognize. For example, “I’m going to kill myself” is a strong signal, whereas “I don’t think I can go on any longer” may be a weak signal.

Bias refers to the probability that a Gatekeeper is more or less likely to recognize a suicide warning sign and respond in some way. The response to a warning sign, whether it is acute chest pain, a seat belt reminder beep, or a threat of suicide, has both risks and benefits. If the warning sign is a red traffic light, responding or not responding to that signal has consequences including injury or death. Failure to recognize and respond to
acute chest pain or a suicide warning sign also has consequences up to and including death.

If polite, indirect verbal suicide warning signs are, in SDT, weak signals, then culture and context becomes the “background nose” against which the signal must be detected. “I think I’ll take the spirit trail” may be a weak signal in a largely white urban culture, but a strong signal on a Native American reservation. Without sufficient knowledge of the context and culture in which the statement is made, even specific verbal suicide warning signs cannot be properly taught or learned. While there may be universal themes in verbalized suicide warning signs, the author is unaware of any specific studies exploring how these vary by culture or language.

### Why Context Matters

Verbal suicide warning signs are not sent into a vacuum. They are heard by others or why send them? When evaluating warning signs context is everything. A soldier standing guard on the front lines in a hot combat zone in Iraq is more likely to detect a weak signal (the footfall of a possible approaching enemy) than the same solider standing guard in peacetime Kansas.

From a consultation to a corporation, the author was asked by the Human Relations Director if he should take seriously the statement shouted at him by an angry and distressed employee “If you fire me you’re going to see me fly by that window!” As we sat in his office on the 10th floor, I assured him he should take the matter seriously.

The context in which a verbal suicide warning sign is detected must be factored into its likelihood of passing the recognition threshold as well as the weight and urgency it should be given when interpreted. The statement of a suicidal person who says “It’s no use going on” means one thing if said to a nurse in a hospital consultation office and something quite different if uttered to a police officer from a man sitting on the rail of a tall bridge with both legs dangling in space.

Not only must Gatekeepers be trained to recognize warning signs, but they must also understand the context in which they are detected. Using SDT to measure the effectiveness of suicide warning sign education within a variety of contextual settings would be a major step forward. Excellent statistical models for such tests are available (Abdi, H. 2007).

### Relationships and Suicidal Communications

Finally, the language suicidal people use to communicate desire or intent to others likely varies across types of relationships, just as how polite we are varies with the contexts
and persons with whom we are conversing. We might expect that a suicidal person may use different language with a friend, a co-worker, a spouse, his or her boss or with his or her doctor. Linguists have identified at least three major relationship dynamics in all societies, each requiring a different kind of speech pattern for proper interactions (Pinker, 2007). The dance of language varies within each of these types of relationship: Communal Sharing, Authority Ranking and Equality Matching.

Communal Sharing relationships are found in blood relations, extended families, tribal bands and in other kinship relationships where similar genetic material is shared. These relationships are close, warm relationships between people where trust is high but conflict not unknown. Authority Ranking relationships are defined by power, status, autonomy and dominance, as reflected in a company’s organizational chart, military rank structure and employer-employee relationships. Finally, Equality Matching relationships are defined as those in which there is reciprocity, exchange and fairness (Fiske, 1992). Your relationship to your pharmacist is an example; you give him or her money in exchange for medications.

These three types of relationships likely require varying degrees of direct and indirect speech to be successfully negotiated and, to the degree they do, there are important implications for research and Gatekeeper training. In the National Strategy for Suicide Prevention (2001) physicians and hairdressers are mentioned as possible suicide prevention Gatekeepers, yet we might presume that people use different forms of speech to communicate with each of these professionals.

It seems unlikely that a suicidal, enlisted soldier is going to communicate that he is feeling suicidal to his commanding officer but very well might send warning signs to someone of the same rank in his unit. Or, he might do both, e.g., say to his sergeant, “Please see to it that my wife gets my last paycheck”, and say to his best friend in the unit, “I’m getting out this mess and I want you have my guitar.” In the latter, a Communal Sharing relationship, the warning sign is configured for a close friend, whereas the request for the redirection of his paycheck is an administrative request in an Authority Ranking relationship.

As an example of an Exchange Relationship case, a dental patient remarked to his hygienist, “I’m going up the lake cabin this weekend, but I’m never coming back. It’s been terrific knowing you. Tell Doctor Smith goodbye for me.” A report of the patient’s suicide was published the following week in the local paper.

