

An Etymological and Terminological Review on Suicide¹

İntihar Üzerine Etimolojik ve Terminolojik Bir İnceleme

 Nefise Ladikli⁽¹⁾,  İtir Tarı Cömert⁽²⁾

(1, 2)Fatih Sultan Mehmet Vakıf University, Türkiye

(1)nladikli@fsm.edu.tr, (2)itcomert@fsm.edu.tr

Received: 05 October 2023

Accepted: 15 December 2023

Published: 15 January 2024

Abstract: Suicide is a public health issue with legal, medical, economic, social, and individual consequences. Simultaneously, it is a multidimensional phenomenon that requires examination from psychological and sociological perspectives in terms of cause-and-effect relationships. Over the years, numerous studies have been conducted on suicide using various methods; however, there is still a need for research in predicting suicide risk and effectively preventing suicide. Theoretical groundwork is required for the execution of these studies, necessitating an understanding of definitions and terminology. This review aims to exploring the origin of suicide word specifically in Turkish and English, examining the attempts to definition, and classification the suicide phenomenon.

Keywords: Suicide, Etymology, Terminology, Suicidal Behavior, Mental Health

Özet: İntihar hukuki, tıbbi, ekonomik, sosyal ve bireysel sonuçları olan bir halk sağlığı sorunudur. Aynı zamanda psikoloji ve sosyoloji perspektifinden neden-sonuç ilişkileri bağlamında incelenmeye ihtiyaç duyan, çok boyutlu bir olgudur. İntihar üzerine yıllar içerisinde çok sayıda ve farklı yöntemlerle çalışmalar yürütülmüş olmakla beraber, intihar riskinin ön görülebilmesi ve intiharın kesin ve etkili biçimde önlenmesi hususlarında halen araştırmalara ihtiyaç vardır. Bu araştırmaların yürütülebilmesi için kuramsal altyapıya ihtiyaç olup, tanım ve terminolojinin de anlaşılması gerekmektedir. Bu derleme, Türkçe ve İngilizce özelinde intihar sözcüğünün etimolojisi ile intihar olgusunu tanımlama ve sınıflandırma girişimlerini ele almaktadır.

Anahtar Kelimeler: İntihar, Etimoloji, Terminoloji, İntihar Davranışı, Ruh Sağlığı

ORCID-ID: N. Ladikli 0000-0002-1033-7251, İ. Tarı Cömert 0000-0002-6032-4416

¹ This article was prepared within the scope of the first author's (Ladikli, N.) ongoing doctoral thesis titled "İntihar Girişiminde Bulunan ve Bulunmayan Klinik Örneklerde İntihar Olasılığının Şema ve İntiharın Kişilerarası Kuramı Ekseninde İncelenmesi."

1. Introduction

In its most general sense, suicide, which refers to "the act of intentionally killing oneself," is a phenomenon that requires analysis within sociological and psychological cause-and-effect relationships and multidimensional public health issue that needs to be addressed at both individual and societal levels. The consideration of suicide as a public health problem necessitates the continuous and systematic collection, analysis, and dissemination of accurate information regarding the incidence, prevalence, and characteristics of both lethal and non-lethal suicidal behaviors. In this ongoing and systematic process, efforts to define and classify the phenomenon of suicide also play a significant role. This review aims to provide a comprehensive knowledge of etymology, definition, and terminology, serving as an introductory overview to suicide studies through important sources in the field of suicidology. In the first part of this review, emphasis has been placed on the etymological origins of suicide in Turkish and English, starting from the basic meaning of the word. In the second section, contemporary suicidology literature has been examined, and attempts at definition and classification from a historical perspective have been explored.

2. Theoretical Framework

2.1. Etymology

The Turkish word *intihar* (suicide) is derived from the Arabic root *nahr* (نحر), which means "slaughtering an animal by cutting its throat" (Çağbayır, 2007). In Arabic grammar, various morphosemantic patterns (sing. wazan; pl. awzan) are used to give different meanings to word roots. For example, the ifta'ala pattern adds to the word the meaning of (one's) involvement of mental abilities in the action commits, one's doing (the action) towards or against oneself, (one's) oppose to oneself (Socin, 1895). The word *nahr* (نحر) is transferred to the ifta'ala pattern, resulting in the verb *intihar* (انتحر), which means "to kill oneself" or "to take one's own life," and the noun *muntehir* (منتحر), which denotes the actor of the action and means "the one who kills oneself." In Turkish, the word is mostly used together with the auxiliary verb *etmek* (to do) (Erners, 2007).

The word *intihar* is similarly defined in significant Turkish dictionaries to its Arabic origin: An attempt to end one's own life as a result of mental distress and death in this way; self-killing; a person endangering their own life through behavior; taking one's own life with one's own hand (Çağbayır, 2007); suicide (Sami, 2014; Tietze, 2009; Tuğlacı, 1985); (figuratively) endangering or destroying one's own authority or influence, an action directed towards self-destruction (Tuğlacı, 1985); taking one's own life (Ayverdi, 2008). From an etymological perspective, there seems to be no disagreement about the

origin and direct meaning of the word *intihar* in Turkish. In parallel with the metaphorical meaning of "endangering or destroying one's own authority or influence," the term *intihar* is used to denote when a person attacks, harms, or poses a threat to their own vital and social bonds. Additionally, the definition of suicide as "behavior that endangers one's own life" (Çağbayır, 2007) indicates that behaviors that can pose a lethal threat can also be classified as suicide.

When examining Western languages, particularly English, it is observed that the word *suicide* which is understood as intentionally killing oneself, is derived from the Latin term *suicidium*. The term consists of the following components and meanings: *sui-* (self), stemming from the root *s(u)w-o-* (one's own) and from the root *caedere* (to slay), combined with *-cidium* (act of killing). Although various works before the 17th century, such as *Religio Medici* (1643), contained expressions or descriptions of suicide, such as *voluntary death*, *self-kill(ed)*, *kill (his) own body*, *hang(ed) (him)self* and *self-homicide* it is noted that the word *suicide* itself was not directly used (Barraclough & Shepherd, 1994). Sir Thomas Browne, in *Religio Medici* (1643), where he introduced many new words derived from classical sources, including *hallucination*, *insecurity* and *medical* used the word *suicide* only once, and it was not used elsewhere in the text. Instead, verbs such as *destroy (themselves)*, *drown (-ed himself)* and *hang (-ed himself)* were preferred, suggesting that the word *suicide* was a newly coined term by Browne (Alvarez, 1971). Barraclough and Shepherd (1994) suggest that the word *suicide* might have been created based on a similarity to the English word *homicide*, derived from the Latin word *homicida*, meaning killer. In subsequent works, the word *suicide* is used in modern English to refer to the completed act of killing oneself, carrying the meanings of self-killing, slaying, self-slaying (Barraclough, 1992; Barraclough & Noyes, 1989).

