

I Will Not Kill Myself Olivia Kindle Edition

The smartest decision Daniel Long ever made was to take a hit out on his own life. Too scared to kill himself but also too scared to live, he is a sad, pathetic man; a miserable martyr of depression. A year after he was dumped by his self-centered alcoholic girlfriend, he still wallows in the hole she left behind. And, except for the cubicle that he spends forty hours a week in, Daniel rarely leaves the bare white walls that make up his apartment. Trapped in his self-made ennui, his only escape is to hire a hitman. But when one of his few friends kills herself Daniel realizes the error of his ways. He tries to cancel the hit but in the process he offends his contracted killer. Now his impending death is personal and his life is about to get more exciting than he ever could have imagined.

NEW YORK TIMES BESTSELLER • A powerful memoir of a love that leads two people to find a courageous way to part—and a woman’s struggle to go forward in the face of loss—that “enriches the reader’s life with urgency and gratitude” (The Washington Post) “A pleasure to read . . . Rarely has a memoir about death been so full of life. . . . Bloom has a talent for mixing the prosaic and profound, the slapstick and the serious.”—USA Today ONE OF THE MOST ANTICIPATED BOOKS OF 2022—Oprah Daily, BookPage Amy Bloom began to notice changes in her husband, Brian: He retired early from a new job he loved; he withdrew from close friendships; he talked mostly about the past. Suddenly, it seemed there was a glass wall between them, and their long walks and talks stopped. Their world was altered forever when an MRI confirmed what they could no longer ignore: Brian had Alzheimer’s disease. Forced to confront the truth of the diagnosis and its impact on the future he had envisioned, Brian was determined to die on his feet, not live on his knees. Supporting each other in their last journey together, Brian and Amy made the unimaginably difficult and painful decision to go to Dignitas, an organization based in Switzerland that empowers a person to end their own life with dignity and peace. In this heartbreaking and surprising memoir, Bloom sheds light on a part of life we so often shy away from discussing—its ending. Written in Bloom’s captivating, insightful voice and with her trademark wit and candor, *In Love* is an unforgettable portrait of a beautiful marriage, and a boundary-defying love.

