

The Definition Of Suicide (A Wiley Interscience Publication)

Part of the authoritative Oxford Textbooks in Psychiatry series, the new edition of the Oxford Textbook of Suicidology and Suicide Prevention remains a key text in the field of suicidology, fully updated with new chapters devoted to major psychiatric disorders and their relation to suicide. The aim of the American Psychiatric Association Practice Guideline series is to improve patient care. Guidelines provide a comprehensive synthesis of all available information relevant to the clinical topic. Practice guidelines can be vehicles for educating psychiatrists, other medical and mental health professionals, and the general public about appropriate and inappropriate treatments. The series also will identify those areas in which critical information is lacking and in which research could be expected to improve clinical decisions. The Practice Guidelines are also designed to help those charged with overseeing the utilization and reimbursement of psychiatric services to develop more scientifically based and clinically sensitive criteria.

Suicide is a highly complex and multifaceted phenomenon, with many contributing and facilitating factors and variables. However, given its being one of the most severe human behaviors, an obvious focus would be to identify the underlying psychological mechanisms and processes that may lead to suicidal ideation and behavior. This eBook is dedicated to studies exploring various approaches to the psychology of suicidal behavior as well as of non-suicidal self-injury (NSSI). The purpose of this eBook is to shed light on in-depth examinations of the current knowledge and empirical data regarding models, theories, and specific dimensions and variables that may help us increase the psychological understanding of suicidal phenomena. The specific goal is to identify particular psychological characteristics that may be used to develop prevention and intervention methods and programs. We believe that this eBook can contribute to the understanding of this behavior and help to develop specific tools, therapeutic guidelines, and programs that may help reduce the number of suicides occurring annually. This eBook is dedicated to our dearest friend, Dafni Assaf, who was one of the greatest leaders of the suicide prevention program in Israel.

Introduces young readers to Catholic beliefs as expressed in the Catechism of the Catholic Church.

A Study of Suicide

A Global Imperative

The Cry for Help

An unnecessary death

A Clinical Approach to Self-destructive Behavior

From Diagnosis to Personalized Treatment

Suicide Dictionary

A practical and easy-to-use guide for healthcare professionals on the prevention, assessment and treatment of people at risk of suicide.

This book presents a review and criticism of all sociological literature on suicide, from Emile Durkheim's influential Suicide (1897) to contemporary writings by sociologists who have patterned their own work on Durkheim's. Douglas points out fundamental weaknesses in the structural-functional study of suicide, and offers an alternative theoretical approach. He demonstrates the unreliability of official statistics on suicide and contends that Durkheim's explanations of suicide rates in terms of abstract social meanings are founded on an inadequate and misleading statistical base. The study of suicidal actions, Douglas argues, requires an examination of the individual's own construction of his actions. He analyzes revenge, escape, and sympathy motives; using diaries, notes, and observers' reports, he shows how the social meanings of actual cases should be studied. Originally published in 1967. The Princeton Legacy Library uses the latest print-on-demand technology to again make available previously out-of-print books from the distinguished backlist of Princeton University Press. These editions preserve the original texts of these important books while presenting them in durable paperback and hardcover editions. The goal of the Princeton Legacy Library is to vastly increase access to the rich scholarly heritage found in the thousands of books published by Princeton University Press since its founding in 1905.

Medicine and health care generate many bioethical problems and dilemmas that are of great academic, professional and public interest. This comprehensive resource is designed as a succinet yet authoritative text and reference for clinicians, bioethicists, and advanced students seeking a better understanding of ethics problems in the clinical setting. Each chapter illustrates an ethical problem that might be encountered in everyday practice; defines the concepts at issue; examines their implications from the perspectives of ethics, law and policy; and then provides a practical resolution. There are 10 key sections presenting the most vital topics and clinically relevant areas of modern bioethics. International, interdisciplinary authorship and cross-cultural orientation ensure suitability for a worldwide audience. This book will assist all clinicians in making well-reasoned and defensible decisions by developing their awareness of ethical considerations and teaching the analytical skills to deal with them effectively.

Translated from French, this classic provides readers with an understanding of the impetus for suicide and its psychological impact on the victim, family, and society.

Examining Current Approaches to Suicide in Policy and Law

Youcat English

Definition of Suicide

Understanding Suicide

Suicide Prevention

Treating and Preventing Adolescent Mental Health Disorders

Suicide is among the top three causes of death for young people ages 15 to 24. In fact, this global epidemic claims 41,000 lives per year in the United States alone. Suicide touches people of all ages—from those who consider and attempt suicide to those who lose a loved to suicide. Yet silence often surrounds these deaths and makes suicide difficult to understand. Looking beyond common myths and misconceptions, author Connie Goldsmith examines common risk factors and covers warning signs, ways to reach out to a suffering loved one, and precautions that can save lives. And survivors' personal stories offer honest examinations of both grief and hope.

