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Inside The Mind of a Suicidal Individual: Understanding the Psychological Processes

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ABSTRACT

Suicide is one of the biggest public health challenges of our time, killing over 700,000 people worldwide every year. This research paper provides an extensive look at the psychological process that leads people to think and act in ways that cause them to contemplate or attempt to take their own lives. By synthesizing existing research within multiple theoretical frameworks, this paper addresses the cognitive, emotional and social factors of risk for suicide. The paper discusses three major theoretical perspectives: Beck's theory of hopelessness, Joiner's interpersonal theory of suicide, and the integrated motivational-voluntary model. Each of the frameworks offer different information of how the progression of suicidal ideation occurs and leads up to action. Additionally, this paper addresses social, economic and political aspects of suicide such as the impact of stigma, access to mental health care and barriers to treatment at an ecosystem level. Key findings include how suicide is seldom an event that arises from a single correlation but the consequence of a complex interaction between psychological pain, felt burdensomeness, thwarted belongingness and gained capability for self-harm. The paper concludes with evidence-based prevention strategies and recommendations on policy changes to decrease suicide rates. It is important to understanding these psychological processes in order to implement and create effective interventions and help save lives.

Keywords: *Suicide, psychological processes, hopelessness, interpersonal theory, mental health, prevention, risk factors*

INTRODUCTION

Suicide is a tragedy that impacts every community irrespective of age, gender, race or socioeconomic status. When someone commits suicide, there is a trail of grief and confusion and unanswered questions left behind. And loved ones often wonder: What were they thinking? Could I have done something? Why had they felt that this was the only way out? These are the questions of our collective struggle to grasp one of the most difficult things about the human experience. According to The World Health Organization (WHO) more than 700,000 people die by suicide every year. For every suicide that involves death, there are much more attempts. In the United States alone, it was estimated that 14.3M adults have had serious thoughts of suicide in 2024 and in this same time period, 2.2M have attempted suicide. These numbers represent real people, real families and real communities torn asunder by preventable deaths. For a long time, suicide was a taboo subject, something that is not to be talked about openly. This silence only made the problem worse because it made those suffering out feel more isolated and alone. Today, we know a great deal more about what predisposes someone to commit suicide, thanks to decades of work by researchers in psychology, psychiatry and public health. Scientists have developed theories to help them understand the psychological processes that underlie suicidal thoughts and behaviors. This paper is meant to give access to such research to anyone who does not work in the field. We will examine what transpires in the mind of someone who is suicidal, looking at the thoughts, feelings and experiences which lead people to consider taking their own lives. We shall look at the warning signs that someone may be at risk, what makes people vulnerable and what are the barriers to people seeking help. We will also look at the broader social and political issues that contribute to suicide rates including poverty, discrimination and gaps in mental health care. Understanding suicide is not about blame and making judgment. It is about having compassion, being aware and acting. By learning about the psychological processes involved, we can be in a better position to understand when

somebody is struggling, be able to provide meaningful support and advocate for policies and programs that can help save lives.

Understanding Suicide: Definitions and Scope

Before going into the details about the psychological processes, it is important to know some basic terms and concepts. Suicide is the act of intentionally killing oneself. However, the spectrum of suicidal thoughts and behaviors is more extensive and involves a number of related concepts. Suicidal ideation involves thinking about suicide. This can involve anything from fleeting thoughts that life is not worth living to planning in detail how to end his or her life. Not everyone who thinks about suicide will attempt it but suicidal ideation is a significant risk factor and should always be taken seriously. A suicide attempt is any non-fatal, self-directed, potentially injurious behavior with intent to die as a result. Attempts that do not result in serious injury still suggest great distress and create a greater risk of future attempts. Thinking about or preparing for suicide (plans) - this involves thinking about or preparing for a suicide attempt, such as researching, methods, writing farewell letters and getting means. Self-harm (also known as non-suicidal self-injury) is an act of self-harm where an individual injures themselves on purpose without the intention of dying. While different from suicide attempts, self-harm is linked with higher risk of suicide and so often serves as a way of dealing with overwhelming emotional pain. Globally, suicide is the fourth leading cause of death for individuals in the 15-29 year age-groups. Men are more likely to die from suicide than women, although women are more likely to attempt suicide. These patterns of expression are different for different cultures and age groups, reflecting the complex interaction of biological, psychological, and social factors.