Cottage Detective Record: Sister Feng Xing killed three people in two days (3) Date: March 14, 2008 / March 15, 2008 Title: Fengjie Shaxing Killed Three People in Two Days (3) Location: A certain room in the attic, No. 22 Tongle Street, Yuen Long, a certain room in Kai Lian Building, No. 25 Huai Yan Street, Tai Po, and some room in Dekang House, No. 80-82, Kwong Fuk Road, Tai Po. People: Jian Zhiwei, Shi Minglan, Sun Xiumin, Xie Qiaoyuan Case: Jian Zhiwei killed three Yifenglou sex workers, Shi Minglan, Sun Xiumin, and Xie Qiaoyuan within two days. Note: On July 28, 2009, a jury composed of seven men, including a South Asian, unanimously ruled that the defendant was convicted of all three murders. Judge Besan sentenced him to life imprisonment. At 6:44 am on November 3, 2016, Jian Zhiwei, who was serving his sentence at Shek Pik Prison on Lantau Island, hanged himself and died. On July 20, 2009, Jian Zhiwei appeared in court to defend himself in his native language, claiming that he owed gambling debts in Macau, and was credited by "qiang", "Quanquan" and "Tony" of Palestinian origin. On March 13, 2008, Detained back to Hong Kong for detention. Jian Zhiwei said that the creditors asked him to help collect money from many sisters Feng, and he was forced to submit to a "Fenglou" on Tongle Street in Yuen Long. The main debtor entered the house to have sex with "Sister Feng". While Sister Feng was taking a bath, he opened the door for Tony to enter the house, and then left to return to the car. Jian Zhiwei said, "On March 15, 2008, I was taken to Kwong Fuk Road, Tai Po. Tony asked me to enter two" Feng Lous ". When I entered the second Feng Lou, Tony followed. " Sister Feng " When she saw Tony, she grabbed my right arm and used it as a shield. I didn't let go until Tony slapped her. I exited Fenglou and listened for a while outside the door, only to hear the intense quarrel. " "I didn't kill anyone. I left each time after Tony entered the house. I didn't know anything about leaving the scene. When I left, all three of them were alive." Jian Zhiwei said that after about fifteen minutes, Tony returned to the car, handed him two ATM cards, and said the password for the ATM card. When the car passed the Tai Po Market MTR station, Tony asked him to withdraw money from the ATM and took it to Macau. Jian Zhiwei said: "I followed Tony's instructions to withdraw money at the teller machine. Because the password of the ATM card did not match, I tried twice and both cards failed to withdraw money. I called Tony and he knew that I could not withdraw the money and called I will take a boat to Macau and meet again the next morning. " "The next morning, I heard the news that the three" Sister Feng "had been killed. When I met Tony, he confessed to killing the three. I was worried about being involved and told Tony to call the police. He threatened to be detrimental to my family and said, " "Sister Feng" was killed. The police will not try to investigate, so I can be assured. " On July 24, 2009, the prosecution alleged that Jian Zhiwei had acknowledged the killing to the police, and his testimony in court was nonsense. The police found the condom and his fingerprints used by the defendant at the scene of the murder and accused the defendant of the murder. Already quite certain. The defense emphasized that the prosecution's scientific forensic evidence was suspicious. When the defendant gave evidence, he had stated that he had collected debts from three units of the deceased, and even denied that he was the murderer. He hoped that the jury would acquit the defendant. The prosecution stated that the defendant confessed to killing after being arrested by the police in March 2008. Scientific forensic evidence showed that two of the murder scenes included condoms and tissues containing the defendant's genes, and found the defendant's palm print and cigarette butts. A clipping of the defendant's genes was also found at the scene of another murder case. It can be seen that the defendant had visited three deceased units before the three were killed. The defendant argued that the creditor opened the door of the three deceased units, leaving traces of genes, just nonsense. The defense stated that according to the defendant's testimony, the defendant only opened the door of the deceased's residence for Tony, the creditor, and did not know that the creditor had killed the person after entering the unit. The creditor later confessed to the defendant that he had killed the deceased. If the jury believed the defendant, he should be found guilty of murder. The forensic doctor once pointed out that the deceased was struck with his arms from the back of his neck to death, but the forensic experts did not find the defendant's genes in the deceased's neck. It can be seen that the prosecution's scientific evidence is also questionable. Case Inspector Lu Deqiang, Senior Superintendent of Team 2A of the New Territories North Squad, revealed that the police had investigated whether the defendant had been forced to kill by the creditor, and it was later confirmed that this was not the case. On July 27, 2009, High Court Judge Bessane pointed out when leading the jury earlier that the defendant had admitted in the video footage of the police that he had committed killings due to debts, but claimed in court that there was no killing and that he was abused by the police. Only admitted to killing. The jury must consider whether the defendant has pleaded guilty to police intimidation. Before convicting the murder of the defendant, the defendant must be a true murderer who intends to kill or seriously harm the deceased. On July 28, 2009, Judge Bessane guided the jury and stated that the defendant gave evidence in court and the police confessed to provide two different versions of the story. She reminded the jury that no matter which version they accepted, the defendants' three murders needed to be considered independently. A jury consisting of seven men, including a South Asian, came to the court after only two hours of deliberation and unanimously convicted the defendant of all three counts of murder. Judge Besan severely accused the defendant of committing evil crimes, causing many people to die and sentenced him to life imprisonment. At the beginning of the trial, the judge issued an order to the media prohibiting the media from publishing any information and photos of the defendant when the trial was reported, so as not to affect the jury and protect the defendant from a fair trial. The judge especially asked the prosecution and the defence if there were any complaints against the media. After determining that there were no complaints, she thanked the media for their fair reporting. Postscript: Sister Feng's murder on Electric Road in North Point has nothing to do with Jian Zhiwei, and the murderer has another person. At 6:44 am on November 3, 2016, Jian Zhiwei, serving