The usage of the word expanded with derived technical terms, compound nouns, and metaphorical uses. Kreitman et al. (1969) introduced the term *parasuicide* by adding the Greek prefix *para-* (παρά-) meaning *simulation* to the word, indicating deliberate self-harm without the intention of suicide. The prefix *para-* (παρά-) derives from Greek, signifying beside, by, with or alongside in meaning (Liddell & Scott, 1940). In English, the same prefix, when used, has taken on meanings such as similar to, closely related to, like, faulty, abnormal, beyond or outside of (Merriam-Webster, 2022). The term *parasuicide* has been suggested for events where an individual is the direct agent of an action that inflicts physical harm on themselves, both in an actual and potentially harmful manner, without carrying the intent to self-annihilate. This term is proposed

due to the rarity of interpreting such acts as directly leading to death, thus simulating or imitating suicide (Kreitman et al., 1969).

The World Health Organization European Multicentre Study on Parasuicide (1992) introduced the comprehensive and all-encompassing term *parasuicide* in response to a definitional challenge. The intention was to address this issue and offer an official term. Through a homogeneous data collection effort among 35 participating centers, the term was tested to cover all non-lethal self-harming behaviors, regardless of the underlying intent, whether the behavior qualifies as a suicidal act or not (Schmidtke, Bille-Brahe, DeLeo, & Kerkhof, 2004). However, it was observed that the proposed term posed difficulties and confusion in usage, contributing further complexity to the field. To eliminate this issue, in 1999, the study was rebranded as the Multicentre Study of Suicidal Behavior. In this revised study, the term *parasuicide* was replaced with the equivalently comprehensive term *non-fatal suicidal behavior*, which is grounded in outcomes. This change aimed to alleviate confusion and provide a clearer terminology for the field (De Leo, Burgis, Bertolote, Kerkhof, & Bille-Brahe, 2006).

In Turkish, which is an agglutinative language, the *para-* (παρά-) prefix has not entered the language. However, in exceptional words like *paratiroid* (parathyroid) and *paranormal* the term *parasuicide* is observed to be utilized, particularly within the fields of medicine and psychiatry. Considering the connotations of the *para-* (παρά-) prefix, which imply similarity, resemblance, or simulation, an alternative approach could be to use the Turkish suffix *-vâri* derived from the Persian preposition *-vâr*, conveying possession, ownership, or bearing qualities, thereby suggesting the term *intiharvâri* to serve as the Turkish equivalent for *parasuicide*.

2.2. Terminology

The literature on suicide and related behaviors encompasses various perspectives on the definition and classification of suicide, leading to diverse definitions in which different components of suicide are emphasized. It is noted that terms such as self-harm and suicide attempts are defined based on the understanding and definition of suicide itself (Silverman, 2006). While there is no doubt that suicide, in its simplest sense, refers to killing oneself, various classifications and schemas have been developed without reaching a consensus in the early stages, contributing to terminological and definitional complexity. However, the presence of a standardized terminology, especially in clinical practice, offers several advantages: Increased, improvement in the clarity, accuracy, and consistency in risk assessment, management, communication among clinicians

regarding risk assessment and ongoing treatment processes, and treatment implementation by a single clinician for both individual patients and those prone to suicide; enhancement in the accuracy and clarity of documentation related to suicide risk assessment, clinical decision-making, and associated management strategies; elimination of erroneous and potentially stigmatizing terminology; improvement and development in communication between patients and clinicians; and exclusion of prediction-based clinical objectives by acknowledging the significance and complexity of explicit and implicit suicidal intent, ultimately determining the clinical outcome (Rudd, 2000). Furthermore, a standardized terminology is necessary to compare samples and findings across suicide studies. Without clear definitions, comparing research conducted by different research groups in different countries or samples, relating findings, or reaching a common interpretation would not be conducive to sound analysis.

2.2.1. Attempts at Definition and Classification

The need for definition and terminology has provided a foundation for contemporary suicidology. Suicide terminology encompasses a series of widely understandable and widely accepted terms that define suicide and related behaviors based on useful, logical, and minimally necessary components (Silverman, 2006). In this regard, during the early stages of suicidology, Douglas (1967) summarized the elements that should be included in the definition of suicide, excluding definitions that carried scientific but intellectual or philosophical extremes (such as glorifying or elevating suicide or indicating the semantic depth of the act). These elements can be broadly summarized as follows:

- 1) Initiating an action that will lead to the person's death.
- 2) volition (and desire) directed towards an action that will result in the person's death (demonstrated by the volition to initiate the action).
- 3) desire for self-destruction.
- 4) loss of desire (to live).
- 5) motivation to die or be dead that leads to the readiness to initiate the action that will result in the person's death.
- 6) knowledge by the initiator that the action will objectively result in death.

The first comprehensive study on the definition of suicide was conducted in the 1980s by the Centers for Disease Control and Prevention² (CDC) in the United States. A large workgroup, including forensic experts, medical examiners, statisticians, and public

² Between 1980 and 1992, the organization was known as the Centers for Disease Control. In 1992, the United States Congress added the extension "and Prevention," resulting in the current name, Centers for Disease Control and Prevention (CDC).

health institutions, was formed to determine the necessary criteria for defining suicide. This group established three criteria for identifying suicide: Death (3) resulting from an action performed by an individual (2) with the intention of self-killing (1)³(Rosenberg et al., 1988). These criteria were criticized for their reliance on limited knowledge of causal relationships, necessary for clinical and preventive studies. Instead, it was suggested to develop precise and defined terminology based on these criteria to enhance understanding and facilitate communication regarding suicidal behaviors (O'Carroll et al., 1996). In subsequent years, emphasis has been placed on the necessity of a terminology for all suicidal behaviors, both fatal and non-fatal, including suicidal ideation, help-seeking, and euthanasia (Marušič, 2004). When examining the three criteria and other definitions derived from these criteria, De Leo et al. (2004) found common elements:

- 1) A behavior resulting in a fatal outcome.
- 2) behavior initiated by the individual towards oneself, actively or passively.
- 3) intention or expectation of death.

After a comprehensive evaluation of the examined definitions, the following definition of suicide was proposed: "An action initiated and carried out by an individual who intends to bring about a potentially lethal outcome while being aware of the potential lethality, in order to achieve desired changes." Non-fatal actions that are initiated and carried out by individuals to achieve desired changes, while risking death or bodily harm, or while expecting these outcomes, are referred to as non-fatal suicidal behaviors.

In a compilation that includes the eight definitions examined by De Leo and colleagues, it has been stated that there are fifteen suicide definitions frequently referenced in the scientific literature (Silverman, 2006). It can be observed that most of these definitions are theoretically delimited and grounded in perspectives such as psychology, psychiatry, sociology, public health, and philosophy:

- Murder involving hatred or the desire to kill, suicide often involving a desire for guilt or being killed, and hopeless desire for death (Menninger, 1938).
- All situations resulting directly or indirectly in death due to positive or negative actions carried out by the individual, knowing that it will result in death (Durkheim, 1951).
- All behaviors of the individual attempting to seek (and find) a solution to an existential problem through an attempt on their own life (Baechler, 1975).

³ These criteria are referred to as the Operational Criteria for the Determination of Suicide (OCDS).

