Preface

I have published a lot on suicide – some say much too much! I have written four editions of a book call *Why People Kill Themselves* which summarize one hundred years of suicide research from 1897 to 1997, although it has been pointed out that none of them explain why people kill themselves! However, I realized a few years ago that I had no idea why people die by suicide. I have sat around the backyard pool of a colleague of mine who is also a suicidologist, and we agree that neither of us has any idea why people kill themselves. I decided, therefore, that, if I could understand why just one person chose to die by suicide, I could continue doing my research and publishing my articles and books which throw little light on the answer to the question. This book documents my attempt to understand that one person.

Why can't we explain why people choose suicide? We know many, many risk factors and warning signs that predict suicide. Among the risk factors are neuro-physiological (e.g., serotonin levels), psychiatric (e.g., diagnosis), intrapsychic (e.g., emotional dysregulation), experiential (e.g., stressful life events), interpersonal (e.g., broken relationships), and societal (e.g., oppression and discrimination) variables. Among the possible warning signs are those proposed by the American Association of Suicidology (www.suicidology.org), summarized by the mnemonic IS PATH WARM (Suicidal Ideation, Substance abuse, Purposelessness, Anger, Trapped, Hopelessness, Withdrawing, Anxiety, Recklessness, and Mood change).

But there is no necessary or sufficient cause for suicide. The reason for this, of course, is that suicide is so rare. Some 35,000 people will kill themselves in the United States this year, but picking those 35,000 out from 313,000,000 Americans is extremely difficult, if not impossible. Even if we had a good screening instrument, the problem of false positives would ruin our chances of identifying and preventing those suicides.

Let us assume we have a population of 10,000 patients in a hospital or inmates in a prison with a suicide rate of 20 per 100,000 per year. Let us assume that our screening instrument is 75% accurate. There will be two suicides next year, but our screening instrument will identify 2,500 possible suicides. If the screening instrument is 90% accurate, it will identify 1,000 possible suicides; if it is 95% accurate (much more accurate than any existing screening instrument) it will identify 500 possible suicides. That is far too many false positives for an institution to cope with. The *Journal of the American Medical Association* published my humorous letter on this issue in 1974.

……This suggests that we could prevent suicide more easily if it were more common, in which case the proportion of false positives would be much lower

This in turn suggests that, in order to prevent suicide more effectively, we must increase the suicide rate. Only then will be able to reduce the suicide rate! (Lester, 1974, p. 26-27)
Rather than explaining suicide (looking for causes), perhaps we can understand suicide, at least in one individual, a phenomenological approach. I began that task by reading a biography of a famous suicide because biographies of famous individuals contain a wealth of detail about every aspect of their lives. I began with Ernest Hemingway, and I felt that I understood why he killed himself when he did and in the way that he did. However, as far as suicidology is concerned, I am an obsessive-compulsive. I have now read over one hundred biographies of famous suicides (famous enough to have a biography written). You can find some of my essays on them on my website (www.drdavidlester.net).

Serendipitously, I was given the diary of a suicide. An undergraduate student of mine possessed the diary of her sister who killed herself and asked me whether I would be interested in it. I said yes, and I obtained her permission to edit a book on the diary. I asked my colleagues in the field to contribute chapters, resulting in Katie’s Diary: Unlocking the Mystery of a Suicide (Lester, 2004b).

Since then I have collected nine diaries from suicides (and two from attempted suicides). I have also studied the poems of those who chose suicide (both famous poets and unpublished poets), the letters written by suicides, and one tape recording of a young man who killed himself just an hour or so after he recorded the tape. This book will tell you what I have learned from my studies of these materials. But I should warn you. It may not be possible to generalize from one individual to another. If we obtain some insights into the mind of one suicidal individual, this may not help us understand another suicidal individual. But it might, and certainly the technique may illustrate one pathway to understanding.