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2015 Interview with Thomas Joiner

Nova Southeastern University

Office of Suicide and Violence Prevention

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We have been struck by the way that you brought a fresh perspective to the research that you do. Your conclusions offer a fresh perspective on suicidology, a different way of grasping the topic. How did you develop and nurture this fresh perspective?

One things that comes to mind is a habit of mine of being omnivorous in my intellectual pursuits. If you do that, you are able to combine fields, ideas, and concepts in ways that you can't if you are not constantly exposed to the novelty in other fields. Another part of it, [suicide] runs in my family and things that past scholars say with a lot of confidence about this or that aspect of suicidal behavior, I tended to reject because it did not fit with the people I knew. I am not real fond of anecdotal approaches but still you would think that if these past scholars are so confident about how suicide works then it would apply to people that I know who died by suicide but it really didn't.

So you're testing what you are reading against your experience with your family and being able to see the comparison to see if it held and water or not.

I guess I wouldn't use that as a final test but it certainly raised enough questions in my mind to develop a new way of thinking about it and once you do that the obligations of responsible scientist and scholar is to refute it scientifically and empirically and we have done a pretty good job of that. So far, the ideas have held up pretty well.

You keep going back to the data to make a claim, for example, like in [your book] Perversions of Virtue, you drew on several kinds of studies that murder-suicide is a subset of suicide not murder.

That is my view after reading through case reports and media reports. Essentially, because that's all there is. There is some scholarship on it but not very much. Reading through those cases, it seemed to me follow that pattern.

And then bringing the perspective that you described, omnivorous juxtaposition, that you're drawing from different fields putting side by side different understandings and coming up with a different gestalt or depth of perception based on that juxtaposition.

Yes. I think gestalt is a good concept here. I had a professor in graduate school who was fond of talking about this in terms of "breaking set." His idea was you need to "break set" or else you will get stale and repetitive. It really does help because if you don't do it you do seems to get the same sort of idea with any novelty or progress.

What [Dr. Edward] de Bono called lateral thinking.

Sure. There are a lot of different and angles and different researchers have used different terms to describe it. Intellectually being exposed to novelty.

Here at NSU, we direct the campus suicide prevention efforts but what do you think university need to do differently to promote awareness and prevent suicide?

Largely they are the same actions that need to be taken in society at large. The message that this is almost entirely due to mental disorders and those disorders though miserable, are treatable. There is hope that to get better from these conditions. That is a key point that is extremely obvious to mental health professionals but is not to the general public. Resources such as 1800 273 TALK and the corresponding website are terrific. The importance of means restriction or mean safety, the term I've come to prefer, is a crucial public health idea. Another thought, here at FSU, for instance, the relationship between FSU Law Enforcement and the mental health community on campus is really good. It is really healthy with a lot of open dialogue and information exchange and I'm sure that is true of many universities but if it does not it needs to be addressed because they are handling the actual [suicide] attempts.

I used to direct the Student Counseling Center here at NSU for six and a half years and I would agree with you that the relationship between us and different facets of the university certainly law enforcement but residents halls and so on made a huge difference. Then at the university there is the capacity to intervene in a manner that we don't on a larger societal level that we can get people into treatment and have a way to them there and keep them safe.

Good point about the residents halls because along with law enforcement that is a key leverage point.

We do get to present to those groups here. I was in Texas in August for their state conference, which I know you have spoken at before, and I was excited to learn that Texas passed legislation requiring training at all colleges and universities on suicide prevention.

That is fantastic and you are starting to see it here and there around the country. I think it is really encouraging as well. I think that the leader was Washington state where suicide prevention training was required of all mental health professionals. Physicians were not included but the same group is currently trying to pass legislation that would include physicians. Kentucky has been real successful and the one you mentioned in Texas. Very encouraging.

Where do you see the field going? You spoke about some of the ideas that are preventing progress.