his sentence at Shek Pik Prison, Lantau Island, was found to have committed suicide by hanging himself on the iron fence of the cell with his own shirt, and was sent to the North Lantau Hospital for emergency treatment. died. Jian Zhiwei hanged himself while serving his sentence in Shek Pik Prison, and the coroner's court opened an inquiry. The deceased's brother confessed that the deceased had talked to him about being treated unfairly in prison. For example, when queuing into the cell, the staff of the Correctional Services Department repeatedly pushed him back, and the staff often imprisoned him in an abnormally dark room. The deceased's brother said that the deceased had filed a complaint with the corrections and welfare officer and accompanied the brother to meet the staff of the Welfare Department. Afterwards, the staff of the Welfare Department apologized to the brother and believed that the incident raised by the deceased was misunderstood and he would not repeat it. A similar incident occurred. The deceased's brother continued to point out that there was an improvement, but then he relapsed. He questioned that the deceased had needed to see a psychiatrist because of the suicide attempt, but the Correctional Services Department did not strengthen the care of the deceased. At the time, Shih Pik Prison Correctional Officer Liang Shicheng confessed that there was no black room in Shi Pik Prison, and correctional staff would not differentiate between prisoners based on race. The deceased was fluent in Cantonese, knew the complaint channels and had met with the complaints team, but no complaints were made after the meeting. A representative of the Correctional Services Department said that the deceased was held in a separate cell. Correctional staff patrolled the warehouse every 20 minutes. When the deceased was suspended, he was notified. The deceased had no vital signs on the spot, and the resident nurses, rescuers and hospital doctors' continuous first aid were invalid. The CSD's closing statement reiterated that corrections officers had taken all measures to prevent prisoners from committing suicide. The suicide tool used by the deceased was a long-sleeved shirt, and the Correctional Services Department was unable to provide prisoners with clothing. On April 11, 2019, forensic doctor Shen Haoxiang read out the autopsy report. The deceased's right wrist had cuts that touched two veins. There were two more scarred wounds on the cut, and there were injection marks on the right arm. None of the above wounds were fatal. The neck of the deceased is upwards, extending from the back to the back of the ear, about 26 centimeters long and 3 centimeters at its widest point. The neck scar is a typical neck hanging scar, which is less likely to be strangled from the back. Those who were strangled under the infringement will have left and right movement marks on the neck scar. The neck wound of the deceased was moved backwards and upwards. The forensic doctor said that there were no other signs of trauma or struggle, and the situation was consistent with hanging himself. On April 12, 2019, Coroner Cui Meixia led a jury in the morning. The deceased had hanged himself during his trial in 2009 and was rescued and sent to Xiaolan Psychiatric Center for observation. The psychiatrist diagnosed him with anti-social personality, but only pretended to be Mental illness. A post-mortem report revealed that the deceased's neck wounds were upward and backward, there were no struggling scars, and the suicide was suspended. Correctional officers inspected the deceased's cell twice on the day of the incident. The deceased was no different at 6.29 am. The hanged was found at 6.44 am. There was no evidence of other people contacting the deceased for 15 minutes. The family of the deceased questioned the unfair treatment of the deceased by the Correctional Services Department. The deceased's younger brother confessed earlier that the deceased revealed that the staff of the Correctional Services Department pushed him many times from behind and imprisoned the deceased in an abnormally dark room. The coroner said there was no written record of the complaint and staff of the Correctional Services Department denied the "darkroom." Coroner Cui Meixia reminded the jury to consider the injuries and illnesses that led to the death of the deceased. The magistrate recounted that when the deceased was found hanging on the morning of the same day, he tied a long blouse with a knot and tied it to the prison gate of the independent cell as a sling. The deceased turned his back to the gate and touched the ground with his knees. Ambulance personnel rushed to the scene to perform first aid, and once found the dead had one or two pulses. There was no evidence in court that the deceased had a disease, and forensic reports showed that there was no poison or drugs in the deceased's body, and the body was free of struggling and self-defense scars. The magistrate continued that the jury had to consider whether the deceased had committed suicide, but there was no direct evidence that the deceased had been suspended, and the jury could also consider whether the deceased had been attacked. Five jurors withdrew from the court at about 11:23 and discussed for more than an hour. At noon, Jian Zhiwei was killed by a large number of four pairs. The jury ruled that the cause of death of the deceased was a long sleeved shirt tied to a deadlock in the independent cell of Shek Pik Prison, tied to the cell gate and suspended by himself. The place of death was North Lantau Hospital. The jury will make at least two suggestions. After examining the suggestions, Coroner Cui Meixia believes that the rights of the person in custody may be weakened, and the implementation method is not feasible. It is suggested that the jury clarify the content and read out the recommendations in the afternoon. The jury eventually retracted the proposal. The deceased's younger brother questioned the outcome of the inquiry outside the court, arguing that the magistrate was not neutral in guiding the jury, and personal opinions were added. When the jury made recommendations, the magistrate repeatedly interfered in asking them to modify, seriously affecting the jury's decision. The deceased's brother said that the Correctional Services Department neglected the prisoners and would go to the High Court for civil claims and would also submit a judicial review of the ruling. Admitting I'm nuts would mean that the journey has not been real. *Memoirs of a Schizophrenic Goddess* begins with the murder of John Lennon. The superstar's spirit leads me to a book on science, ritual and religion called *Tantrism*. In the book I find pictures of a woman spinning in a circle. Finally there is a reason for the dance that I've been hiding in all of my life. According to the book I am a goddess, but the book is too difficult to understand, the science is too complex. To understand the journey I must read every book in the library. That's millions of books. Adding to my misery are the voices and the visions. Jesus and The Virgin are flesh and blood in my world, and devil-fighting rituals are a way of life. Exhausting my resources I search for help. No one wants to listen. I am encouraged to be quiet, not to let my "craziness" surface. That doesn't work for me because the journey is real.