- Multidimensional distress in a needy individual where suicide is perceived as the best solution; a conscious act of self-destruction (Schneidman, 1985).
- Lethal actions initiated and sustained by the individual, knowing or expecting a lethal outcome, in order to bring about desired changes (World Health Organization, 1986).
- Life-threatening, deliberate, self-directed, and life-endangering action without apparent desire to live, consisting of two implicit components (lethality and intent) (Davis, 1988).
- Death resulting from an act committed by oneself with the intention of self-killing (Rosenberg et al., 1988).
- Death due to injury, poisoning, or drowning with clear or implicit evidence that the action was self-inflicted and that the deceased intended to commit self-killing (Centers for Disease Control and Prevention, 1988).
- Intentional death perpetrated by oneself (Ivanoff, 1989).
- (1) Suicide occurs only if death ensues; (2) it must be one's own action; (3) the individual can be active or passive in the act; (4) the individual intentionally ends their own life (Mayo, 1992).
- Death due to the deliberate action of oneself, not an illness (Silverman & Maris, 1995).
- A self-killing act intentionally initiated and carried out with the expectation and full knowledge that it will result in death (World Health Organization, 1998).
- Death due to injury, poisoning, or drowning with evidence that the individual's own action led to their death (Goldsmith, Pellmar, Kleinman, & Bunney, 2002).
- An action initiated and carried out by an individual who intends to bring about a potentially lethal outcome while being aware of the potential lethality, in order to achieve desired changes (De Leo et al., 2004).

Definitions of suicide vary depending on the fields of the researchers, as well as their theoretical and cultural backgrounds. However, regardless of these variations, it is observed that suicide is approached in terms of the following three orientations:

- 1) An intentional self-destructive act resulting in death.
- 2) a conscious act directed towards oneself with the intention of dying.
- 3) an intentional, self-threatening act resulting in death (Marušič, 2004).

The following four keypoints are present in all definitions:

- 1) The outcome of the behavior (death).
- 2) the agent of the action (oneself).

- 3) the intention to die.
- 4) awareness of the direct or indirect consequences of the action (De Leo et al., 2004; Marušič, 2004; Silverman, 2006).

A more recent systematic review on the definition of suicide was conducted on 8,240 articles published between 1966 and 2017 (Goodfellow, Kólves, & de Leo, 2019). A total of 26 definitions from 29 articles were included in the study, where authors provided an original definition for suicide or made developments to an existing definition, and the fundamental concepts underlying the definition were comprehensively reflected. The focus was on descriptive rather than explanatory definitions. As a result of the review, 19 definitions related to suicide were identified, excluding those given by Silverman (2006). The identified definitions are as follows:

- Completed suicide refers to an intentional, self-inflicted, and life-threatening action resulting in death (Beck et al., 1973).
- The most common view on suicide today is that it involves intentionally killing oneself. However, does a person need to kill themselves in order for it to be considered suicide? The answer proposed is probably, no (Frey, 1981).
- An individual can be considered to have committed suicide only if they have deliberately caused their own death (Tolhurst, 1983).
- Person A committed suicide at time t under the following conditions: (1) A is intent on killing themselves at time t; (2) A does kill themselves at time t; (3) the intention stated in the first condition leads to the action described in the second condition through a series of generated actions; (4) the causal path from the stated intention in the first condition to the action described in the second condition is roughly consistent with A's action plan, (5) A kills themselves willingly (without coercion) (Wreen, 1988).
- Unless the death (A) results from coercion or (B) from circumstances specifically arranged by someone else to cause death, if a person deliberately causes their own death, that act or omission is suicide (Beauchamp, 1992).
- Intentional self-death by one's own actions without any coercion (Beech, 1995).
- Whether by omission or commission, whether by oneself or by another, an act by which an individual causes their own death or brings it about as they wished (Fairbairn, 1995).
- *Sucism*⁴ is culturally non-normative self-killing (Egel, 1999).

⁴ Sucism known to be used in the late 18th century; it has been proposed with the claim that it is empirically determinable and does not have many meanings, undesirable connotations, expressions or references in contemporary language.

- (1) Suicide is death. (2) Suicide is intentional. (3) It is self-directed. (4) It can be indirect or passive (Maris, Berman, & Silverman, 2000).
- The behavior of an S is suicide if S, (A) believes that B or the causal consequence of B is highly likely to make their own death possible, and (B) S intends to relate to B in order to die (Cholbi, 2011).
- Suicide is death resulting from self-injury behavior without any intention of dying (Crosby, Ortega, & Melanson, 2011).
- If A has intended to kill themselves by performing action x and this intention has been fully realized, then they have attempted suicide (Hill, 2011).

Among the 19 definitions included in the compilation, 10 of them explicitly refer to self-harm, 12 involve knowledge of potential lethal consequences, 16 clearly indicate an intention to die, and 16 make explicit references to the outcome of death. It can be observed that, except for Egel (1999), all definition authors agree, either explicitly or implicitly, on different aspects of the element of intention. Baechler (1975) and Fairbairn (1995) definitions explicitly include the outcome of death. However, there is no consensus in terms of the definitional unity regarding the definite self-identity of the actor and the individual's awareness of the potential lethal consequences of their actions. In another systematic review conducted by Goodfellow et al. (2018), the terminology of suicide and non-lethal suicidal behaviors was examined based on articles published between 1966 and 2016. After a selection process following the criterion of presenting original terminology or logical development within existing terminology, 13 out of the remaining 38 articles published between 1969 and 2011 were found to contribute with original terminology. The review categorically presents the original main terms introduced in the articles and the frameworks on which these terms are based.

Cohen (1969) proposed the term *suicidopathy* which encompasses commonly used but not clearly defined conditions such as suicide threat and suicide attempt. Cohen defined *suicidopathy* as a pathological biopsychosocial process characterized by acute, intentional, and traumatic signs and symptoms of self-harm with clinical manifestations. Cohen established terms corresponding to the stages of mental-level intention formation, behavioral-level preparation, and the presence of physical trauma. In this conceptualization, the element of intention is considered a primary component that emerges in the first stage and then permeates all subsequent stages.

Dodds (1970) differentiated his proposed terms based on the outcomes of dying and surviving, and then further categorized them according to the absence of intention, presence of intention, and ambiguous intention.

Beck et al. (1973) made a distinction based on outcome and intention, categorizing them into completed suicide, suicide attempt, and suicidal ideation. In the category of suicidal ideation, the focus was not on the presence or absence of intention but rather on the sincerity of the individual's inclination towards suicide. Subclassifications were made based on intention, lethality, mitigating factors, method, and the degree of certainty (to be determined by the evaluator).

Baumeister and Scher (1988) made a distinction between self-destruction and self-annihilation. The criterion for this distinction lies in the variables of desire and predictability considered under the element of intention. Suicide and related behaviors are categorized into primary self-destruction (where the individual foresees and desires self-harm), compromise (where harm is foreseen but not desired), and counterproductive strategies (where harm is neither foreseen nor desired). In this approach, self-destruction and self-annihilation are defined as any intentional acts or behaviors that have explicit, definite, and potentially negative effects on the self or self-representations. This definition emphasizes the intentionality of the behavior but does not necessarily imply self-harm.