James Burnham's 1964 classic, Suicide of the West, remains a startling account on the nature of the modern era. It offers a profound, in depth analysis of what is happening in the world today by putting into focus the intangible, often vague doctrine of American liberalism. It parallels the loosely defined liberal ideology rampant in American government and institutions, with the flow, ebb, growth, climax and the eventual decline and death of both ancient and modern civilizations. Its author maintains that western suicidal tendencies lie not so much in the lack of resources or military power, but through an erosion of intellectual, moral, and spiritual factors abundant in modern western society and the mainstay of liberal psychology. Devastating in its relentless dissection of the liberal syndrome, this book will lead many liberals to painful self-examination, buttress the thinking conservative's viewpoint, and incite others, no doubt, to infuriation. None can ignore it.

"This is an important book that no suicidologist should be without. In it, the author, Edwin S. Shneidman, brings together work he undertook and completed between 1971 and 1993. This work includes an empirical study, some single case studies, some theoretical think pieces, and some suggestions for psychotherapy. In this volume, Suicide as Psychache: A Clinical Approach to Self-Destructive Behavior, Shneidman introduces the concept of psychache, adding to the existing vocabulary on suicide to which he has contributed so generously. Shneidman defines psychache as the hurt, anguish, soreness, aching, psychological pain in the mind. Suicide occurs, he says, when the person experiencing the psychache deems the pain unbearable, suicide having to do with differences in individual thresholds for enduring psychological pain. Other concepts that bear Shneidman's imprint include suicidology, psychological autopsy, postvention, subintentional death, and postself. In the language of Suicide as Psychache, the growing numbers of people committing suicide in the United States give testimony to the growing prevalence of psychache in the U. S. population. Like all of Shneidman's work, this book goes well beyond its primary intent in that it is much more than a book about suicide. It is a theoretical book about the psychology of human behavior as reflected in suicide and about creative ways of investigating and responding to suicide phenomena. The book is divided into four parts: Foundations, Analyses, Response, and Follow-Up. This review, being a review, cannot possibly do justice to Shneidman's Suicide as Psychache: A Clinical Approach to Self-Destructive Behavior. It contains so many rich insights coupled with interesting literary references that help to enlarge readers' understanding and knowledge that persons are advised to read the book for themselves. By bringing together his earlier work and building on it, Shneidman allows readers to witness the evolution in his thinking about life and human behavior a Shneidman presents basic ideas of the common characteristics of suicide. He offers a fresh definition of the phenomenon, which includes direct implications for preventive action.

The Forever Decision : for Those Thinking about Suicide and for Those who Know, Love, Or Counsel Them

Contagion of Violence

Suicide as Psychache

Suicide of the West

A European Perspective

The History of Rainbow Abbey

Stahl's Handbooks

A sensitive and enlightening account of the problem of suicide and attempted suicide in today's societies.

Every year, about 30,000 people die by suicide in the U.S., and some 650,000 receive emergency treatment after a suicide attempt. Often, those most at risk are the least able to access professional help. Reducing Suicide provides a blueprint for addressing this tragic and costly problem: how we can build an appropriate infrastructure, conduct needed research, and improve our ability to recognize suicide risk and effectively intervene. Rich in data, the book also strikes an intensely personal chord, featuring compelling quotes about peopleâ€™s experience with suicide. The book explores the factors that raise a personâ€™s risk of suicide: psychological and biological factors including substance abuse, the link between childhood trauma and later suicide, and the impact of family life, economic status, religion, and other social and cultural conditions. The authors review the effectiveness of existing interventions, including mental health practitionersâ€™ ability to assess suicide risk among patients. They present lessons learned from the Air Force suicide prevention program and other prevention initiatives. And they identify barriers to effective research and treatment. This new volume will be of special interest to policy makers, administrators, researchers, practitioners, and journalists working in the field of mental health.

This is a frank, compassionate book written to those who contemplate suicide as a way out of their situations. The author issues an invitation to life, helping people accept the imperfections of their lives, and opening eyes to the possibilities of love.

This film depicts several situations in which police must contend with suicides or suicide attempts. The situations include those who attempt suicide while in jail, a young man in college who uses a rifle, a young woman living at home using pills, a middle-aged man who contemplates using a handgun when he finds out he has a severe health problem, and another woman who slashes her wrists.

