

# The elephant in the room: Revisiting Joiner's theoretical perspective on suicide

Gen Nakao

## Introduction

Among several arguments on why people die by suicide, Joiner's theory (Joiner, 2007) provides a clear-cut explanation on psychological dynamics. Joiner's self-delineated discussion is indeed in line with the cognitive behavioral therapy (CBT) perspective; highlighting the risk factors such as perceived burdensomeness, not necessarily real burdensomeness. His argument seems plausible due to several empirical findings; however, some questions still remain. In this paper, the author will briefly touch upon Joiner's theory on suicide and raise issues that future research can elaborate further.

## Joiner's theory on suicide

According to Joiner (2007), people die by suicide when (a) they desire for suicide, and (b) they have the ability to do so. The desire for suicide consists of two psychological components: (1) perceived burdensomeness and (2) the sense of thwarted belongingness or social withdrawal/alienation. The ability to commit suicide refers to the acquired ability to enact lethal self-injury. This implies that a person can hurt him/herself; however, it may also include repeated accidental injuries. At the point of the publication, Joiner addressed that he had

not yet explored the interactive nature of this theory, which positions a three-way interaction between the three components: perceived burdensomeness, failed belongingness, and acquired capability of lethal self-injury.

## The details of Joiner's perspective

First, perceived burdensomeness can be summarized as a view that one's existence burdens other people, such as family, friends, and society. Notably, it is important to address that this burdensomeness is potentially a fatal misperception, as opposed to an objective burdensomeness. In a sense, this is a unique hypothesis because it might be difficult for one to imagine that people with suicidal risk would think of somebody else; it is easy to presume that people with suicidal risk would be preoccupied with their own thoughts (worries, concerns etc.) in their minds. However, Joiner's perspective seems reasonable because such burdensomeness can be interpreted as a sense of guilt.

At the same time, Joiner's theory regarding interpersonal perspective (perceived burdensomeness on other people) should prompt readers to contemplate what could be happening internally, in a person. In other words, besides this interpersonal

framework, what does intrapersonal mechanism look like? This aspect reminds us of Rogerian perspective with regard to the internal dynamics of the self (discrepancy between perceived-self and actual experience).

Second, another psychological risk factor of suicide is perceived low sense of belongingness or the experience that one is alienated from others and is not an integral part of a family, circle of friends, or other vital groups. This argument also sounds legitimate; however, the sense of belongingness might be understood differently in a culture where interdependent self-construal is normative, such as in East-Asian countries. This aspect will be discussed later in details.

The third risk factor for suicide, the acquired ability for lethal self-injury entails internal conflict with self-preservation motives. According to Joiner (2007), the capacity for suicide can be acquired through repeated exposure to painful or

fearsome experiences (including self-harm and accidental injuries), and such exposure may result in habituation, tolerance for pain, and a sense of fearlessness in the face of death. This discussion on enacting self-harm (including repeated self-injury) seems important, because in a modern society, chronic physical pain is rarely recognized and death is merely a concept for people. That is, for those who are experiencing real pain repeatedly (and are habituated of pain), pain and death are real and not just concepts.

In addition, related to this habituation, culture or subculture might influence one's basic attitude toward self-injury or suicide. As Joiner introduced in his book (Joiner, 2007: p.133), a new trend in Japan was reported by mass media (cf. internet suicide in Japan; Naito, 2007). As a psychologist originally from Japan, the author has been recognizing that such a new trend of suicide exists in Japan (i.e., internet-related suicides where young strangers contact each other

