

Book Review

Title: *Thinking About Suicide: Contemplating and Comprehending the Urge to Die*

Author: David Webb

Publisher: Ross-on-Wye, Herefordshire, UK: PCCS BOOKS, Ltd., 2010

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Reviewer: Cherie Luckhurst

“If you’ve picked this book up because you are currently thinking about suicide for yourself, then you are the first and most precious audience that I seek” (p. 3). Thus begins David Webb’s book *Thinking about Suicide*. In the quote, Webb sets the tone for the entire work: he respects the sufferer and honors the struggle.

The story is Webb’s first-person account of years of suicide and self-harm. His narrative is balanced with the literature of suicidology and discussions of psychiatric treatments. This book reveals quite acutely the inadequacy of the psychiatric community in addressing the lived experience of being suicidal. Webb recounts instance after instance of marginalization, inappropriate treatments, deception, the dismissal of his thoughts and feelings, and betrayals of his trust. This book is not a protest against psychiatry, but it does reveal a huge flaw in the psychiatric model of treatment in which doctors disregard the lived reality of patient and thereby impede effective treatment. For readers with knowledge of disability studies and disability theories, the idea of treating patients as pieces of broken machinery will be a familiar one.

The book begins with a discussion of the popular myths about suicide. These include: “People who attempt suicide are just selfish or weak. People who talk about suicide are just trying to get attention. People who attempt suicide are crazy” (p. 17), and so on. Webb describes his own perspective: that suicidality is a deep human journey, one that many people travel at some point in their lives. He suggests, “Ignore those who say you are suicidal because you are mad, bad, or somehow broken. Instead, honor the life story that has brought you to this moment, however sad and painful it might be” (p. 3).

Webb then tells his own story, a candid look at the life of a young man who struggled, as many people do, with deep worries and who turned to alcohol and drugs to relieve his pain. The second half of the book is about recovery. Webb gradually discarded the perspective of the medical model. He began to see himself as a whole being who was worthy of respect. He learned to focus inward and discover who he was at his core: a spiritual being who was adequate as he was. This book is no religious tract, though, and Webb does not suggest a church or 12-step programs. He suggests simply listening to one’s internal conversation in a thoughtful and kind manner.

It is frightening to face suicide. Observers struggle to comprehend it—was there a crisis, a death, an accident, a war? Understanding the *cause* of suicidal feelings helps us make sense of the pain. But what if there is no *reason*? What if not even the sufferer knows why they feel suicidal? These questions are scary, make us vulnerable, and

undermine our personal security. Webb offers no relief; he is as baffled by his misery as anyone. Like us, he is confused by his condition, often frustrated with misguided and ineffective treatment, and ultimately unable to find relief for his pain. Yet at all times he is transparent in his struggle.

I found his commentary refreshing and fascinating. I think readers of every type would be engrossed by the journey of this man—from suicide attempts to family intervention to drug addiction to self loathing—and wish for him the best possible outcome. The author does his best to look suffering in the eye and make it speak to him. The book would be an excellent supplemental text in disability studies or psychology/psychiatry, but I would monitor student responses carefully and be sure to provide information for counseling resources. The story is fraught with desperation, blind alleys of treatment, and the author's own feelings of guilt and despair. It is direct in its discussion of the failings of the mental health system, the perils of treatment, and the impact on family, friends, and community. It also considers existential questions that readers may find disturbing.

This book calls for a dialog on the topic of suicidality. In addition, it promotes a treatment model that respects the experience of the individual, instead of suppressing it. Webb confesses that facing his own suicidality took brutal honesty. It is time the mental health community faced suicide with similar respect and candor.

Cherie Luckhurst is a PhD candidate and lecturer at the University of Hawai'i at Manoa. She currently conducts research on personality disorders.