In 1995–1996, a terminology working group was established under the auspices of the National Institute of Mental Health and the American Association of Suicidology to clarify the terminology used to describe suicidal thoughts and behaviors in the field. Despite acknowledging the acceptance of certain terms in everyday language and clinical communication, the group developed a terminology that effectively described a range of behaviors and communication related to suicidality. The group's work was summarized by O'Carroll et al. (1996). The terminology, which received significant attention during its publication and afterward, has been the basis for the evaluation and treatment of patients with suicidal behavior in the practice guidelines published by the American Psychiatric Association (2003). However, it has not been widely used among research groups and clinical communities. In this approach, referred to as the "terminology of suicidal behaviors in terms of outcome and intention," the intention to die, evidence of self-harm, and the outcome element are established as the main structures. Based on these structures, two main categories are differentiated: suicidal ideation and suicide-related behaviors. Suicide-related behaviors are further divided into instrumental

behaviors (suicidal threat, accidental death due to instrumental behavior, and other instrumental behaviors) and suicidal acts (suicide attempt and completed suicide).

In Dear's (1997) definition of suicide-related behavior, there is an emphasis on the intention to cause harm. Regardless of whether the person wants to die or not, behaviors that intentionally cause harm are considered suicide-related behaviors. Based on this definition, three main categories are established: suicide-related ideation, suicide-related communication, and suicide-related behavior. Each category is further divided into two groups: without suicide intent and with at least some suicide intent. The category of suicide-related behavior is further divided into self-injurious, non-injurious, and lethal outcomes within the intent groups. This approach equates suicide-related behavior with intentional self-harm.

Marušič (2004) identified eight conditions in which suicide and all its expressions could be defined, with two of them being non-suicidal and six being more or less suicidal: Non-suicidal states, non-suicidal deaths, suicidal ideation, suicide attempts, help-seeking/intentional self-harm, intentional self-harm resulting in death, completed suicide, and euthanasia. These conditions are shaped as combinations of the presence or absence of three indicators: Thinking about self-killing, acting on it, and resulting in death. This approach differs from previous approaches that categorized the direction of the action based on the presence or absence of intent and the outcome being injurious, non-injurious, or lethal. It determines the direction of the action, emphasizing the conversion of suicidal ideation into intention and acting on that intention. Unlike previous approaches, it differentiates self-harm from non-suicidal states and suicide attempts from suicidal ideation. Euthanasia is also included under this logic as a suicide-related behavior.

Brown et al. (2006) introduced the distinction between "definite" and "probable" by addressing the role of uncertainty. According to this distinction, definite suicide attempts have clear and conclusive evidence that the person had the intention to kill themselves. In probable suicide attempts, there is explicit or implicit "simple" evidence. This approach sees the element of evidence, included in the concept of intention by O'Carroll et al. (1996), as a separate factor called "clarity of evidence".

De Leo et al. (2006) proposed a terminology based on the challenges encountered during the European Multicenter Study on Suicidal Behavior by the World Health Organization (WHO). The terminology provides two main definitions for suicide and potentially lethal

suicide behavior. According to this terminology, suicide is an action initiated and performed by someone who, while knowing and expecting it to be potentially fatal, aims to bring about the desired changes. Non-lethal suicidal behavior is defined as non-routine actions, with or without injury, initiated and performed by a person who takes risks of death or bodily harm or expects them, aiming to bring about the desired changes. In this approach, the element of intention is prominent and seen as the factor that distinguishes suicide behavior from accidents. Another significant element is the "desired changes," and both definitions state that the purpose is to bring about the desired changes. While the desired changes element is not explicitly defined, it is interpreted as the suicide action being a means to an end, regardless of the specific purpose. The approach highlights the outcome factor of lethal/non-lethal and injurious/non-injurious as the differentiating and primary factor, considering the difficulty in determining intention clearly and reliably.

Posner et al. (2007) elaborated on the Columbia Classification Algorithm of Suicide Assessment (C-CASA) and made distinctions among suicidal, non-suicidal, uncertain, or potentially suicidal events. To define suicidal events, they utilized O'Carroll's (1996) definitions of suicide attempt and completed suicide. Additionally, they incorporated the element of preparatory actions related to suicidal behavior, whether imminent or not. During these actions, the individual had not yet initiated self-harm. The action may have been interrupted or halted by an external factor or by the individual themselves, but ultimately, it represented the initial step towards self-injurious behavior. Another element is the presence of active or passive suicidal ideation. Non-suicidal events, on the other hand, encompass behaviors where the intention is not to die but to change or alleviate distress in oneself or others. This element is similar to O'Carroll's (1996) description of instrumental behaviors. Additionally, a category called "uncertain or potentially suicidal events" was added for situations where the presence or absence of suicidal intent cannot be determined or inferred.

Brown et al. (2006), like previous approaches, clustered their definitions based on intention and outcome. Different outcomes were primarily clustered according to intention. In the individual's action, there must be at least some level of intent to self-kill, not zero. In non-suicidal outcomes, the intention is instrumental or aimed at alleviating another factor. Outcomes are considered based on post-action survival, death, injury status, and the presence of the behavior.

Silverman et al. (2007a) developed a new terminology based on the foundation laid by O'Carroll. Firstly, the element of suicide threat was defined within the category of suicide-related communication, which encompasses suicide threat and suicide plan, following Dear's recommendations. Communication is neither a behavior nor harmful. Suicide threat, suicide-related behavior, suicide attempt, and suicide were defined similarly to O'Carroll's definitions. A new element highlighted for the first time is the concept of a suicide plan, defined as a systematic formulation of methods proposed to realize a design that carries the potential for self-harm, leading to an injurious outcome. While intention remains a relevant element in this approach, it criticizes the usefulness of the variable expressing zero or nonexistence of intent mentioned earlier. Instead, it offers an expanded interpretation that suggests the presence of some degree of known or unknown intent to self-kill. This interpretation adds uncertain suicide-related behaviors alongside self-harm and suicide attempts, which fall under the broader category of suicide-related behaviors. Self-harm is defined as an instrumental behavior related to suicide, while O'Carroll's accidental death category is modified to refer to unintentional death. This approach, like previous ones, employs intention and outcome elements in distinguishing terms and definitions but provides a more detailed perspective.

Lester (2009) proposed a terminology derived from legal definitions of murder and manslaughter for suicide. He made distinctions among first, second, and third-degree suicide, corresponding to intentional and unintentional self-killing. The proposed definitions are based on different levels of intent, premeditation, psychiatric disturbance, provocation, recklessness, and negligence. The outcome, death, is always the same. This approach provides a detailed focus on the element of intention. The element of premeditation is used to differentiate between the three degrees of suicide in legal proceedings.