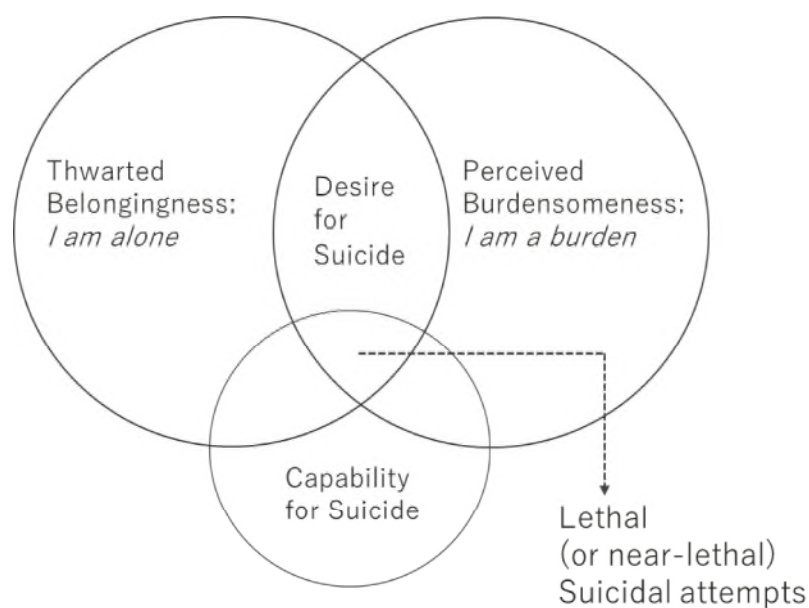


Figure 1. The psychology of suicidal behavior (from O'Connor & Nock, 2014).

to plan their death). Speculatively, one of the underlying social phenomena in Japan might be, that there is a subculture where people consider self-injury and even suicide as “fashion,” akin to pop culture. Given this trend, a therapist cannot dismiss such a zeitgeist (i.e., spirit of the age/time) in a certain culture to better understand patients' context.

### **What would be the last straw?**

The three risk factors that Joiner (2007) introduced seem plausible; however, we can still contemplate whether there is a risk factor that would be the “last straw” for those who are determined to commit suicide. Regarding this issue, the author believes that impulsiveness could have been explored further (i.e., the neurobiological perspective). Similarly, the existential perspective could have been discussed more for future research. Namely, besides the interpersonal framework (burdensomeness on others), how does intrapersonal mechanism (within the self) occur and what does it look like? How does the existential aspect impact suicidal risk? These potential questions can prompt us to contemplate how the Rogerian perspective is useful in conceptualizing suicide.

### **Some thoughts on the self: Existential crisis?**

Joiner's theory (the interaction between perceived burdensomeness, failed belongingness, and acquired capability of lethal self-injury) seems convincing and graspable. However, it seems that people

at suicide risk might be thinking about their own existence as well; they may be worrying not only about external factors, but also about themselves (i.e., existential questions such as, “Who am I? And what am I for?”). Hence, the concept of the self (i.e., existential perspective) should be explored further.

Even though Joiner did not fully expand this discussion, Shneidman reportedly touched upon “assaulted self-image” as one of the risk factors for suicide (discussed in Joiner, 2007: p.96). Moreover, Joiner discussed self-views (Joiner, 2007: p.109) that the self is an important mediator as a “filter” of interpreting the world. Since the self is a fundamental mechanism that entails schema, if the self-image is distorted, perception about the world would also be affected. Rather than discussing such cognitive aspect at present, the author believes that it is important to ask whether existential crisis (such as discrepancy between an ideal and real selves) could be related to suicidal risk.

### **Rogerian perspective**

By existential crisis, the author here means that one might have perceived a discrepancy within the self. Simply put, such discrepancy between the ideal self-image and the actual self-image causes distress, and this might be the reason why a “capable person” may suffer and die by suicide.

According to Rogers (1957), when patients come for therapy, they are in a state of incongruence between experience and self. That is, there exists a discrepancy between the actual experience of the person and

the self-picture of the individual insofar it represents that experience. Due to this incongruency, as Rogers (1961) wrote, such a client is vulnerable and anxious, and may say “How can I discover my real self? How can I become what I deeply wish to become? How can I get behind my facades and become myself?”