A National Imperative

The Cambridge Textbook of Bioethics

(Penguin Classics Deluxe Edition)

The Cultural Meaning of Suicide

Expanding the Boundaries

Social Meanings of Suicide

The Virgin Suicides

When should we try to prevent suicide? Should it be facilitated for some people, in some circumstances? For the last forty years, law and policy on suicide have followed two separate and distinct tracks: laws aimed at preventing suicide and, increasingly, laws aimed at facilitating it. In Rational Suicide, Irrational Laws legal scholar Susan Stefan argues that these law co-exist because they are based on two radically disparate conceptions of the would-be suicide. This is the first book that unifies policies and laws, including constitutional law, criminal law, malpractice law, and civil commitment law, toward people who want to end their lives. Based on the author's expert understanding of mental health and legal systems, analysis related national and international laws and policy, and surveys and interviews with more than 300 suicide-attempt survivors, doctors, lawyers, and mental health professionals, Rational Suicide, Irrational Laws exposes the counterproductive nature of current policies and laws about suicide. Stefan proposes and defends specific reforms, including increased protection of mental health professionals from liability, increased protection of suicidal people from coercive interventions, reframing medical involvement in assisted suicide, and focusing on approaches to suicidal people that help them rather than assuming suicidality is always a symptom of mental illness. Stefan compares policies and laws in different states in the U.S. and examines the policies and laws of other countries in Europe, Asia, and the Americas, including the 2015 legalization of assisted suicide in Canada. The book includes model statutes, seven in-depth studies of people whose cases presented profound ethical, legal, and policy dilemmas, and over a thousand cases interpreting rights and responsibilities relating to suicide, especially in the area of psychiatric malpractice.

In this book international experts address a range of key current issues relating to suicide. The opening chapters discuss nosology, definitions, clinical determinants, and conceptual models of the suicide process and consider the evidence regarding potential biomarkers of suicide risk based on neuroscientific research. Adopting a neo-Durkheimian perspective, the role of various social factors in the genesis of suicidal behavior is then explored in depth. Practical user-friendly tools that facilitate risk assessment by clinicians are provided, and detailed consideration is given to efficient and innovative strategies for the prevention of suicide and the treatment of suicidal behavior, such as psychotherapy, psychopharmacological approaches, and effective organization of care, including surveillance and the use of online tools. The final part of the book focuses on the need for and development of a personalized approach within the field of suicide prevention.

Taking things in stride is not easy for Kizzy Ann, but with her border collie, Shag, stalwart at her side, she sets out to live a life as sweet as syrup on cornbread. In 1963, as Kizzy Ann prepares for her first year at an integrated school, she worries about the color of her skin, the scar running from the corner of her right eye to the tip of her smile, and whether anyone white school will like her. She writes letters to her new teacher in a clear, insistent voice, stating her troubles and asking questions with startling honesty. The new teacher is supportive, but not everyone feels the same, so there is a lot to write about. Her brother, James, is having a far less positive school experience than she is, and the annoying white neighbor won't leave her alone. But Shag, her border collie, is her refuge. Even so, opportunity clashes with obstacle. Kizzy Ann knows she and Shag could compete well in the dog trials, but will she be able to enter? From Jeri Watts comes an inspiring middle-grade novel about opening your mind to the troubles and scars we all must bear — and facing life with hope and trust.

The past 25 years have seen a major paradigm shift in the field of violence prevention, from the assumption that violence is inevitable to the recognition that violence is preventable. Part of this shift has occurred in thinking about why violence occurs, and where intervention points might lie. In exploring the occurrence of violence, researchers have recognized the tendency for violent acts to cluster, to spread from place to place, and to mutate from one type to another. Furthermore, violent acts are often preceded or followed by other violent acts. In the field of public health, such a process has also been seen in the infectious disease model, in which an agent or vector initiates a specific biological pathway leading to symptomatic disease and infectivity. The agent transmits from individual to individual, and levels of the disease in the population above the baseline constitute an epidemic. Although violence does not have a readily observable biological agent as an initiator, it can follow similar epidemiological pathways. On April 30-May 1, 2012, the Institute of Medicine (IOM) Forum on Global Violence Prevention convened a workshop to explore the contagious nature of violence. Part of the Forum's mandate is to engage in multisectoral, multidirectional dialogue that explores crosscutting, evidence-based approaches to violence prevention, and the Forum has convened four workshops to this point exploring various elements of violence prevention. The workshops are designed to examine such approaches from multiple perspectives and at multiple levels of society. In particular, the workshop on the contagion of violence focused on exploring the epidemiology of the contagion, describing possible processes and mechanisms by which violence is transmitted, examining how contextual factors mitigate or exacerbate the issue. Contagion of Violence: Workshop Summary covers the major topics that arose during the 2-day workshop. It is organized by important elements of the infectious disease model so as to present the contagion of violence in a larger context and in a more compelling and comprehensive way.