Crosby et al. (2011) proposed a series of definitions within the Centers for Disease Control and Prevention (CDC) regarding self-directed violence. These definitions are used in the CDC's Self-Directed Violence Classification System (SDVCS) (Crosby et al., 2011). The terminology is based on the World Health Organization's (WHO) definition of violence, which includes physical and psychological consequences (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). In terms of overall structure and definitions, it aligns with the terminologies of O'Carroll, Posner, and Silverman. The definitions of suicide attempt and suicide are similar to those of Silverman and O'Carroll. Interrupted self-directed violence and preparatory actions are equivalent to Posner's approach. The approach also

includes the category of uncertainty, as in the terminologies of Silverman and Posner. Like previous terminologies, this terminology focuses on self-directed behaviors and establishes a classical framework based on the elements of intent and outcome. However, there are differences in the definition of non-suicidal behavior between O'Carroll, Silverman, and the SDVCS. Previous approaches emphasized evidence of the absence of intent to self-kill in the definitions of instrumental behavior related to suicide and self-harm. In the SDVCS, there is no emphasis on evidence of suicidal intent in non-suicidal self-directed violence.

2.2.2. Intent and Outcome Elements

In the systematic table presented by Goodfellow et al. (2019), more than fifty terms are evident, which vary or overlap in some aspects under thirteen terminological approaches. However, the fundamental structures upon which these numerous terms and definitions are based are consistent across all approaches: Intention and outcome⁵. Intention, although not always easily determinable, is considered an influential factor in distinguishing between various forms of self-harm behavior that do not result in death and suicidal behavior, and it is almost impossible to make a distinction without considering intention (Silverman, Berman, Sanddal, O'Carroll, & Joiner, 2007b). Early research on suicidal behavior and the differentiation between suicide and non-lethal self-harm behavior were based on the elements of motive, cause, and intention. However, the terminological use of these elements has led to various inconsistencies and confusions. Especially when discussing non-lethal self-harm behaviors, the terms motive, cause, and intention have been used interchangeably and synonymously with the idea of achieving something or obtaining something desired in the future through the person's action (Hjelmeland & Ostamo, 1997).

In psychological research outside the field of suicidology, a clear distinction between the concepts of motive and intention can be observed. According to Trevarthen (1982), intentions arise from motives, and intentional actions satisfy motives, allowing motives to be actively expressed through intentions. Heckhausen and Kuhl (1985) emphasize that motives begin as desires and need to evolve into intentions to become actions. Alicke (1990) suggests that intentions express a person's wishes and desires, while motives provide the reasons for these desires. In the terminology of scientific theory, motives are associated with causal explanations, while intentions are linked to

⁵ Lester (2009) adopted the element of premeditation as the primary framework instead of focusing on the outcome. However, this approach aligns with the same main structure as other approaches, as it assumes a fixed death outcome.

teleological⁶ explanations. Causal explanations imply that the explanation of an action lies in the past, while teleological explanations indicate that the explanation of an action lies in the future, signifying the intention to achieve something through the action (Hjelmeland & Knizek, 1999). In all of these perspectives, it is emphasized that intention is closely related to the action, occurring immediately before the action and expressed through the action, while motives form the background of the intended action.

When considering suicide behavior in terms of the subject's desired achievement, purpose, or goal, the view that the term *intention* is more appropriate predominates. According to Buss (1978, 1979), an intentional behavior, carried out by a subject with a purpose or goal, constitutes an action. Such behavior can be explained by reasons, it is possible to be described in terms of causes⁷. Locke and Pennington (1982) also state that reasons are a form of internal motives and often refer to subjective or objective justifications. Building on these arguments, Hjelmeland and Knizek (1999) emphasize the association between motives and intentions. In the psychology literature, motives are linked to causal explanations, while intentions are associated with teleological explanations. It is suggested that intentions are more closely related to actions, while motives form the background of the intended action. In the context of suicide behavior, intention is embraced as a concept that can explain the behavior from the perspective of the individual displaying it. In other words, intention encompasses the determination to act and the conscious desire for separation from life or escape (Silverman et al., 2007b).

Here, the ability to measure, evaluate, and verify intention becomes prominent. The question of whether it is possible to understand intention without self-reporting, whether the determination of suicidal intent relies on the individual's own statement or on the professional assessment of the means and methods used in the event, and how the relationship between suicide intent and suicide risk can be predicted all point to an

⁶ Teleology is a pattern of thought based on the idea that the universe and/or human history progress in a particular direction with a purpose and direction in mind. It emphasizes understanding and explaining specific phenomena based on their intended outcomes rather than their causes, highlighting that mental processes are purposeful and goal oriented. It argues that behavior should be explained and interpreted in the context of its aims and consequences. Therefore, it often contradicts concepts such as instincts and conditioned responses and the explanations built around these concepts. It departs from causality by assuming that the causality of an action arises from its purposes, goals, and objectives; that the cause is an instrument guiding towards the aim (American Psychological Association, 2022).

⁷ "Causes are that which brings about a change", "Reasons are that for which the change is brought about (e.g., goals, purposes, etc.)" (Buss, 1978).

important gap. The responses to questions such as "Have you ever thought of harming yourself?" recommended in clinical practice may not necessarily indicate a definite motivation and intention to end one's life. It is known that approximately 50% of non-lethal self-harm acts are actual suicide attempts, while the rest are based on various intentions aimed at achieving other goals through self-harm, different from intending to die by self-killing (Hjelmeland & Knizek, 1999). While multiple intentions can arise simultaneously, the intention may not necessarily be to die. An individual may exhibit ambivalence between the desire for life and the desire for death. Additionally, suicide and self-harm behaviors manifest as a result of the intention, motivation, and preparatory stages. The multidimensional nature of suicidal behavior necessitates different stakeholders, such as statistics, forensic medicine, criminology, sociology, and psychology, requiring different criteria and levels of certainty. Moller (as cited in Silverman et al., 2007b) has proposed examining the following evidence when determining whether self-harm behavior is intentional: (1) The intention to act; (2) the intention to harm oneself through the action, or (3) the intention to die as a result of the action; (4) the capacity to understand the possible outcomes and desire for death during the action. On the other hand, to determine the presence of intention, it is necessary to collect as much information as possible from various sources in diverse formats.

The level of intention can change rapidly, without any warning, causing an individual's action to shift between intentional and unintentional (Daigle & Côté, 2006). Rudd (2006) has defined two types of suicide intent: (1) Subjective or expressed intent; (2) objective or observed intent. The responsibility for evaluating the assessment, analysis, inconsistencies, and reaching the true nature of suicide by considering the observed behavior and the reported cognition seems to lie with the clinical professional. Based on clinical observation, assuming the possibility that the individual may not clearly understand or remember their intent during the act of suicide, the presence of the following four elements is presumed when assessing the presence of intent: (1) A desire to terminate life as a conscious experience; (2) knowledge about the risk of the behavior; (3) perception of appropriate means or methods to achieve the desired outcome; (4) knowledge of how to employ the means or methods (Bridge, Barbe, Birmaher, Kolko, & Brent, 2005). Ultimately, the concept of intention not only serves as a descriptive factor for defining suicide behavior but also forms the fundamental structure to be used in classifying the behavior, questioning its causes, distinguishing it from non-suicidal self-harm behaviors, and even determining whether suicide is at stake.