Rogers (1957) argued that self is the central construct of the psychotherapy theory and described an example of the incongruent client as follows:

The mother develops vague illnesses whenever her only son makes plans to leave home. The actual desire is to hold on to her only source of satisfaction. To perceive this in awareness would be inconsistent with the picture she holds of herself as a good mother. Illness, however, is consistent with her self-concept, and the experience is symbolized in this distorted fashion. Thus...there is a basic incongruence between the self as perceived (in this case as an ill mother needing attention) and the actual experience (in this case the desire to hold on to her son).

In this sense, problems possibly arise when people are incongruent. Even though the quote above does not necessarily deal with suicide, the author hypothesizes that when such a discrepancy becomes severe (between self-perception and experience), the risk of suicide might increase, because the self-concept seems to be essential for the psychological phenomena.

## **Cultural consideration & terrorism attack**

So far, the author formulated his own responses to Joiner's theory, some thoughts on the three components, and possible hypothesis based on Rogerian perspective. The author would, now, like to elucidate his reaction on Joiner's (2007) arguments regarding culture.

First, what is striking related to cultural consideration is the illustration about the difference between the interdependent and independent/autonomous construal of the self (Joiner, 2007: p.161). As seen in Asian cultures, if interdependent self-construal is normative, people see themselves as part of a larger whole, and do not emphasize their own personal autonomy and independence. Joiner argued that, in cultures where an interdependent self-construal is normative, failed belongingness may be particularly painful. This argument seems logical; however, as an Asian person, the author has a contrary reaction to such a situation. Although it is agreeable that people in Asian cultures consider themselves interdependent—since people (the self) are naturally interdependent—it is hard to imagine that people are separate from each other (i.e., natural tendency of being related to each other in interdependent self-construal culture). In other words, since the sense of relationship with others always precedes the sense of being an individual, the author speculates that failed belongingness might be found in other interpersonal domains, particularly in East-Asian cultures.

The author also wonders if burdensomeness might be more painful in a society where the

interdependent self-construal is dominant. In a culture that values interdependent self-constructs, since one's own negative issues can be shared with other people, one might feel more guilty as he/she might burden other people. As Joiner mentioned, this cultural aspect can be explored further.

Second, Joiner argued about Japanese Kamikaze pilots (Joiner, 2007: p.143) and provided an explanation based on the cognitive framework regarding their willingness to die by Kamikaze: comparing the weightage given to death and contributing to the community (assess that their death is worth more to their community than their life). It seems that religion or even nationalism might get involved in such decision-making processes because it is possible that a person cannot convince him/herself alone toward self-harm and some authoritative figure/construct might be required.

Third, in line with the discussion on Kamikaze pilots, cognitive traits must be a key in considering terrorism. Some studies on terrorism suggest that radicalization (radical belief), which refers to a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals, is one of the key factors of behavior related to terrorism (cf. Ruggiero et al., 2011). Accordingly, the cognitive behavioral therapy application is a robust framework.

Finally, in treating immigrants, taking acculturative stress into consideration is important to assess the risk for suicidality. Immigration, or separation from one's original culture is a psychological "sense of loss," and from a psychodynamic

perspective, it is sometimes called "déracinement" (French word), which means to "disroot." Here again, a cognitive pattern which is "all or nothing type" of thought, seems to provoke the most stressful response in immigrants.

### **Clinical implications**

Based on Joiner's theory, the clinicians should be cognizant of their patients' level of belongingness, burdensomeness, and acquired capability to enact lethal self-injury (including previous history of self-injury and suicide attempts). The author believes that Joiner's theory (2007) is clinically useful because the three components of his theory can be evaluated distinctively. For practical purposes, a crisis card and "ICARE" framework appear to be useful. The author also believes that for clinical implications, the CBT and interpersonal psychotherapy (IPT, Joiner, 2007: p.205) seem to be effective.

First, utilizing the CBT technique, the primary task is modifying (ideally, reducing) a patient's perceived burdensomeness, or "restructuring maladaptive thoughts." Second, beside this cognitive domain, in order to assess a patient's level of belongingness, the perspective of interpersonal psychotherapy would be beneficial for clinical interventions from risk assessment to prevention. Though Joiner introduced the interpersonal psychotherapy framework, future studies can further investigate such basic assumptions, despite Joiner advocating a "theory-free" approach (Joiner, 2007: p.205). According to Hess (2009), more than empathic regard or

unconditional understanding, the core of this interpersonal approach is “the sense-of-the-other,” which involves the positive engagement of a person in other’s life. The author believes that this framework matches well with Joiner’s theory (failed belongingness).