The Psychology of Suicide: From Research Understandings to Intervention and Treatment

An Essay on the Meaning and Destiny of Liberalism

Oxford Textbook of Suicidology and Suicide Prevention

American Psychiatric Association Practice Guidelines

What We Know and What We Don't Know

The Suicidal Crisis

Rational Suicide in the Elderly

In the year 2000, approximately one million people died from suicide: a "global" mortality rate of 16 per 100,000, or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Suicide is now among the three leading causes of death among those aged 15-44 years (both sexes); these figures do not include suicide attempts up to 20 times more frequent than completed suicide. Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in1998, and 2.4% in countries with market and former socialist economies in 2020. Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries. Mental disorders (particularly depression and substance abuse) are associated with more than 90% of all cases of suicide; however, suicide results from many complex sociocultural factors and is more likely to occur particularly during periods of socioeconomic, family and individual crisis situations (e.g., loss of a loved one, employment, honour). The economic costs associated with completed and attempted suicide are estimated to be in

the billions of dollars. One million lives lost each year are more than those lost from wars and murder annually in the world. It is three times the catastrophic loss of life in the tsunami disaster in Asia in 2005. Every day of the year, the number of suicides is equivalent to the number of lives lost in the attack on the World Trade Center Twin Towers on 9/11 in 2001. Everyone should be aware of the warning signs for suicide: Someone threatening to hurt or kill him/herself, or taking of wanting to hurt or kill him/herself; someone looking for ways to kill him/herself by seeking access to firearms, available pills, or other means; someone talking or writing about death, dying or suicide, when these actions are out of the ordinary for the person. Also, high risk of suicide is generally associated with hopelessness; rage, uncontrolled anger, seeking revenge; acting reckless or engaging in risky activities, seemingly without thinking; feeling trapped – like there ’s no way out; increased alcohol or drug use; withdrawing from friends, family and society, anxiety, agitation, unable to sleep or sleeping all the time; dramatic mood changes; no reason for living; no sense of purpose in life. Table 1: Understanding and helping the suicidal individual should be a task for all. Suicide Myths How to Help the Suicidal Person Warning Signs of Suicide Myth: Suicidal people just want to die. Fact: Most of the time, suicidal people are torn between wanting to die and wanting to live. Most suicidal individuals don ’t want death; they just want to stoop the great psychological or emotional pain they are experiencing -Listen; -Accept the person ’s feelings as they are; -Do not be afraid to talk about suicide directly -Ask them if they developed a plan of suicide; -Expressing suicidal feelings or bringing up the topic of suicide; -Giving away prized possessions settling affairs, making out a will; -Signs of depression: loss of pleasure, sad mood, alterations in sleeping/eating patterns, feelings of hopelessness; Myth: People who commit suicide do not warn others. Fact: Eight out of every 10 people who kill themselves give definite clues to their intentions. They leave numerous clues and warnings to others, although clues may be non-verbal of difficult to detect. -Remove lethal means for suicide from person ’s home -Remind the person that depressed feelings do change with time; -Point out when death is chosen, it is irreversible; -Change of behavior (poor work or school performance) -Risk-taking behaviors -Increased use of alcohol or drugs -Social isolation -Developing a specific plan for suicide Myth: People who talk about suicide are only trying to get attention. They won ’t really do it. Fact: Few commit suicide without first letting someone know how they feel. Those who are considering suicide give clues and warnings as a cry for help. Over 70% who do threaten to commit suicide either make an attempt or complete the act. -Express your concern for the person; -Develop a plan for help with the person; -Seek outside emergency intervention at a hospital, mental health clinic or call a suicide prevention center Myth: Don ’t mention suicide to someone who ’s showing signs of depression. It will plant the idea in their minds and they will act on it. Fact: Many depressed people have already considered suicide as an option. Discussing it openly helps the suicidal person sort through the problems and generally provides a sense of relief and understanding. Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them. Talking about suicide does not cause someone to be suicidal; on the contrary the individual feel relief and has the opportunity to experience an empathic contact. Suicide profoundly affects individuals, families, workplaces, neighbourhoods and societies. The economic costs associated with suicide and self-inflicted injuries are estimated to be in the billions of dollars. Surviving family members not only suffer the trauma of losing a loved one to suicide, and may themselves be at higher risk for suicide and emotional problems. Mental pain is the basic ingredient of suicide. Edwin Shneidman calls such pain “psychache” [1], meaning an ache in the psyche. Shneidman suggested that the key questions to ask a suicidal person are ‘Where do you hurt?’ and ‘How may I help you?’. If the function of suicide is to put a stop to an unbearable flow of painful consciousness, then it follows that the clinician ’s main task is to mollify that pain. Shneidman (1) also pointed out that the main sources of psychological pain, such as shame, guilt, rage, loneliness, hopelessness and so forth, stem from frustrated or thwarted psychological needs. These psychological needs include the need for achievement, for affiliation, for autonomy, for counteraction, for exhibition, for nurturance, for order and for understanding. Shneidman [2], who is considered the father of suicidology, has proposed the following definition of suicide: ‘Currently in the Western world, suicide is a conscious act of self-induced annihilation, best understood as a multidimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution’. Shneidman has also suggested that ‘that suicide is best understood not so much as a movement toward death as it is a movement away from something and that something is always the same: intolerable emotion, unendurable pain, or unacceptable anguish. Strategies involving restriction of access to common methods of suicide have proved to be effective in reducing suicide rates; however, there is a need to adopt multi-sectoral approaches involving other levels of intervention and activities, such as crisis centers. There is compelling evidence indicating that adequate prevention and treatment of depression, alcohol and substance abuse can reduce suicide rates. School-based interventions involving crisis management, self-esteem enhancement and the development of coping skills and healthy decision making have been demonstrated to reduce the risk of suicide among the youth. Worldwide, the prevention of suicide has not been adequately addressed due to basically a lack of awareness of suicide as a major problem and the taboo in many societies to discuss openly about it. In fact, only a few countries have included prevention of suicide among their priorities. Reliability of suicide certification and reporting is an issue in great need of improvement. It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors, e.g., education, labour, police, justice, religion, law, politics, the media.