The commonly held notion that organizations should train Gatekeepers at mid-level and upper-level rankings, e.g., school teachers, supervisors and senior military personnel, could be would be wrong-headed if the aim is to ensure the safety of their subordinates. Until we have better research we don’t really know if suicidal people are more likely to communicate their intent to those higher up in Authority Ranking relationships or across
channels to their coworkers and colleagues, or perhaps, only to intimate others in their Communal Sharing relationships. Also, those suicidal sufferers who do communicate their desire and intent to others may use different language with different people in each type of group.

Since all cultures studied thus far appear to have these same three structural relationships between their members, an exploration of verbal suicide warning signs as transmitted in each type of relationship could prove important in training potential Gatekeepers in each of these groups. For example, research has shown that many suicidal people appear not to disclose their suicidal thoughts, intent, desires or plans to their physicians (Louma, et al., 2002). However, since we have no video tapes of these “last conversations” with healthcare professionals we do not know if polite, indirect statements were made and if these statements might have been successfully challenged for clarity of their intended meaning.

In general then, the evolving job of training Gatekeepers should include training them to recognize not only obvious verbal suicide warning signs, but polite forms of speech with suicidal implacables suggesting the need for clarification by the hearer so that the intended - not the literal -message is acknowledged and understood. The power of the clarifying question has been well documented as a source of therapeutic success in assisting ambivalent patients to elaborate on the meaning of a statement and thus better understand their own circumstances and capacity for change (Miller and Rollnick, 2002).

The following statement to a trained Gatekeeper should lead to clarifying questions: “I just don’t think it’s worth going on anymore. I’m so tired of it all. What I really need is a long, long rest. I’m counting on you to take care of my dog after Saturday.” The speaker’s statement implies desperation, hopelessness and powerlessness but does not directly state an intention to attempt suicide.

A simple logic model suggests the Gatekeeper has three options: 1) accept the literal statement and agree to take care of the dog, 2) acknowledge the literal message was heard and understood, but to ask for a retraction, e.g., “You’re not suicidal are you?” or 3) ask the speaker to clarify or “decode” the literal message so that the intended message is fully understood. If the Gatekeeper sets aside options one and two the clarifying question must then be asked. This clarifying question that decodes the intended meaning of an indirect warning sign lies at the heart of the QPR method (Quinnett, 1995).

One considered goal for all Gatekeeper training programs must be to teach potential rescuers to become comfortable with asking clarifying questions, e.g., “Are you thinking of killing yourself?” This direct, bold interrogatory instantly offers to unscramble the coded language of the suicidal person and makes a strong statement that the
Gatekeeper is, right now and at this very moment, willing and able to talk frankly about suicide.

**Summary**

This paper explores how and why suicidal people use the language they use in emitting verbal suicide warning signs to those around them within the context of politeness theory and culturally determined patterns of speech. It also addresses verbal suicide warning signs and how they may vary or change depending on the context in which they are sent, including within one or more of the three major relationship networks that appear to operate in all human societies, as well as how suicidal communications may be linguistically similar to the language used by human beings to negotiate with one another for essential needs and desires.

Also explored is how Signal Detection Theory is one theory that might be used to test a variety of hypotheses about verbal suicide warning signs to determine and better define their nature, form and recognition. Until a polite, indirect, verbal suicide warning sign laced with implication and innuendo is recognized for what it is – a literal statement with an intended meaning – it will be very difficult to train Gatekeepers to recognize and respond quickly to those suicidal persons unable to clearly state their intentions. As a result, opportunities to prevent suicide and suicide attempts will continue to be missed.

In the meantime, we should continue to recommend a liberal response bias to Gatekeepers who “believe” they may have intercepted even a weak suicide warning sign and support their attempts to clarify the communication in order assure they did not miss its intended meaning. Just as the signs of a pending heart attack may only signal indigestion, responding to any suicide warning sign will produce large numbers of false positives. But because the risk of an un-responded-to true positive may result in an otherwise preventable death, our recommendation should remain: it is better to act and be wrong than not act at all.

Finally, it is important to understand that in any communication between two people there is a margin of error between what the speaker intends and what the listener hears and understands. The words selected, voice tones, volume used, syntax and sentence structure and the contexts in which the words are delivered by the speaker all contribute to the quality of interpersonal communications. Until the stigma and taboo around the word suicide are ancient history, and unless we intend to place the responsibility on suicidal people to state their intentions in unequivocal declarative sentences, we have much research and training ahead of us.
### References