THEORETICAL FRAMEWORKS

Over the years, researchers have come up with various theories as to why people can become suicidal. These theories are useful in understanding the psychological processes that come into play and in developing prevention and treatment strategies. There are three major theories that have had a lot of research to support them and are well used in clinical practice.

Beck's Hopelessness Theory

A groundbreaking psychiatrist in the area of cognitive therapy, Dr. Aaron Beck, suggested that hopelessness is the main motivator of suicide. According to his theory, when people have given up hope in their future, believing that things will not improve, they start to view suicide as the only means of escaping their pain. Hopelessness is greater than being sad or discouraged. It is a profound belief that problems are intractable, that positive change is out of the question and that the future can only bring further suffering. This cognitive distortion shades the way people interpret their experiences and that will cause them to dismiss any evidence that things can get better. Research has repeatedly found that hopelessness is one of the best predictors of suicidal ideation. Studies following the development of patients over time have found that patients with the highest levels of hopelessness are significantly more likely to attempt suicide, even when controlling for depression and other risk factors. The Beck Hopelessness Scale, developed to measure this construct, remains one of the most widely used assessment tools in suicide research. However, more recent research suggests that while hopelessness strongly predicts suicidal thinking, it does not as reliably distinguish between those who only think about suicide and those who actually attempt it. This finding led researchers to look for additional factors that might explain the transition from ideation to action.

Joiner's Interpersonal Theory of Suicide

Dr. Thomas Joiner from Florida State University created one of the most influential theories of suicide today. His interpersonal theory suggests that suicide is caused by the convergence of three important

factors: thwarted belongingness, perceived burdensomeness and acquired capability for suicide. Thwarted belongingness is the painful sense of being alienated from other people, of not fitting in or being a member of a community. Humans are natural social beings that have a profound sense of connection and belonging. When this need is not met, when people feel isolated, lonely or alienated they experience significant psychological distress. Research has repeatedly shown that social isolation has been linked to higher risk of suicide in all age groups and populations. Perceived burdensomeness is the feeling of being a burden to others, of being a source of more harm than benefit by one's very existence. Suicidal people often have the tragic delusion that their death would be a relief to their loved ones and that they are doing their loved ones a favor by removing themselves from the picture. This perception is usually skewed and is not how their loved ones actually feel, but it is very real to the person experiencing the perception. According to Joiner's theory, thwarted belongingness and perceived burdensomeness, if present simultaneously, results in the desire for suicide. But it is not enough just to desire. The third component, acquired capability for suicide is required to put that desire into action. Acquired capability is the lowered fear of death and tolerance for physical pain that is gained from repeated exposure to painful or frightening experiences. This can include previous suicide attempts, self-harm, physical abuse, exposure to combat or even certain medical procedures. Over time these experiences accustom individuals to fear and pain and make it more able to overcome the strong self-preservation instinct that keeps most people from acting on suicidal thoughts. A meta-analysis of more than a decade of research on Joiner's theory showed strong support for its basic predictions. The interaction between thwarted belongingness and perceived burdensomeness was significantly related to suicidal ideation, as well as the combination of all three factors, was associated with higher number of prior suicide attempts.

The Integrated Motivational-Volitional Model

Developed by researchers in the United Kingdom, the Integrated Motivational-Volitional Model (IMV) is another model for understanding suicide. This model suggests a sequence from background factors, to precipitating events, to suicidal ideation, and finally, to suicidal behavior. The model starts with background things, such as genetic vulnerabilities, early life experiences, and personality traits. These factors do not directly lead to suicide but do provide a basis of vulnerability. Triggering events such as relationship breakdowns, financial issues or traumatic experiences can trigger this vulnerability. A central concept in the IMV model is entrapment, which is the sense of being in an unbearable situation with no way out. When people feel trapped by their circumstances, when they can't seem to get out of their pain any other way, suicide can start to seem like the only option. This sense of being trapped is what causes general distress to turn into suicidal ideation. The volitional phase involves factors that either influence whether an individual will act on their suicidal thoughts. Some of these are access to means, exposure to suicide (either through media or personal loss), impulsivity, and past suicidal behavior. The model acknowledges that many people have suicidal thoughts and never make suicide attempts and it tries to explain what makes some people go from thinking to doing it.