Spirituality Over Suicidal Depression

Confession

Understanding Suicide

I Will Not Kill Myself, Olivia

Poetry & Reflections from a Depression & Anxiety Survivor

A Practical Guide for People Who Have Lost Someone to Suicide in Ontario

Have other self-help and personal empowerment books given you a sense of hope, yet failed to deliver lasting relief? Are you feeling so unhappy- or so chronically depressed and anxious- that you just can't generate enough energy to "process your issues" and unload your emotional baggage? If so, you may finally have come to the right place!"Don't Kill Yourself...Yet" offers readers long-term relief from mental misery, without requiring a lot of tiresome psychological processing. In a colorful, irreverent voice, author Michael McTeigue shares *The Seven Life Hacks*, which are destined to improve your thoughts, feelings, and actions in a very short time. The secret to crushing depression and anxiety lies in resurrecting your life force. Four key factors are annihilating

your life force, from moment to moment, every day: your thoughts, your interactions with others, the circumstances of your daily grind, and your relationship with your body. Michael, who overcame his own depression, gives you his simple yet memorable life hacks to shield your life force in every situation you encounter. As you consistently conquer the energies that diminish you in the present moment, your life force miraculously renews itself, and your mental and emotional suffering dissipates. You start to feel like your "old self"-like your real self-again. "Don't Kill Yourself...Yet" is not for everyone. It's not an inspirational pep talk about the power of positive thinking. It doesn't even promise enduring happiness, success, and emotional fulfillment. But if permanent relief from constant mental misery-and clawing your way back up to "Neutral"-is exactly what you are looking for just now, The Seven Life Hacks are your ticket to a better tomorrow! ABOUT THE AUTHOR Michael McTeigue considers himself the quintessential disillusioned New Age idealist. As a young man, he enthusiastically embraced the great promise of the human potential movement and mankind's imminent spiritual awakening. When the dawn of the new millennium came and went and nothing much changed, Michael gradually descended into a dogged depression born of thwarted ambitions and broken dreams. He spent the ensuing years digging his way out. In the process, Michael developed The Seven Life Hacks, which he hopes will help lighten the load for each person who tries them. Michael has written four books. He is married with two daughters and resides in Northern California. Contact Michael at The7LifeHacksATgmail.com. ABOUT THE ILLUSTRATOR Lawrence Moorcroft is a commercial artist, illustrator, and feature film animator. He has designed and built theme park rides and monsters in glass fiber. He enjoys drawing and illustrating books and children's stories. Lawrence recently turned to writing an adventure story for boys called The Other Marco. A blog of the same name illustrates and promotes this venture.

Pathological Altruism is a groundbreaking new book - the first to explore the negative aspects of altruism and empathy, seemingly uniformly positive traits. In fact, pathological altruism, in the form of an unhealthy focus on others to the detriment of one's own needs, may underpin some personality disorders. Hyperempathy - an excess of concern for what others think and how they feel - helps explain popular but poorly defined concepts such as codependency. The contributing authors of this book provide a scientific, social, and cultural foundation for the subject of pathological altruism, creating a new field of inquiry. Each author's approach points to one disturbing truth: what we value so much, the altruistic "good" side of human nature, can also have a dark side that we ignore at our peril.

Suicide The Forever Decision : for Those Thinking about Suicide and for Those who Know, Love, Or Counsel Them Crossroad Publishing Company
The eye-opening and engrossing story of one woman ' s battle with suicidal depression—and her firsthand investigative journey to document the obstacles three hundred million people with depression face every day around the world

Why People Die by Suicide

Night Falls Fast

Memoirs of a Schizophrenic Goddess

Aftershock

Tactics for Prevention

Murder and Injustice in a Small Town

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

One of the most influential works of this century, *The Myth of Sisyphus and Other Essays* is a crucial exposition of existentialist thought.

Influenced by works such as *Don Juan* and the novels of Kafka, these essays begin with a meditation on suicide; the question of living or not living in a universe devoid of order or meaning. With lyric eloquence, Albert Camus brilliantly posits a way out of despair, reaffirming the value of personal existence, and the possibility of life lived with dignity and authenticity.