This book provides a comprehensive view of rational suicide in the elderly, a group that has nearly twice the rate of suicide when chronically ill than any other demographic. Its frame of reference does not endorse a single point-of-view about the legitimacy of rational suicide, which is evolving across societies with little guidance for geriatric mental health professionals. Instead, it serves as a resource for both those clinicians who agree that older people may rationally commit suicide and those who believe that this wish may require further assessment and treatment. The first chapters of the book provides an overview of rational suicide in the elderly, examining it through history and across cultures also addressing the special case of baby boomers. This book takes an ethical and philosophical look at whether suicide can truly be rational and whether the nearness of death in late-life adults means that suicide should be considered differently than in younger adults. Clinical criteria for rational suicide in the elderly are proposed in this book for the first time, as well as a guidelines for the psychosocial profile of an older adult who wants to commit rational suicide. Unlike any other book, this text examines the existential, psychological, and psychodynamic perspectives. A chapter on terminal mental illness and a consideration of suicide in that context and proposed interventions even without a diagnosable mental illness also plays a vital role in this book as these are key issues in within the question of suicide among the elderly. This book is the first to consider all preventative measures, including the spiritual as well as the psychotherapeutic, and pharmacologic. A commentary on modern society, aging, and rational suicide that ties all of these elements together, making this the ultimate guide for addressing suicide among the elderly. Rational Suicide in the Elderly is an excellent resource for all medical professionals with potentially suicidal patients, including geriatricians, geriatric and general psychiatrists, geriatric nurses, social workers, and public health officials.

For much of his thirties, Jesse Bering thought he was probably going to kill himself. He was a successful psychologist and writer, with books to his name and bylines in major magazines. But none of that mattered. The impulse to take his own life remained. At times it felt all but inescapable. Bering survived. And in addition to relief, the fading of his suicidal thoughts brought curiosity. Where had they come from? Would they return? Is the suicidal impulse found in other animals? Or is our vulnerability to suicide a uniquely human evolutionary development? In Suicidal, Bering answers all these questions and more, taking us through the science and psychology of suicide, revealing its cognitive secrets and the subtle tricks our minds play on us when we ’re easy emotional prey. Scientific studies, personal stories, and remarkable cross-species comparisons come together to help readers critically analyze their own doomsday thoughts while gaining broad insight into a problem that, tragically, will most likely touch all of us at some point in our lives. But while the subject is certainly a heavy one, Bering ’s touch is light. Having been through this himself, he knows that sometimes the most effective response to our darkest moments is a gentle humor, one that, while not denying the seriousness of suffering, at the same time acknowledges our complicated, flawed, and yet precious existence. Authoritative, accessible, personal, profound—there ’s never been a book on suicide like this. It will help you understand yourself and your loved ones, and it will change the way you think about this most vexing of human problems.

A concise review of current research into suicide providing a guide to understanding this disease and its increasing incidence globally.