Psychological Processes in Suicidal Individuals

Understanding the theories is important, but what do these concepts look like in the minds of suicidal individuals. What are the specific thoughts, feelings and experiences that describe this state? One of the most prominent is cognitive constriction, also known as tunnel vision. When people are in a state of distress, they think extremely narrowly and rigidly. They are only able to see one way out of their problems. Other alternative solutions which may appear obvious to others are invisible to them. This constriction makes it impossible to picture a future when things are better, and reinforces the notion that suicide is the only option. Suicidal individuals commonly experience extreme emotional pain that is unendurable and infinite. This pain is not mere sadness or depression. It can be a combination of feelings of shame, guilt, anger, fear and emptiness. The pain feels like it is going to never stop, like it is too much to bear any more. Many people

who have survived suicide attempts say that this means that they felt like they were drowning and there was no hope of being rescued. Another common experience is disconnection, not only from others, but from oneself. People report feeling numb, empty or even as if they are looking out at their life from the outside their body. This dissociation can be a way of dealing with overwhelming pain, but it also takes away the natural barriers which may prevent self-harm. When people have a sense of disconnection with their body and their future, those people are more able to follow through on their suicidal thoughts. Many suicidal people participate in what researchers refer to as implicit death association. This means that they have made strong mental connections between them and death or suicide. When they think of themselves, thoughts of death come up automatically. This association can be measured by means of psychological tests and has been shown to predict later suicide attempts, even when people do not report being suicidal. Sleep disturbances are also common in people who are likely to commit suicide. Problems falling asleep, staying asleep, or having nightmares can both be a cause and an effect of psychological distress. Sleep deprivation affects judgment, impulse control and emotional reactivity, which can lead to suicide. Research has found that sleep problems are an independent risk factor for suicide, even in the context of depression and other mental health conditions. Finally, many suicidal individuals go through what researchers refer to as the suicide crisis syndrome, which is a state of acute psychological turmoil with such symptoms as frantic hopelessness, severe emotional pain, and feeling overwhelmed. This state can develop very quickly and this is a period of very high risk for suicide attempts.

Risk Factors and Warning Signs

Understanding what puts people in danger of taking their own life is key to prevention. Risk factors are characteristics or conditions which make it more likely that a person will consider, attempt, or die from suicide. It is important to remember that risk factors do not directly cause suicide and the presence of risk factors does not mean that someone will become suicidal. However, the more risk factors which are present, the greater the risk. Mental health conditions are one of the most major risk factors. Depression, Bipolar Disorder, Anxiety Disorders, schizophrenia and substance use disorders are all risk factors for suicide. Studies have found that about 90% of people who die by suicide have at least one mental health condition at the time of their suicide. Major depressive disorder is by far the most common and occurs in approximately 45% of cases. Previous suicide attempts are one of the best predictors of subsequent attempts. People who have tried to kill themselves in the past have a much greater risk than those who haven't. This increased risk may be because of the previously described effect of acquired capability, but may also be because of the underlying factors that led to the initial attempt. Family history of suicide also is a risk factor. This could be because of genetic factors, environmental influences that they share or a combination of both. Having a family member die of suicide can also make the notion of suicide as a response to distress seem normal. Access to lethal means is a practical but critical risk factor. Firearms are the preferred method of suicide in many countries, and the availability of a gun greatly increases the risks of suicide. Other means are medications, hanging, and jumping from heights. Restricting access to lethal means during times of crisis is a prevention strategy. Warning signs are behaviors or statements that can be observed that indicate a person may be at immediate risk for suicide. These include talking about wanting to die, feeling hopeless or trapped, being a burden to others, looking for ways to kill oneself, increased substance use, withdrawing from activities and relationships, giving away possessions, saying goodbye to people and displaying extreme mood swings. Some of the warning signs are more obvious than others. Direct expressions such as "I want to kill myself" or "I wish I were dead" are obvious signs of danger. But other signs are more subtle like withdrawing from friends, losing interest in things they used to do, or saying some things about feeling worthless. Learning to recognize both overt and covert warning signs is essential to friends and family members, as well as professional help.