Okonkwo is the greatest warrior alive, famous throughout West Africa. But when he accidentally kills a clansman, things begin to fall apart. Then Okonkwo returns from exile to find missionaries and colonial governors have arrived in the village. With his world thrown radically off-balance he can only hurtle towards tragedy. Chinua Achebe's stark novel reshaped both African and world literature. This arresting parable of a proud but powerless man witnessing the ruin of his people begins Achebe's landmark trilogy of works chronicling the fate of one African community, continued in *Arrow of God* and *No Longer at Ease*.

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.

American Psychiatric Association Practice Guidelines

Epidemiology, Pathophysiology and Prevention

Suicide in Tiny Increments

Myths about Suicide

5 Simple and Practical Ways to Prevent Suicide

The Experiences of People Bereaved by Suicide

Being suicidal isn't always about ending your life, it's about fighting to stay alive. In The Gray Area of Being Suicidal illustrates what it's like to live with severe mental illnesses & despite the odds, thrive. Tea Jay opens her tumultuous world to you & shows how motherhood and Borderline Personality work together or tear her apart.

A New York Times Top Ten Book of the Year and National Book Award finalist, Pachinko is an "extraordinary epic" of four generations of a poor Korean immigrant family as they fight to control their destiny in 20th-century Japan (San Francisco Chronicle). NEW YORK TIMES NOTABLE BOOK OF 2017 * A USA TODAY TOP TEN OF 2017 * JULY PICK FOR THE PBS NEWSHOUR-NEW YORK TIMES BOOK CLUB NOW READ THIS * FINALIST FOR THE 2018 DAYTON LITERARY PEACE PRIZE* WINNER OF THE MEDICI BOOK CLUB PRIZE Roxane Gay's Favorite Book of 2017, Washington Post NEW YORK TIMES BESTSELLER * #1 BOSTON GLOBE BESTSELLER * USA TODAY BESTSELLER * WALL STREET JOURNAL BESTSELLER * WASHINGTON POST BESTSELLER "There could only be a few winners, and a lot of losers. And yet we played on, because we had hope that we might be the lucky ones." In the early 1900s, teenaged Sunja, the adored daughter of a crippled fisherman, falls for a wealthy stranger at the seashore near her home in Korea. He promises her the world, but when she discovers she is pregnant--and that her lover is married--she refuses to be bought. Instead, she accepts an offer of marriage from a gentle, sickly minister passing through on his way to Japan. But her decision to abandon her home, and to reject her son's powerful father, sets off a dramatic saga that will echo down through the generations. Richly told and profoundly moving, Pachinko is a story of love, sacrifice, ambition, and loyalty. From bustling street markets to the halls of Japan's finest universities to the pachinko parlors of the criminal underworld, Lee's complex and passionate characters--strong, stubborn women, devoted sisters and sons, fathers shaken by moral crisis--survive and thrive against the indifferent arc of history. *Includes reading group guide*

Around the world, more than a million people die by suicide each year. Yet many of us know very little about a tragedy that may strike our own loved ones—and much of what we think we know is wrong. This clear and powerful book dismantles myth after myth to bring compassionate and accurate understanding of a massive international killer. Drawing on a fascinating array of clinical cases, media reports, literary works, and scientific studies, Thomas Joiner demolishes both moralistic and psychotherapeutic clichés. He shows that suicide is not easy, cowardly, vengeful, or selfish. It is not a manifestation of "suppressed rage" or a side effect of medication. Threats of suicide, far from being idle, are often followed by serious attempts. People who are prevented once from killing themselves will not necessarily try again. The risk for suicide, Joiner argues, is partly genetic and is influenced by often agonizing mental disorders. Vulnerability to suicide may be anticipated and treated. Most important, suicide can be prevented. An eminent expert whose own father's death by suicide changed his life, Joiner is relentless in his pursuit of the truth about suicide and deeply sympathetic to such tragic waste of life and the pain it causes those left behind.

A New York Times Bestseller A Wall Street Journal Bestseller A New York Times Notable Book of 2020 A New York Times Book Review Editors' Choice Shortlisted for the Financial Times and McKinsey Business Book of the Year A New Statesman Book to Read From economist Anne Case and Nobel Prize winner Angus Deaton, a groundbreaking account of how the flaws in capitalism are fatal for America's working class Deaths of despair from suicide, drug overdose, and alcoholism are rising dramatically in the United States, claiming hundreds of thousands of American lives. Anne Case and Angus Deaton explain the overwhelming surge in these deaths and shed light on the social and economic forces that are making life harder for the working class. As the college educated become healthier and wealthier, adults without a degree are literally dying from pain and despair. Case and Deaton tie the crisis to the weakening position of labor, the growing power of corporations, and a rapacious health-care sector that redistributes working-class wages into the pockets of the wealthy. This critically important book paints a troubling portrait of the American dream in decline, and provides solutions that can rein in capitalism's excesses and make it work for everyone.