Some ideas that are starting to move forward. One is the idea of "ideation to action" framework. It is certainly part of my thinking when I was writing about the role of fearlessness which is why I think people can go from suicidal ideation to suicidal behavior is that they have enough fearlessness to do so. The people who do not have that fearlessness get stopped in their tracks. This concept is now present in many models, certainly in mine but others too. The other idea has always been around, but recently struck me, that without exception every single one of the prominent models of suicidal behavior have some form of intractability as part of it. In other words, people get into these states, hopelessness, for me it is burdensome or low belonging. The key ingredient, is not only that it happens but that the person believes the state to be permanent and intractable. I think that those ideas of just true and they have a lot of power. I can see those two threads going ahead and pushing things forward.

Do you get involved in any suicide prevention efforts at FSU?

A little bit. I have directed the department's clinic for many years and we have obtained a reputation in not just the university but in the region for expertise in managing suicidal behavior. We recently received a Garret Lee Smith Act grant for improving campus suicide prevention. We took the angle of trying to get information to the front line people who probably don't have it yet, mainly professors. They are a challenging group because they think they know everything and they don't want to be told how to do things but many of them don't have the knowledge about how if you see a student present with these specific symptoms you might want to provide resources such as 1800 273 TALK or the student counseling center. Just basic concepts like that.

I was wondering about your clinical background because in Perversions of Virtue, you mention at the end some suggestions for clinicians to look for that, that have anecdotal but not at this point research evidence such as the 1,000 yard stare, a precipitous recent loss of weight, or agitation in the therapy room. Those were ideas that came from you from the clinical directing you were doing?

A lot of it is. The first four years of my career, I was an assistant professor then an associate professor at a Department of Psychiatry and so saw many suicidal outpatients myself. Then was the Director of Psychological Assessment on an inpatient child's unit and many of them were suicidal. And after moving here to FSU, it is mostly one step removed from direct contact as I am a direct supervisor for much of the clinical activity done there.

Douglas and I both train clinicians and what are your recommendations for a beginning clinician with regards to suicide assessment and management?

I actually do some legal consulting work; that a lot more of what I do these days. That has been very educational because you see many basic mistakes that are repeated and clinicians are being sued for in the wake of a suicidal death that the health profession should have done more to avert. Some of the basic mistakes are: one is the mischaracterization of risk level. [Assessing the risk of suicide] is not so hard if you know some of the warning signs such as what I list in the back of Perversions of Virtue. The other one is actually more common is an accurate characterization of risk but the lack of proportionate management strategy of that risk. An example is someone who is at a high risk for suicide and the clinician recognizes that but does not do much about it except to say maybe promise to keep safe but they don't do enough. The third category is becoming more common, is the overestimation of the power of protective factors. There are a lot of cases when a person is at extremely high risk but the clinicians gets distracted by the person saying in passing that they are religious and they would never do something like that because it is against their religion or they would never do this to their family. The clinician focuses on that and ignores all the ominous factors and that person goes an hour later and takes their lives. So I would say those three errors are good for a beginning clinician to be aware of. Protective factors are not irrelevant but they are not strong enough to undo things when they are that ominous.

That brings to mind the issue of hospitalization. As you know we have the Baker Act in Florida. From our perspective it provides a way to limit access to means for a limited amount of time. If you had the ability to influence Baker Act receiving facilities in our state, in a significant way, are there are rules you would put into place to make hospitalization more than a prevention of access to means?

Yes, I think I would urge them to take initial steps to mitigate those modifiable factors that are usually in play such as insomnia, agitation, nightmares, social withdrawal, and things of that nature. Probably even more important, I would urge them to have a system in place that where people are contacted for at least a few minutes on the phone within hours of discharge not a few days or a week later. Because that is such a dangerous time even patients that look pretty good in the hospital, it is real common for that surge of suicidality to come back. Even 24 hours is a good timeframe. If someone calls you during that just to say "remember what we spoke about in the hospital," ask if they are taking their medicine, and checking on their social connections.

There is some interesting research that that contact after, even if it is not personal can make a difference.

I believe it. The research isn't vast but what there is, is pretty supportive.

What do you think is behind the increase in suicide for men ages 35-64 which increased pretty dramatically in past decade?