Revolutionary Suicide

Suicide and Evolution

The Savage God

Mitochondria and the meaning of life

Suicidal

The Family's Definition of a Suicidal Attempt

Why We Kill Ourselves

Mitochondria are tiny structures located inside our cells that carry out the essential task of producing energy for the cell. They are found in all complex living things, and in that sense, they are fundamental for driving complex life on the planet. But there is much more to them than that. Mitochondria have their own DNA, with their own small collection of genes, separate from those in the cell nucleus. It is thought that they were once bacteria living independent lives. Their enslavement within the larger cell was a turning point in the evolution of life, enabling the development of complex organisms and, closely related, the origin of two sexes. Unlike the DNA in the nucleus, mitochondrial DNA is passed down exclusively (or almost exclusively) via the female line. That’s why it has been used by some researchers to trace human ancestry daughter-to-mother, to 'Mitochondrial Eve'. Mitochondria give us important information about our evolutionary history. And that’s not all. Mitochondrial genes mutate much faster than those in the nucleus because of the free radicals produced in their energy-generating role. This high mutation rate lies behind our ageing and certain congenital diseases. The latest research suggests that mitochondria play a key role in degenerative diseases such as cancer, through their involvement in precipitating cell suicide. Mitochondria, then, are pivotal in power, sex, and suicide. In this fascinating and thought-provoking book, Nick Lane brings together the latest research findings in this exciting field to show how our growing understanding of mitochondria is shedding light on how complex life evolved, why sex arose (why don't we just bud?), and why we age and die. This understanding is of fundamental importance, both in understanding how we and all other complex life came to be, but also in order to be able to control our own illnesses, and delay our degeneration and death. Oxford Landmark Science books are 'must-read' classics of modern science writing which have crystallized big ideas, and shaped the way we think.

"Suicides are preventable. Even so, every 40 seconds a person dies by suicide somewhere in the world and many more attempt suicide. Suicides occur in all regions of the world and throughout the lifespan. Notably, among young people 15-29 years of age, suicide is the second leading cause of death globally. Suicide impacts on the most vulnerable of the world's populations and is highly prevalent in already marginalized and discriminated groups of society. It is not just a serious public health problem in developed countries; in fact, most suicides occur in low- and middle-income countries where resources and services, if they do exist, are often scarce and limited for early identification, treatment and support of people in need. These striking facts and the lack of implemented timely interventions make suicide a global public health problem that needs to be tackled imperatively. This report is the first WHO publication of its kind and brings together what is known in a convenient form so that immediate actions can be taken. The report aims to increase the awareness of the public health significance of suicide and suicide attempts and to make suicide prevention a higher priority on the global public health agenda. It aims to encourage and support countries to develop or strengthen comprehensive suicide prevention strategies in a multisectoral public health approach. For a national suicide prevention strategy, it is essential that governments assume their role of leadership, as they can bring together a multitude of stakeholders who may not otherwise collaborate. Governments are also in a unique position to develop and strengthen surveillance and to provide and disseminate data that are necessary to inform action. This report proposes practical guidance on strategic actions that governments can take on the basis of their resources and existing suicide prevention activities. In particular, there are evidence-based and low-cost interventions that are effective, even in resource-poor settings. This publication would not have been possible without the significant contributions of experts and partners from all over the world. We would like to thank them for their important work and support. The report is intended to be a resource that will allow policy-makers and other stakeholders to make suicide prevention an imperative. Only then can countries develop a timely and effective national response and, thus, lift the burden of suffering caused by suicide and suicide attempts from individuals, families, communities and society as a whole."--Preface, page 03.

In Chapter 2 I intend to provide the reader with a philosophical conceptual landscape of suicide and also to introduce my own operating definition of suicide. I have divided the chapter into five sections; Plato and Suicide, Hume and Suicide, Kant and Suicide, Contemporary Debates Concerning Suicide, and My Operating Definition of Suicide. In the first four sections I will present what each philosopher has to say concerning suicide. Since most of what philosopher's have to say concerning suicide is pertinent to moral philosophy I will accordingly be presenting their arguments for or against the immorality of suicide. Couched within these arguments are their definitions of suicide, though sometimes they give us a definition explicitly. Thus, I will also be presenting what each philosopher would consider as suicide- that is, I will explain what class of actions count as suicidal for Plato, Hume, and Kant. In the fourth section I will demonstrate the current philosophical importance of the definition of suicide in relation to the fields of ethics and action theory. In the final section of this chapter, I will present my own proposed operational definition of suicide- which is somewhat modeled upon what these philosophers argued- but I will not justify or defend my definition until the final chapter.

First published in 1993, The Virgin Suicides announced the arrival of a major new American novelist. In a quiet suburb of Detroit, the five Lisbon sisters—beautiful, eccentric, and obsessively watched by the neighborhood boys—commit suicide one by one over the course of a single year. As the boys observe them from afar, transfixed, they piece together the mystery of the family’s fatal melancholy, in this hypnotic and unforgettable novel of adolescent love, disquiet, and death. Jeffrey Eugenides evokes the emotions of youth with haunting sensitivity and dark humor and creates a coming-of-age story unlike any of our time. Adapted into a critically acclaimed film by Sofia Coppola, The Virgin Suicides is a modern classic, a lyrical and timeless tale of sex and suicide that transforms and mythologizes suburban middle-American life.