Youcat English

Unleash the Seven Life Hacks to Crush Depression and Anxiety NOW

I Won't Kill Myself Today

In Love

I Love Jesus, But I Want to Die

In the Gray Area of Being Suicidal

You do not deserve to die, You do not have to kill yourself, you have a right to live, but life can get so crazy and drive you to that point where you want to commit suicide. You can prevent suicide if you follow these simple and practical secrets shared in this book. These secrets will not only save your life, but it will give you the courage to face life again with a renewed energy

In 1879 the fifty-one-year-old author of War and Peace and Anna Karenina came to believe that he had accomplished nothing and that his life was meaningless. Marking a shift in his career from the aesthetic to the religious, Tolstoy's Confession relates this spiritual crisis, posing the question: Is there any meaning in my life that will not be destroyed by my death? It is a timeless account of an individual's struggle for faith and meaning.

This sarcastic notebook makes the funniest gift! It makes a great present with fun Sayings and Office Humor. Good choice for Secretary Day, Teacher, Employee Appreciation, and Coworker Leaving Gifts!. Hilarious for busy moms, dads, aunts, sisters, brothers, Kindergarten teachers, office professionals and everyone who likes a good laugh. Features: 6" x 9", 100 Blank Lined Pages. Paperback Journal Softcover. Portable size for School, College, Work or Home. Great Gift for the Holidays for Coworkers, Friends, and Family. A Versatile Notebook with 100 Pages. Perfect for you to write your own thoughts, scribbles or doodles, get a little creative or just writing down everyday tasks, ideas or use for school.

A compassionate, shame-free guide for your darkest days "A one-of-a-kind book . . . to read for yourself or give to a struggling friend or loved one without the fear that depression and suicidal thoughts will be minimized, medicalized or over-spiritualized."—Kay Warren, cofounder of Saddleback Church What happens when loving Jesus doesn't cure you of depression, anxiety, or suicidal thoughts? You might be crushed by shame over your mental illness, only to be told by well-meaning Christians to "choose joy" and "pray more." So you beg God to take away the pain, but nothing eases the ache inside. As darkness lingers and color drains from your world, you're left wondering if God has abandoned you. You just want a way out. But there's hope. In I Love Jesus, But I Want to Die, Sarah J. Robinson offers a healthy, practical, and shame-free guide for Christians struggling with mental illness. With unflinching honesty, Sarah shares her story of battling depression and fighting to stay alive despite toxic theology that made her afraid to seek help outside the church. Pairing her own story with scriptural insights, mental health research, and simple practices, Sarah helps you reconnect with the God who is present in our deepest anguish and discover that you are worth everything it takes to get better. Beautifully written and full of hard-won wisdom, I Love Jesus, But I Want to Die offers a path toward a rich, hope-filled life in Christ, even when healing doesn't look like what you expect.

Exposing the Suicide of One of America's Most Controversial Sex Criminals

Suicide: A Global Perspective

The Myth of Sisyphus And Other Essays

A Concise Guide to Understanding Suicide

The Innocent Man

Pathological Altruism

Every 85 minutes someone in the UK takes their own life, but what happens to those left behind? In a society where suicide is often viewed with fear or disapproval, it can be difficult for those personally affected by a suicide death to come to terms with their loss and seek help and support. A Special Scarlooks in detail at the stigma surrounding suicide and offers practical help for survivors, relatives and friends of people who have taken their own life. Fifty bereaved people tell their own stories, showing us that, by not hiding the truth from themselves and others, they have been able to learn to live with the suicide, offering hope to others facing this traumatic loss. This new, revised edition includes new material on: * counselling survivors of suicide * group work with survivors. The new material incorporates the latest research findings which have added significantly to our understanding of the impact of suicide, an area which the UK Government has targeted for action in the mental health arena. This new edition will continue to be an invaluable resource for survivors of suicide as well as for all those who are in contact with them, including police and coroner's officers, bereavement services, self-help organisations for survivors, mental health professionals, social workers, GPs, counsellors and therapists. Alison Wertheimer has been working as a freelance writer and researcher since 1987, after working in the voluntary sector for twenty years. She has a private counselling practice, is a supervisor with a bereavement counselling service and runs workshops on the impact of suicide bereavement.