According to Kazdin and Weisz (2003), interpersonal psychotherapy focuses on the patients’ symptoms and their current interpersonal contexts regardless of the etiology of the disorder. The theoretical roots of this treatment can be found in the interpersonal school of thought and, more specifically, in the teachings of Harry Stack Sullivan and Adolf Meyer, who moved the focus of psychiatry away from the individual by arguing that one’s personality is the culmination of recurrent patterns of interpersonal interactions (Sullivan, 1953).

Diagnosis and intervention, therefore, must focus not only on the symptoms and behaviors that comprise the disorder but also the on individual’s interpersonal interactions and communications involved in these interactions. Diagnosis includes the identification of maladaptive interpersonal patterns that are seemingly related to one’s symptoms, and intervention involves the disruption of these patterns. For instance, Sullivan (1953) argued that therapists can incorporate this aspect by translating depression into interpersonal terms, treating the underlying interpersonally problematic features. According to him, depression can be interpreted into its interpersonal issues such as passive tendency, isolation, obsequiousness, inability to express anger, and hypersensitivity to separation (Sullivan, 1953).

## Conclusion

As discussed, Joiner's theory is useful to conceptualize the critical question on why people die by suicide. The author highlighted some theoretical frameworks on underlying mechanisms of suicide. These theories are important because they provide a fundamental perspective, allowing clinicians to be aware of their actions as a therapist. The author further elucidates the combination of CBT and interpersonal psychotherapy to be an effective approach in dealing with suicidality.

## References

- Hess, A. K. (2009). Sense-of-the-other: At the core of interpersonal theory and practice. *Journal of Contemporary Psychotherapy, 39*, 25-32.
- Joiner, T. (2007). *Why People Die by Suicide*. Harvard University Press.
- Kazdin, A. E., & Weisz, J. R. (Eds.) (2003). *Evidence-Based Psychotherapies for Children and Adolescents*. New York: Guilford Publications, Inc.
- Levenson, E. A. (2005). *The fallacy of understanding: An inquiry into the changing structure of psychoanalysis; The ambiguity of change: An inquiry into the nature of psychoanalytic reality*. Hillisdale, NJ. The Analytic Press.
- Naito, A. (2007). Internet suicide in Japan: Implications for child and adolescent mental health. *Clinical Child Psychology and Psychiatry, 12*, 583-597.
- O'Connor, R. C., & Nock, M. K. (2014). The psychology of suicidal behaviour. *The Lancet. Psychiatry, 1*, 73-85.
- Rogers, C. (1961). *On Becoming a Person*. Boston: Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103.

- Rogers, C. R. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.). *Psychology: A Study of Science*. New York: McGraw-Hill. (Vol. 3, pp. 184-256).
- Ruggiero, G. M., Sassaroli, S., Latzer, Y., & Suchday, S. (2011). *Perspectives on Immigration and Terrorism: NATO Science for Peace and Security Series E: Human and Societal Dynamics*, Vol. 78. IOS Press.
- Sullivan, H. S. (1953). *The Interpersonal Theory of Psychiatry*. New York: W. W. Norton.

### **The author's biography**

Gen Nakao, PhD, is a social/cultural psychologist who currently works as a Lecturer at the Faculty of Management, Otemon Gakuin University, in Osaka, Japan. He obtained his BA in Intercultural Education at Sophia University, his MEd in Mental Health Counseling from Fordham University in New York, and his PhD in Social/Cultural Psychology from Kyoto University. Nakao's research interests center around acculturation, intercultural competence, marginalization, mental health, and quantitative and qualitative research methods. His cross-cultural studies also examine the relationship between popular culture and well-being. For more information about his work, see: <https://sites.google.com/view/gennakao/home>.