Clinical Guide to the Assessment of Imminent Suicide Risk

Epidemiology, Pathophysiology and Prevention

Kizzy Ann Stamps

Suicide

Leaving You

Power, Sex, Suicide

A Study in Sociology

Definition of Suicide*Jason Aronson, Incorporated*

With recent studies using genetic, epigenetic, and other molecular and neurochemical approaches, a new era has begun in understanding pathophysiology of suicide. Emerging evidence suggests that neurobiological factors are not only critical in providing potential risk factors but also provide a promising approach to develop more effective treatment and prevention strategies. The Neurobiological Basis of Suicide discusses the most recent findings in suicide neurobiology. Psychological, psychosocial, and cultural factors are important in determining the risk factors for suicide; however, they offer weak prediction and can be of little clinical use. Interestingly, cognitive characteristics are different among depressed suicidal and depressed nonsuicidal subjects, and could be involved in the development of suicidal behavior. The characterization of the neurobiological basis of suicide is in delineating the risk factors associated with suicide. The Neurobiological Basis of Suicide focuses on how and why these neurobiological factors are crucial in the pathogenic mechanisms of suicidal behavior and how these findings can be transformed into potential therapeutic applications.

'To write about suicide . to transform the subject into something beautiful - this is the foreboding task that Alvarez set for himself . he has succeeded.' *The New York Times*

Suicide kills and maims victims; traumatizes loved ones; preoccupies clinicians; and costs health care and emergency agencies fortunes. It should therefore demand a wealth of theoretical, scientific, and fiduciary attention. But in many ways it has Why? Although the answer to this question is multi-faceted, this volume not. supposes that one answer to the question is a lack of elaborated and penetrating theoretical approaches. The authors of this volume were challenged to apply their considerable theoretical wherewithal to this state of affairs. They have risen to this challenge admirably, in that several ambitious ideas are presented and developed. I fever a phenomenon should inspire humility, it is suicide, and the volume's authors realize this. Although several far-reaching views are proposed, they are pitched as first approximations, with the primary goal of stimulating still more conceptual and empirical work. A pressing issue in suicide science is the topic of clinical interventions, and clinical approaches more generally. Here too, this volume contributes, covering such topics as therapeutics and prevention, comorbidity, special populations, and clinicalrisk factors.

Preventing Suicide

Clinical, Ethical, and Sociocultural Aspects

Rational Suicide, Irrational Laws

A Concise Guide to Understanding Suicide

Reducing Suicide

The Neurobiological Basis of Suicide

Youth Catechism of the Catholic Church

Wickedly ingenious and surreal ideas for all the little fluffy rabbits in this world who just don't want to live anymore, with bonus material from Andy Riley's sketchbook.

In 1453 CE an island was discovered in the North Atlantic called Ambrojjio, and was donated to the Catholic Church. Pope Nicholas V (the first humanist Pope) used the land to erect a secret monastery for an artist colony of monk-poets he employed to formulate what he called a prophetic or inspired document, that was to be published in the year 2050. This artist colony (now called the Order of Quantum Catholics) has survived to the present day and still employs monk-poets who remain hard at work on this document, now titled Quantum Psalter. Here is the first volume describing their heroic work.

The searing, visionary memoir of founding Black Panther Huey P. Newton, in a dazzling graphic package Tracing the birth of a revolutionary, Huey P. Newton's famous and oft-quoted autobiography is as much a manifesto as a portrait of the inner circle of America's Black Panther Party. From Newton's impoverished childhood on the streets of Oakland to his adolescence and struggles with the system, from his role in the Black Panthers to his solitary confinement in the Alameda County Jail, Revolutionary Suicide is unrepentant and thought-provoking in its portrayal of inspired radicalism. For more than seventy years, Penguin has been the leading publisher of classic literature in the English-speaking world. With more than 1,700 titles, Penguin Classics represents a global bookshelf of the best works throughout history and across genres and disciplines. Readers trust the series to provide authoritative texts enhanced by introductions and notes by distinguished scholars and contemporary authors, as well as up-to-date translations by award-winning translators. Approximately one million people worldwide commit suicide each year, and at least ten times as many attempt suicide. A considerable number of these people are in contact with members of the healthcare sector, and encounters with suicidal individuals form a common part of the everyday work of many healthcare professionals. Suicide: An unnecessary death examines the pharmacological, psychotherapeutic, and psychosocial measures adopted by psychiatrists, GPs, and other health-care staff, and emphasizes the need for a clearer psychodynamic understanding of the self if patients are to be successfully recognized, diagnosed, and treated. Drawing on the latest research by leading international experts in the field of suicidology, this new edition provides clinicians with an accessible summary of the latest research into suicide and its prevention. The abundance of new literature can make it difficult for those whose clinical practice involves daily contact with suicidal patients to devote sufficient time to penetrating the research and, accordingly, apply new findings in their clinical practice. In light of the WHO Mental Health Action Plan 2013-2020, this new edition is a timely contribution to the field, and a vital and rapid overview, that will increase awareness of suicide prevention methods.