Another fundamental aspect is the outcome, which is associated with death and fatality when it comes to suicidal behavior. De Leo et al. (2006) state that a dead body, which is the lethal consequence of an act or behavior, constitutes the first element underlying all definitions of suicide. In a study involving individuals who had attempted suicide, a minimal relationship was found between the degree of suicidal intent and the level of medical lethality of the chosen suicide method (Brown et al., 2006). Although it is suggested to evaluate intent and outcome as independent dimensions, lethality is considered a measure of the seriousness of intent, with high lethality being associated with high intent. However, high intent does not always indicate a high risk of lethality (Silverman et al., 2007b). Several variables can contribute to the lethality of a method: The feasibility/accessibility of the method and/or means; personal knowledge about its lethal effects or the required amount for fatality; familiarity, comfort, propensity, ability to use; presence of other factors such as alcohol/substance use; discoverability, rescuability, timing, and sequencing et cetera (de Moore & Robertson, 1999; McIntosh, 1992).

3. Conclusion

Etymologically examined, the term *suicide* or *intihar*, with its roots tracing back to ancient Arabic and Latin languages, generally finds consensus in its literal meaning as "killing oneself." The sense of the word, conveying the act of an individual causing their own death or destruction, appears to be universally embedded across almost all languages. On the other hand, it has been observed that etymologically tracing the English word is relatively easier, with resources being more accessible. The Arabic origin of the Turkish term has slowed down the research process due to differences in alphabets and grammar between the two languages. This can be acknowledged as a limitation in the study. Despite conducting a meticulous examination through both personal communications with old Turkic researchers and references to Arabic grammar sources, it is believed that a more detailed etymological study would be beneficial for the Turkish suicidology literature.

When examining the original terminology proposals from the early days of suicidology to recent times, it can be observed that some proposals prioritize terminologizing and defining according to their purpose, while others conduct a taxonomic study by keeping the definitions more limited or relying on previous proposals. Each of the created classifications has its own strengths and applicability. However, the different terminologies and underlying main structures as a whole hinder universal acceptance of these classifications. Considering that suicide is a behavior, not a disorder or diagnosis,

and acknowledging the multidimensionality and multifactorial nature of all behaviors, there is still a need for a common terminology.

Over time, established criteria, rankings, and structures, despite providing a roadmap for the assessment of suicide through agreed-upon operational definitions, components constituting suicidal behavior, lethality criteria, and suicide attempts, have yet to yield a universally accepted, comprehensive terminology, and taxonomy. The numerous terms, definitions, descriptive elements, and classifications present in current suicidology literature complicate the comparison and analysis of different research findings, clinical reports, and epidemiological studies. This complexity hinders generalization, prediction, measurement and assessment of suicide and nonfatal suicidal behavior.

In this context, the need for standardized terminology, which can be traced back to the early stages of suicidology from the 1960s to the present, remains a subject of interest and debate. The discussion around standard terminology continues to be complex, constituting an intricate area of study. It is noteworthy that none of the definition and classification systems mentioned under this title has been fully tested on an international scale concerning their accuracy in explaining the phenomenology of suicide, distinctly classifying thoughts, actions, and behaviors associated with suicide, and demonstrating clarity, consistency, comprehensibility, applicability, interrelatedness, and meaningfulness.

Nonetheless, it is observed that there are some agreed-upon definitions and classifications in the current and contemporary suicidology literature that are commonly preferred. Although there may be differences within theoretical approaches, it is believed that consensus can be achieved in fundamental definitions. When examining the Turkish literature, it is found that no specific definition or classification study has been conducted. It can be said that Turkish studies on suicide have not ventured into efforts of definition or classification, and generally accepted approaches in line with the dictionary meaning are adopted. In applied and statistical field, the adoption of terminology and taxonomy for classifying suicidal behaviors is ambiguous, and, for instance, the records of suicides by the Turkish Statistical Institute (TUIK) are kept under the definition of "suicide incident resulting in death". Again, in TUIK, suicide is defined as a method of killing of oneself knowingly and willingly as a result of psychological conflict. This definition is significant in terms of being part of an official database. The emphasis on intention and being informed is particularly notable in the definition. It is noteworthy that suicide is defined not as the act of killing oneself but as the method of

self-killing. Considering the Turkish meaning consistent with the origin of the word, it is thought that there may be a need to clarify or revise the emphasis on the method.

While not referring to a significant gap in the theoretical and applied fields of diagnosing suicidal behavior, it would be valuable for examining and testing concepts such as fatal, non-fatal, and nearly fatal suicidal behavior, as well as terminology like suicidal desire, passive suicidal thoughts, and active suicidal ideation within the context of Turkish language and Turkish samples. Conducting such exploratory studies or constructing a general terminological framework would be beneficial both for suicidology studies and for addressing suicide cases in Turkey.

References

- Alicke, M. D., Weigold, M. F., & Rogers, S. L. (1990). Inferring intentions and responsibility from motives and outcomes: Evidential and extra-evidential judgments. *Social Cognition*, 8(3), 286–304. <http://doi.org/10.1521/soco.1990.8.3.286>
- Alvarez, A. (1971). *The savage God: A study of suicide*. New York: Bantam.
- American Psychiatric Association (2003). Practice guidelines for the assessment and treatment of patients with suicidal behaviors. *American Journal of Psychiatry*, 160, 1–60. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/14649920>
- American Psychological Association (2022). Teleology. In APA Dictionary of Psychology. Retrieved from <https://dictionary.apa.org/teleology>
- Ayverdi, İ. (2008). İntihar. In *Kubbealtı Lugatı Misallı Büyük Türkçe sözlük* (Vol. 2, p. 1441). İstanbul: Kubbealtı Neşriyatı.
- Baechler, J. (1975). *Suicides*. New York: Basic Books.
- Barraclough, B. (1992). The Bible suicides. *Acta Psychiatrica Scandinavica*, 86, 6469. <http://doi.org/10.1111/j.1600-0447.1992.tb03228.x>
- Barraclough, B., & Noyes, R. (1989). Language of publication of journal articles on suicide and mental disorders. *Acta Psychiatrica Scandinavica*, 79, 245–247. <http://doi.org/10.1111/j.1600-0447.1989.tb10253.x>
- Barraclough, B., & Shepherd, D. (1994). A necessary neologism: The origin and uses of suicide. *Suicide and Life-Threatening Behavior*, 24(2), 113–126. <http://doi.org/10.1111/j.1943-278X.1994.tb00796.x>
- Baumeister, R. F., & Scher, S. J. (1988). Self-defeating behavior patterns among normal individuals: Review and analysis of common self-destructive tendencies. *Psychological Bulletin*, 104(1). <http://doi.org/10.1037/0033-2909.104.1.3>
- Beauchamp, T. L. (1992). Suicide. T. L. Beauchamp & T. Regan (Ed.), In *Matters of Life and death: New Introductory Essays in Moral Philosophy* (pp. 69–120). New York: McGraw-Hill.
- Beck, A. T., Davis, J. H., Frederick, C. J., Perlin, S., Pokorny, A. D., Schulman, R. E., ... Wittlin, B. J. (1973). Classification and nomenclature. H. L. P. Resnik & B. C. Hathorne (Ed.), In *Suicide*

