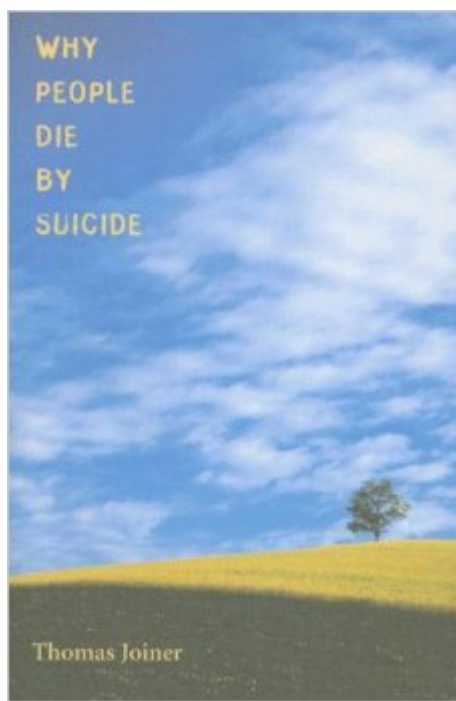


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# Why People Die By Suicide



## Synopsis

In the wake of a suicide, the most troubling questions are invariably the most difficult to answer: How could we have known? What could we have done? And always, unremittingly: Why? Written by a clinical psychologist whose own life has been touched by suicide, this book offers the clearest account ever given of why some people choose to die. Drawing on extensive clinical and epidemiological evidence, as well as personal experience, Thomas Joiner brings a comprehensive understanding to seemingly incomprehensible behavior. Among the many people who have considered, attempted, or died by suicide, he finds three factors that mark those most at risk of death: the feeling of being a burden on loved ones; the sense of isolation; and, chillingly, the learned ability to hurt oneself. Joiner tests his theory against diverse facts taken from clinical anecdotes, history, literature, popular culture, anthropology, epidemiology, genetics, and neurobiology--facts about suicide rates among men and women; white and African-American men; anorexics, athletes, prostitutes, and physicians; members of cults, sports fans, and citizens of nations in crisis. The result is the most coherent and persuasive explanation ever given of why and how people overcome life's strongest instinct, self-preservation. Joiner's is a work that makes sense of the bewildering array of statistics and stories surrounding suicidal behavior; at the same time, it offers insight, guidance, and essential information to clinicians, scientists, and health practitioners, and to anyone whose life has been affected by suicide.

## Book Information

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## Customer Reviews

Thomas Joiner is one of the leading scientific experts on suicide. This is certainly reflected in his excellent review of major theories and evidence---but what strikes me throughout the book is how compassionate, how human and how personal his own story is. He begins the book by noting that his father died by suicide. Throughout his discussions of the research on suicide--which Joiner handles with great skill-- he comes back to remind us that suicide is about someone's parent, brother, sister, child or friend. Suicide has been a topic of research interest since Durkheim advanced his theory of "altruistic" suicide and anomie. Indeed, Joiner's review of the research appears to support this classic theory. Individuals more likely to kill themselves are either feeling like a burden to others (thus, the "altruistic" model) or that they are so detached that they do not "belong". These are certainly issues that we must all keep in mind with an ageing population---of people who may feel that they are a burden. Joiner urges us to recognize that this "perception" is almost always a distortion--- but it may feel real to the suicidal person. Moreover, Joiner clearly shows that suicidal risk is increased as the individual repeats self-injury--- cutting, bruising, dangerous activities, even tatooing. As the individual becomes more accustomed to being in control of his or her pain, suicide becomes the next step on a slippery slope. Of course, other models stress the importance of hopelessness, depression or substance abuse as predictors--and, although Joiner argues these are secondary to belongingness and burden--- those of us (as therapists) working with suicidal people need to attend to all of the precursors.

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