

MYTHS AND FACTS ABOUT EATING DISORDERS (EDs) AND SUICIDE

MYTH #1

EDs are really a slow suicide.

FACT #1

EDs are characterized by a desire for thinness and to not feel rather than a desire for death.

MYTH #2

Individuals with AN are less likely to choose violent methods of suicide because these individuals tend to be harm avoidant.

FACT #2

Although individuals with AN demonstrate harm avoidant tendencies, they have become habituated to bodily damage which overrides harm avoidant nature.

MYTH #3

Individuals with EDs are more likely to die by suicide because they are medically compromised.

FACT #3

Individuals with EDs are more likely to die by suicide because they utilize more lethal means in an attempt.

MYTH #4

Individuals with EDs tend to attempt suicide because they have more selfish traits than individuals with other disorders.

FACT #4

Individuals with or without EDs who attempt suicide tend to do so to relieve their perceived burden on others, rather than as a selfish act.

MYTH #5

Individuals with EDs are more impulsive and therefore more likely to make an impulsive decision to die by suicide.

FACT #5

Most suicides are the result of long planning and deliberation--with or without an ED.

MYTH #6

The majority of people with or without EDs who have thoughts of suicide will attempt suicide at some point in their lives.

FACT #6

The majority of individuals with suicidal thoughts do not attempt or die by suicide.

MYTH #7

There is an increase of suicides around the winter holidays.

FACT #7

The most common time of the year for suicides is during the spring.

MYTH #8

Suicide attempts and self-harm are just a cries for help or to get attention.

FACT #8

Individuals who attempt suicide or self-harm are experiencing true psychological pain, are unable to articulate their pain and ask for help; they believe those actions are the answer.

Adapted from: Joiner, T. (2010). *Myths About Suicide*. Cambridge, MA: Harvard University

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