- Prevention in The 70's* (pp. 7-13). Maryland: National Institute of Mental Health Center for Studies of Suicide Prevention.
- Beech, I. (1995). Suicide and voluntary active euthanasia: Why the difference in attitude? *Nursing Ethics*, 2(2), 161-170. <http://doi.org/10.1177/096973309500200208>
- Bridge, J. A., Barbe, R. P., Birmaher, B., Kolko, D. J., & Brent, D. A. (2005). Emergent suicidality in a clinical psychotherapy trial for adolescent depression. *American Journal of Psychiatry*, 162(11), 2173-2175. <http://doi.org/10.1176/appi.ajp.162.11.2173>
- Brown, G. K., Jeglic, E., Henriques, G. R., & Beck, A. T. (2006). Cognitive therapy, cognition, and suicidal behavior. T. E. Ellis (Ed.), In *Cognition and Suicide: Theory, Research, and Therapy* (pp. 53-74). Washington DC: American Psychological Association. <http://doi.org/10.1037/11377-003>
- Browne, T., Sir. (1643). *Religio medici*. Londra: A. Crooke.
- Buss, A. R. (1978). Causes and reasons in attribution theory: A conceptual critique. *Journal of Personality and Social Psychology*, 36(11), 1311-1321. <http://doi.org/10.1037/0022-3514.36.11.1311>
- Buss, A. R. (1979). On the relationship between causes and reasons. *Journal of Personality and Social Psychology*, 37(9), 1458-1461. <http://doi.org/10.1037/0022-3514.37.9.1458>
- Çağbayır, Y. (2007). İntihar. In *Ötüken Türkçe sözlük* (Vol. 2, p. 2193). Ötüken Neşriyat.
- Centers for Disease Control and Prevention (1988). CDC recommendations for a community plan for the prevention and containment of suicide clusters. *Morbidity and Mortality Weekly Report*, (37), 1-12. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/2841564>
- Cholbi, M. (2011). *Suicide: The philosophical dimensions*. Peterborough: Broadview Press.
- Cohen, E. (1969). Self-assault in psychiatric evaluation: A proposed clinical classification. *Archives of General Psychiatry*, 21(1). <http://doi.org/10.1001/archpsyc.1969.01740190066008>
- Crosby, A. E., Ortega, L., & Melanson, C. (2011). Self-directed violence surveillance: Uniform definitions and recommended data elements, version 1.0. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 1. Retrieved from <https://stacks.cdc.gov/view/cdc/11997>
- Daigle, M. S., & Côté, G. (2006). Nonfatal suicide-related behavior among inmates: Testing for gender and type differences. *Suicide and Life-Threatening Behavior*, 36(6), 670-681. <http://doi.org/10.1521/suli.2006.36.6.670>
- Davis, J. (1988). Suicidal investigation and classification of death by coroners and medical examiners. In J. Nolan (Ed.), *The Suicide case: Investigation and trial of insurance claims* (pp. 33-50). Washington DC: The American Bar Association.
- De Leo, D., Burgis, S., Bertolote, J. M., Kerkhof, A. J. F. M., & Bille-Brahe, U. (2006). Definitions of suicidal behavior: Lessons learned from the WHO/EURO Multicentre Study. *Crisis*, 27(1), 4-15. <http://doi.org/10.1027/0227-5910.27.1.4>
- De Leo, D., Burgis, S., Bertolote, J., Kerkhof, A. D. M., & Bille-Brahe, U. (2004). Definitions of suicidal behavior. In D. De Leo, S. Burgis, J. Bertolote, A. D. M. Kerkhof, & U. Bille-Brahe (Ed.), *Suicidal behavior: Theories and Research Findings* (pp. 17-39). Washington, DC: Hogrefe & Huber.

- De Moore, G. M., & Robertson, A. R. (1999). Suicide attempts by firearms and by leaping from heights: A comparative study of survivors. *American Journal of Psychiatry*, 156(9), 1425–1431. <http://doi.org/10.1176/ajp.156.9.1425>
- Dear, G. E. (1997). Writing this was instrumental, whatever my intent: A comment. *Suicide and Life-Threatening Behavior*, 27(4), 408–410. Retrieved from <https://psycnet.apa.org/record/1997-38589-008>
- Dodds, A. (1970). Attempted suicide: Nomenclature. *The British Journal of Psychiatry: The Journal of Mental Science*, 117(536). <http://doi.org/10.1192/s0007125000192669>
- Douglas, J. D. (1967). *The social meanings of suicide*. Princeton: Princeton University Press.
- Durkheim, E. (1951). *Suicide: A study in sociology*. The Free Press.
- Egel, L. (1999). On the need for a new term for suicide. *Suicide & Life-Threatening Behavior*, 29(4), 393–394. <http://doi.org/10.1111/j.1943-278X.1999.tb00533.x>
- Ermers, R. (2007). The use of morphological patterns in Arabic grammars of Turkic. In *Approaches to Arabic Linguistics* (pp. 435–453). Brill. Retrieved from https://brill.com/display/book/edcoll/9789047422136/Bej.9789004160156.i-762_018.xml
- Fairbairn, G. (1995). *Contemplating suicide the language and ethics of self-harm*. New York: Routledge.
- Frey, R. G. (1981). Suicide and self-inflicted death. *Philosophy*, 56(216), 193–202. <http://doi.org/10.1017/S0031819100050038>
- Goldsmith, S. K., Pellmar, T. C., Kleinman, A. M., & Bunney, W. E. (Ed.). (2002). *Reducing suicide: A national imperative*. Washington DC: The National Academies Press.
- Goodfellow, B., Kölves, K., & de Leo, D. (2018). Contemporary nomenclatures of suicidal behaviors: A systematic literature review. *Suicide and Life-Threatening Behavior*, 48(3), 353–366. <http://doi.org/10.1111/sltb.12354>
- Goodfellow, B., Kölves, K., & de Leo, D. (2019). Contemporary definitions of suicidal behavior: A systematic literature review. *Suicide and Life-Threatening Behavior*, 49(2), 488–504. <http://doi.org/10.1111/sltb.12457>
- Heckhausen, H., & Kuhl, J. (1985). From wishes to action: The dead ends and short cuts on the long way to action. In M. Frese & J. Sabini (Ed.), *ED Goal Directed Behavior: The Concept of Action in Psychology* (pp. 134–159). Hillsdale: Erlbaum.
- Hill, D. J. (2011). What is it to commit suicide? *Ratio*, 24(2), 192–205. <http://doi.org/10.1111/j.1467-9329.2011.00493.x>
- Hjelmeland, H., & Knizek, B. L. (1999). Conceptual confusion about intentions and motives of nonfatal suicidal behavior: A discussion of terms employed in the literature of suicidology. *Archives of Suicide Research*, 5(4), 275–281. <http://doi.org/10.1080/1381119908258338>
- Hjelmeland, H., & Ostamo, A. (1997). WHO/EURO multicentre study on parasuicide. *Crisis*, 18(3), 140–141. <http://doi.org/10.1027/0227-5910.18.3.140>
- Ivanoff, A. (1989). Identifying psychological correlates of suicidal behavior in jail and detention facilities. *Psychiatric Quarterly*, 60(1). <http://doi.org/10.1007/BF01064364>
- Kreitman, N., Philip, A., Greer, S., & Bagley, C. (1969). Parasuicide. *British Journal of Psychiatry*, 115, 746–747. <http://doi.org/10.1192/bjp.115.523.746-a>

- Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., & Lozano, R. (2002). *World report on violence and health*. Geneva: World Health Organization.
- Lester, D. (2009). A proposal for a nomenclature for suicide. *Psychological Reports*, 105(3). <http://doi.org/10.2466/PRO.105.3.685-686>
- Liddell, H. G., & Scott, R. (1940). *A Greek and English lexicon*. Oxford: Clarendon Press.
- Locke, D., & Pennington, D. (1982). Reasons and other causes: Their role in attribution processes. *Journal of Personality and Social Psychology*, 42(2), 212-223. <http://doi.org/10.1037/0022-3514.42.2.212>
- Maris, R. W., Berman, A. L., & Silverman, M. M. (2000). The theoretical component in suicidology. In R. W. Maris, A. L. Berman, & M. M. Silverman (Ed.), *Comprehensive Textbook of Suicidology* (pp. 26-61). New York: Guilford Press.
- Marušič, A. (2004). Toward a new definition of suicidality: Are we prone to Fregoli's illusion? *Crisis*, 25(4), 145-146. <http://doi.org/10.1027/0227-5910.25.4.145>
- Mayo, D. J. (1992). What is being predicted?: The definition of "suicide." In R. W. Maris, A. L. Berman, J. T. Maltzberger, & R. I. Yufit (Ed.), *Assessment and Prediction of Suicide* (pp. 88-101). New York: Guilford.
- McIntosh, J. L. (1992). Methods of suicide. In R. W. Maris, A. L. Berman, J. T. Maltzberger, & R. I. Yufit (Ed.), *Assessment and Prediction of Suicide* (pp. 381-417). New York: Guilford Press.
- Menninger, K. (1938). *Man against himself*. New York: Harcourt, Brace & World.
- Merriam-Webster. (2022). Para. In *Merriam-Webster.com dictionary*.
- O'Carroll, P. W., Berman, A. L., Maris, R. W., Moscicki, E. K., Tanney, B. L., & Silverman, M. M. (1996). Beyond the tower of babel: A nomenclature for suicidology. *Suicide & Life-Threatening Behavior*, 26(3), 237-252. <http://doi.org/10.1111/j.1943-278X.1996.tb00609.x>
- Platt, S., Bille-Brahe, U., Kerkhof, A., Schmidtke, A., Bjerke, T., Crepet, P., ... Faria, J. S. (1992). Parasiticide in Europe: The WHO/EURO multicentre study on parasuicide. I. Introduction and preliminary analysis for 1989. *Acta Psychiatrica Scandinavica*, 85(2), 97-104. <http://doi.org/10.1111/j.1600-0447.1992.tb01451.x>
- Posner, K., Oquendo, M. A., Gould, M., Stanley, B., & Davies, M. (2007). Columbia classification algorithm of suicide assessment (C-CASA): Classification of suicidal events in the FDA's pediatric suicidal risk analysis of antidepressants. *American Journal of Psychiatry*, 164(7), 1035. <http://doi.org/10.1176/appi.ajp.164.7.1035>
- Rosenberg, M. L., Davidson, L. E., Smith, J. C., Berman, A. L., Buzbee, H., Gantner, G., ... Jobes, D. (1988). Operational criteria for the determination of suicide. *Journal of Forensic Sciences*, 33(6). <http://doi.org/10.1520/jfs12589j>
- Rudd, M. D. (2000). Integrating science into the practice of clinical suicidology: A review of the psychotherapy literature and a research agenda for the future. In R. W. Maris, S. S. Canetto, J. L. McIntosh, & M. M. Silverman (Ed.), *Review of Suicidology 2000* (pp. 49-83). New York: Guilford.
- Rudd, M. D. (2006). *The assessment and management of suicidology*. Florida: Professional Resource Press.
- Sami, Ş. (2014). İntihar. In R. Gündoğdu, N. Adıgüzel, & E. F. Önal (Ed.), *Kâmûs-i Türkî* (p. 134). İstanbul: İdeal Yayıncılık.

- Schmidtke, A., Bille-Brahe, U., DeLeo, D., & Kerkhof, A. (2004). *Suicidal behaviour in Europe: Results from the WHO/EURO Multicentre Study on Suicidal Behaviour*. Hogrefe & Huber Publishers.
- Schneidman, E. (1985). *Definition of suicide*. New York: Regina Ryan Publishing Enterprises, Inc.
- Silverman, M. M. (2006). The language of suicidology. *Suicide and Life-Threatening Behavior*, 36(5), 519–532. <http://doi.org/10.1521/suli.2006.36.5.519>
- Silverman, M. M., & Maris, R. W. (1995). The prevention of suicidal behaviors: An overview. *Suicide and Life-Threatening Behavior*, 25(1). <http://doi.org/10.1111/j.1943-278X.1995.tb00389.x>
- Silverman, M. M., Berman, A. L., Sanddal, N. D., O'Carroll, P. W., & Joiner, T. E. (2007a). Rebuilding the tower of babel: A revised nomenclature for the study of suicide and suicidal behaviors part 1: Background, rationale, and methodology. *Suicide and Life-Threatening Behavior*, 37(3), 248–263. <http://doi.org/10.1521/suli.2007.37.3.248>
- Silverman, M. M., Berman, A. L., Sanddal, N. D., O'Carroll, P. W., & Joiner, T. E. (2007b). Rebuilding the tower of babel: A revised nomenclature for the study of suicide and suicidal behaviors part 2: Suicide-related ideations, communications, and behaviors. *Suicide and Life-Threatening Behavior*, 37(3), 264–277. <http://doi.org/10.1521/suli.2007.37.3.264>
- Socin, A. (1895). *Arabic grammar: Paradigms, literature, exercises and glossary*. Reuther & Reichard.
- Tietze, A. (2009). İntihar. In *Tarihi ve Etimolojik Türkiye Türkçesi Lugatı* (Vol. 3, p. 624). Viyana: Avusturya Bilimler Akademisi Yayınevi.
- Tolhurst, W. E. (1983). Suicide, self-sacrifice and coercion. *The Southern Journal of Philosophy*, 21(1), 109–121. <http://doi.org/10.1111/j.2041-6962.1983.tb01493.x>
- Trevarthen, C. (1982). The primary motives for cooperative understanding. In G. Butterworth & P. Light (Ed.), *Social Cognition: Studies of The Development of Understanding* (pp. 77–109). Brighton: Harvester Press.
- Tuğlacı, P. (1985). İntihar. In *Okyanus Ansiklopedik Sözlük* (Vol. 3, pp. 1226–1227). İstanbul: Cem Yayınları.
- World Health Organization. (1986). *Summary report: Working group in preventive practices in suicide and attempted suicide*. Copenhagen: WHO Regional Office for Europe.
- World Health Organization. (1998). Suicide. In *Primary Prevention of Mental, Neurological and Psychosocial Disorders*. Geneva: World Health Organization.
- Wreen, M. (1988). The definition of suicide. *Social Theory and Practice*, 14(1), 1–23. Retrieved from <https://www.jstor.org/stable/23558993>