Outlines a program of therapy that makes use of the identification of suppressed emotions to help people discover the power they have to change their own lives

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

When people die by suicide, they leave behind family and friends who suddenly find themselves mourning the person's loss and wondering what happened. This guide addresses many personal issues related to a death by suicide, including telling others, working through the grief, finding what helps people to heal, and grieving in children and youth. This Ontario guide also outlines practical things that need taking care of, such as arranging a funeral and dealing with the deceased's personal, legal and financial matters. A resource section lists organizations, websites and books that may help.

Autobiography of an American Nigger in San Juan

The Silent Cry

An Awesome Therapist ~

A Tragic Comedy

Things Fall Apart

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.

First love never dies, but can depression bury it alive? Like most young adults, Jimmy Wharton is trying to carve out a happy, successful life for himself. It's hard enough to do under any circumstances, but when he starts suffering from depression, becoming the person he wants to be feels overwhelmingly unachievable, as his illness seems destined to shatter his world. Olivia, Jimmy's high school sweetheart and long-term girlfriend, initially tries to support him in every way she can. But as Jimmy spirals downwards, their relationship begins to break at the seams, and they are forced to face the devastating reality that as strong as they know their love is, the force of Jimmy's depression could be even stronger. Set against the backdrop of Sydney's iconic Manly Beach, "I Will Not Kill Myself, Olivia" is a tale about the intoxicating, heartbreaking, unforgettable experience of first love; about all the mistakes we make on the road to adulthood; and about an illness that afflicts 350 million people worldwide. You'll find this book appealing if: You're a fan of gritty, passionate love stories You want to relive the highs, the lows and the intoxicating rush that's unique to first love You're a young adult wanting to read about another young adult striving for the same things you are You're interested in understanding depression better; you suffer from depression yourself and you want to feel like you're not alone; or you want to see how you can better support a loved one with depression You're a parent of a young adult wanting to understand how easily your child can tumble into depression, and wanting to prepare yourself to be able to recognise the symptoms if they ever do (tragically, depression strikes about 20% of teens). You're unlikely to enjoy this book if you: Despise swearing Are put off by explicit sex scenes Are after a light-hearted story Editorial Reviews "Centred around Jimmy and Olivia's heartfelt, passionate and troubled love, I WILL NOT KILL MYSELF, OLIVIA is a painfully honest, authentic and provocative novel ... one that presents a mesmerising portrayal of the all-consuming force of depression that dominates the main character ... one that takes the reader on a highly emotional journey ... and one that achieves a perfect balance of emotions, action and drama." The Columbia Review "A modern day Romeo and Juliet - a powerful, heartwrenching story that takes you on an emotional rollercoaster ride as Jimmy and Olivia try to hang on desperately to love in the face of Jimmy's mounting depression." Nick Bleszynski, bestselling author "An explicitly realistic, absolutely intriguing and stunningly gritty novel ... one that snatches the reader's attention right from the start ... and one that provides fantastic food for thought for all young adults." Pacific Book Review "A romance story that tugs at the heart, and entices readers with pure raw emotion ... from steamy, unadulterated throes of passion to being tossed into the deepest, darkest depths of despair, Baker creates an immersive world for Jimmy and Olivia ... you will feel their love, experience their torment, and empathize with their pain." San Diego Book Review "While the protagonist's story can help people with depression to face their own problems and help non-sufferers understand the illness, I WILL NOT KILL MYSELF, OLIVIA will also appeal to a much broader audience - including young adults, who can view typical young adult behaviour from a different perspective; and parents, who after reading this book, may choose to become more attentive to their children." Portland Book Review "One of the most singularly powerful books about depression on the market." Midwest Book Review

Every seventeen minutes, someone, somewhere, chooses death by self-murder. In the wake of this horrific decision, other people are left to cope with the ripples caused. This book will provide knowledge and resources for those left in the wake of suicide. Aftershock is a recovery book that will provide encouragement and support for survivors. Examining the complex emotions involved in grieving a suicide death, readers will come to realize they are not alone in their grief and will not be alone in their healing.

The struggle with depression and anxiety affects so many of us. Being able to overcome these crippling issues is easier said than done. I Won't Kill Myself Today: Poems & Reflections from a Depression & Anxiety Survivor is a collection of riveting poems meant to inspire, provide hope, and show others they are not alone. Born from the author's personal struggles, each poem is lovingly crafted and filled with raw emotion.

A Special Scar

How Epstein Killed Himself

Suicidal

Why We Kill Ourselves

Pachinko (National Book Award Finalist)

Deaths of Despair and the Future of Capitalism

We need to get it in our heads that suicide is not easy, painless, cowardly, selfish, vengeful, selfmasterful, or rash; that it is not caused by breast augmentation, medicines, "slow" methods like smoking or anorexia, or, as some psychoanalysts thought, things like masturbation; that it is partly genetic and influenced by mental disorders, themselves often agonizing; and that it is preventable and treatable.