The Book of Bunny Suicides

Suicide Tourism

Suicide: A Global Perspective

A National Epidemic

Suicide Science

Workshop Summary

Most people who die by suicide see a clinician prior to taking their lives. Therefore, one of the most difficult determinations clinicians must be able to make is whether any given patient is at risk for suicide in the immediate future. The Suicidal Crisis. Clinical Guide to the Assessment of Imminent Suicide Risk, is the first book written specifically to help clinicians evaluate the risk of such imminent suicidal behavior. The Suicidal Crisis is an essential work for every mental health professional and for anyone who would like to have a framework for understanding suicide. Written by master clinician Dr. Igor Galynker, the book presents methods for a systematic and comprehensive assessment of short-term suicide risk and for conducting risk assessment interviews in different settings. Dr. Galynker describes suicide as an attempt of a vulnerable individual to escape an unbearable life situation, which is perceived as both intolerable and inescapable. What sets the Suicidal Crisis apart from the other books of its kind is its sharp focus on those at the highest risk. It presents a wealth of clinical material within the easy-to-understand and intuitive framework of the Narrative-Crisis model of suicidal behavior. The book contains sixty individual case studies of actual suicidal individuals and their interviews, detailed instructions on how to conduct such interviews, and risk assessment test cases with answer keys. A unique feature of the book, not found in any other book on suicide, is a discussion of how clinicians' emotional responses to acutely suicidal individuals may help identify those at highest risk. In this timely, thorough, and well-written monograph, Dr. Galynker provides a method for understanding the suicidal process and of identifying those at the highest risk for taking their lives. Any clinician who works with suicidal individuals-and anybody who knows someone who has considered suicide-will find the book an essential and illuminating read.

Sponsored by the Adolescent Mental Health Initiative of the Annenberg Public Policy Center (APPC) of the University of Pennsylvania and the Annenberg Foundation Trust at Sunnyslans Trust, *Treating and Preventing Adolescent Mental Health Disorders, Second Edition*, provides a major update since the first edition in 2005. It addresses the current state of knowledge about the major mental health disorders that emerge during adolescence, including updated DSM-5 diagnostic criteria. Here, six commissions established by the APPC and the Sunnyslans Trust pool their expertise on adolescent anxiety, schizophrenia, substance use disorders, depression and bipolar disorders, eating disorders, and suicidal behavior in sections that thoroughly define each disorder, outline and assess available treatments, discuss prevention strategies, and suggest a research agenda based on what we know and don't yet know about these various conditions. Two additional behavioral disorders--gambling and internet addiction--are covered in this second edition. As a meaningful counterpoint to its primary focus on mental illness, the volume also incorporates the latest research from a seventh commission--on positive youth development--which addresses how we can fully prepare young people to be happy and successful throughout their lives. Concluding chapters discuss overarching issues regarding the behavioral and mental health of adolescents: overcoming the stigma of mental illness, the research, policy, and practice context for the delivery of evidence-based treatments, and the development of a more robust agenda to advance adolescent health. Integrating the work of eminent scholars in both psychology and psychiatry, this work will be an essential volume for academics and practicing clinicians and will serve as a wake-up call to mental health professionals and policy makers alike about the state of our nation's response to the needs of adolescents with mental disorders.

Lieberman looks at the cultural meaning of suicide and how it has gone from being seen as subversive to self-destructive.

This book explores the phenomenon of suicide tourism. As more countries legally permit assisted suicide and do not necessarily bar the participation of non-residents, suicide tourism is becoming a larger and more complex global issue. The book sets out the parameters for future debate by first contextualizing the practice and identifying its treatment under international and domestic law. It then analyses the ethical ramifications, weighing up where the state's responsibilities lie, and addressing the controversial roles of accompanying persons. The book goes on to offer a sociological and cultural analysis of suicide tourism, including interviews with the various stakeholders: policy makers, assisted suicide associations, and medical and patients' organizations, in Switzerland, Germany, France, Italy, and the UK. The book concludes with a summary of the legal, ethical, political, and sociological dimensions of suicide tourism.