I am baffled. I could certainly make some guesses but they would be speculation. One may have to do with the change in media treatment of violence, not necessarily suicide, that occurred in the early to mid- 1970s is when you started to see more violence in the graphic nature of movies and now it is everywhere ,video games and everywhere. That probably didn't help and may have fueled some of the fearlessness of people. Video games is the classic example that men do that a whole lot more of that than do women. That could have something to do with it but its puzzling.

In your book you commented on the Black Diamond warning on anti-depressants for adolescents, do you think that is holding back many adolescents from receiving the necessary medication?

I think there is no doubt of it. It is a controversial topic in some quarters but my candid opinion is that the Black Box warning has killed people because it had kept antidepressants from them.

Yes. I would agree. I want to go back and ask you about your thinking when you were writing Perversions of Virtue. I was intrigued about how much time you spent developing the typology and put forth effort to create what seemed to be an airtight construction of the ideas with the mind to create a framework for future research. Was that the motivation behind it?

Yes. The kind of philosophy of science that I am drawn to is the kind where people make fairly bold theoretical statements, kind of sweeping even, and invite people to falsify them. That is how my mind works scientifically, that is what I was trying to do, make a bold statement. My view is after that no matter what happens we learn something important. Either it doesn't get falsified in which case there is probably something there or it does and we learn which piece is right and which piece is wrong and either way we end up advancing. That's my particular, personal philosophy of science, I don't claim it that it has to be everyone's but that is mine.

It is really benefitting from error activated learning.

I think so. Yes.

What is the next project for you? Do you have another book in mind?

I do. There has been a pattern for me in my career, where I'll do a coupe things on my main professional specialty, which is suicide, and its prevention then go out of field and do something. I did a book on loneliness a few years ago and then I went back and did a couple on suicide. Now, I am going back out of field and trying to finish a book that is critiquing the excess that I have perceived in the mindfulness movement. It's not so much a critique of down-to-earth mindfulness because I think that stuff is pretty good and useful but there is a lot of access, people have taken that basic mindfulness, down-to-earth, sensible stuff and taken off in all these wild directions that I don't care for. The book is critiquing that process.

What is your take on using mindfulness as a part of DBT?

It's good. That kind of mindfulness teaches among other things, the unimportance of the self, the unimportance of any particular feeling or thought. I actually think that it is profound and useful. The things that I am trying to skewer in this book are doing the opposite. They are teaching people how precious every feeling or thought is and I think they have gotten mindfulness wrong. I think mindfulness is about your nonjudgmental awareness of everything, not just you, your thoughts and feelings but of everything. The versions I am attacking are turning that on its head and making it about selfishness and I am decrying that in this book.

I look forward to it. That is pretty ironic isn't it? Mindfulness ending up creating a heightened sense of self.

It is and I am convinced that I have found the seeds of it in the original writings of some of these folks who I think are well-meaning and say some really cool things. But, I've also read some of the things, I am thinking primarily of one of the main founders, I always blank on the name… Kabbat-Zinn is it?

Jon Kabbat-Zinn.

Reading some of what he wrote, you can see some of the seeds of selfishness in there. I think the problem, the potential was there even early on but now, I think, it has become rampant.

It has certainly has become the flavor of the month so your book sounds like it will be a nice balance.

It is very popular but I don't think this book will be because it is against all that. I felt the need to say it. That is what I am working on now.

Other than the State of Washington requiring training for clinicians, do you see much progress, particularly on the university level so that we are actually turning off psychologist and therapists that know suicide assessment and management?

Yes. I think there had been considerable progress. It has been slower than I would like but I think it is important to recognize that it has occurred. Just one example, when I was in grad school in the 80s it was hard to think of a university laboratory at the time that was fully devoted to suicidal behavior and was producing generations after generation of scientist and scholars that are going to tackle this in the future. That was not so long ago, twenty, thirty years ago. Now I can think of a ton of them, mine is one of them for sure, but Matt Knock at Harvard, Dave Jobes at Catholic and on and on. I think that is one reflection of it.

Thank so much for your time.

Happy to do it.