Note: Every page of this book says "Epstein didn't kill himself." August 10, 2019. Billionaire pedophile Jeffrey Epstein, under arrest and charged with sexually assaulting scores of underage girls, dies in his cell in New York's Metropolitan Correctional Center. The moment his body goes cold, dozens of theories arise as to what happened. But thanks to hundreds of hours of research and analysis, all of them have been

narrowed down to one logical conclusion: Epstein killed himself. In *How Epstein Killed Himself*, the proof is laid out in intricate detail, including: -- The physical evidence that clearly shows the tools he used to take his own life -- The eyewitness testimonies of guards and fellow inmates who saw him kill himself but could not save him in time -- The surveillance footage from multiple video cameras that showed Epstein end it all -- The forensic evidence, analyzed by professionals, that proves that only Epstein could have caused the injuries that led to his death -- The never-before-seen suicide note, where Epstein explains why it was time for him to die Also included are interviews with experts in criminal justice, psychology, and human anatomy who break down the evidence with stunning accuracy and show why the case of Epstein 's untimely death should be closed for good. Plus, you will discover the smoking gun proof of suicide that will finally put all of the theories to rest and silence the doubters. *** Note: This parody book is mostly blank and contains approximately 1120 words.***

This book provides information on dealing with law enforcement officers in crisis. Depression, substance abuse, domestic abuse, and suicide can be a part of law enforcement. Most of those individuals completing suicide often communicate their suicidal intent to someone. A successful intervention, by those trained in suicide prevention/intervention skills, can save lives. Training and awareness are key to recognizing the suicidal danger signs and asking the right questions at the right time. A positive culture change regarding psychological wellness is now taking place in law enforcement. It is no longer a sign of weakness to seek psychological counseling. Suicide prevention strategies are discussed in the first 2 chapters. Chapter 3 describes the reasons why it is so difficult to seek help and what can be done about it. Chapter 4 gives some background on police suicide prevention and methods of suicide. Chapter 5 discusses departmental barriers to mental health treatment. Suicide and the police culture are discussed in chapter 6. Chapter 7 describes the impact of trust problems on the suicidal police officer. Chapter 8 describes effective postvention for police suicide. Chapter 9 discusses responding to the needs of the family of police suicide victims. Chapter 10 provides information on future directions regarding police suicide prevention.

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.

Pocket Guide to Safety

Don't Kill Yourself... Yet

Suicide Prevention Secret

Cottage Detective Record: Sister Feng Xing killed three people in two days (3)

Changing Lives Through Redecision Therapy

A Memoir of Love and Loss

Presents the real-life case of Ron Williamson, a mentally ill former baseball player who was wrongfully convicted and sentenced to death for the 1982 murder of a twenty-one-year-old woman in his Oklahoma hometown.

An autobiography, To injure after injury A real story of having a belief An honest struggle of Picking myself up To only put me down.

From the author of the best-selling memoir An Unquiet Mind, comes the first major book in a quarter century on suicide, and its terrible pull on the young in particular. Night Falls Fast is tragically timely: suicide has become one of the most common killers of Americans between the ages of fifteen and forty-five. An internationally acknowledged authority on depressive illnesses, Dr. Jamison has also known suicide firsthand: after years of struggling with manic-depression, she tried at age twenty-eight to kill herself. Weaving together a historical and scientific exploration of the subject with personal essays on individual suicides, she brings not only her remarkable compassion and literary skill but also all of her knowledge and research to bear on this devastating problem. This is a book that helps us to understand the suicidal mind, to recognize and come to the aid of those at risk, and to comprehend the profound effects on those left behind. It is critical reading for parents, educators, and anyone wanting to understand this tragic epidemic.

Drawing on extensive clinical and epidemiological evidence, as well as personal experience, Thomas Joiner provides the most coherent and persuasive explanation ever given of why and how people overcome life's strongest instinct, self-preservation. He tests his theory against diverse facts about suicide rates among men and women; white and African-American men; anorexics, athletes, prostitutes, and physicians; members of cults, sports fans, and citizens of nations in crisis.

Suicide

Increase in Suicide in the United States, 1999-2014

Police Suicide

Hope and Healing After Suicide

Hello I Want to Die Please Fix Me

Help, Hope and Healing in the Wake of Suicide

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 in 1998, 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 talking 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.

Myths How to Help the Suicidal Person

Warning Sights 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 or 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.

Youth Catechism of the Catholic Church

Depression in the First Person

Finding Hope in the Darkness of Depression

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