Social, Economic, and Political Dimensions

Suicide is a problem - not an individual problem. It is deeply connected with social, economic and political aspects of people's lives and opportunities. Being aware of these wider dimensions is necessary in order to develop effective prevention strategies. There is a significant relationship between poverty and economic hardship and risk of suicide. Unemployment, money problems & economic instability are all factors that go into raising the risk of suicidal thoughts and behaviors. Research has shown that in economic recession, rates of suicide often rise and the vice versa of this case is also true when times are good. The stress of not being able to fulfill basic needs, the shame and hopelessness that tends to be associated with poverty is a toxic environment for mental health. Social inequality is also a factor. Several communities have made a revelation that the bigger the inequality of income, the bigger is the rate of suicide. This may be due to increasing social isolation, low social cohesion and stress experienced in living in societies which are unequal. Discrimination based on race, gender, sexual orientation or other characteristics adds in another layer of stress and could increase the risk of suicide in marginalized groups. Veterans and military personnel are unique because of the challenges that they face as they are at-risk for suicide. Combat exposure, traumatic brain injury, post-traumatic stress disorder (PTSD) and the struggle of making the transition back to civilian life are all contributing factors to high rates of suicide in this population. In America veterans are 1.5 times as likely to take their lives as non-veterans. The availability of mental health care is a critical political and policy matter. In many parts of the world there is a shortage of underfunded, understaffed or simply unavailable mental health services. Even in countries where mental health care is relatively good, there are barriers to accessing mental health care, such as cost, stigma and long wait times that prevent many people from getting the help they need. Insurance coverage for mental health services is often poor with higher copays, smaller services and limitations on the number of visits that can be made. Stigma of mental illness and suicide is a major obstacle towards prevention. People who are struggling may not seek help because they fear that they will be judged, labelled or discriminated against. Cultural beliefs about mental illness and suicide are friendly or not friendly to help-seeking. In some culture, suicide is viewed as something shameful and it's dishonorable for the family to do so, so it's even more difficult to reach out. Media coverage of suicide can also make a difference in terms of rates of suicide. The World Health Organization’s initiative, Live LIFE provides information for countries wishing to adopt comprehensive strategies to prevent suicide.

METHODOLOGY

This research paper employs the comprehensive literature review method to synthesize the current state of knowledge about the psychological processes that are involved in suicidal behavior. The approach brings together information from a number of disciplines including clinical psychology, psychiatry, public health and sociology to provide an understanding of suicide from a holistic perspective. The literature search was conducted in major academic databases such as PubMed, PsycInfo and Google Scholar. Search terms: "suicide psychology," "suicidal ideation," "suicide risk factors," "suicide prevention," "hopelessness theory," "interpersonal theory of suicide," "suicide prevention interventions." Priority was given to peer-reviewed research that has been published within the last decade but seminal works of older research were included for historical context. The criteria used to select studies included studies that targeted psychological processes, theoretical frameworks, risk factors, and prevention strategies as they pertained to suicide. Both quantitative research such as meta-analyses or systematic reviews and qualitative research of lived experiences were considered. Studies were assessed by methodological quality, sample size and relevance to questions to be asked. The theoretical analysis involved the application of three major theories, namely, Beck's Hopelessness Theory, Joiner's Interpersonal Theory of Suicide, and the Integrated Motivational-Volitional Model. Each theory was ranked on the basis of the amount and quality of research evidence, its usefulness in clinical practice and its ability to explain progression from suicidal ideation to action. Data from the major health organizations, such as the World Health Organization, National Institute

of Mental Health were included in order to present up-to-date statistics on suicide rates and trends. Information on prevention programs and policy initiatives was collected from government reports and non-profit organizations working in the area of suicide prevention. The limits of this methodology are the approach to published research which may not reflect the complexity of the individual experience with suicide. Additionally, the cultural differences that exist in relation to suicide and mental health may not necessarily be reflected in the mainly Western research literature. Future research should continue to increase the knowledge of suicide among diverse populations in diverse contexts.

Prevention and Intervention Strategies

The good news is that suicide is a prevention issue. Research has shown numerous effective strategies for suicide risk reduction and helping people to find hope and healing. Prevention efforts can be organized into three different levels: universal strategies targeting entire populations, selective strategies targeting high-risk groups and indicated strategies for individuals who already show signs of suicidality. Restricting access to lethal means is one of the best prevention strategies. When people in crisis have no access to methods of self-harm that are readily available to them, they are less likely to attempt suicide, or if they do attempt suicide, they are less likely to die by suicide. This approach includes safe storage of firearms, limiting access to medications that can kill in overdose, and installing barriers on bridges and other high places. Mental health treatment is key to treating the underlying conditions that are associated with suicide risk. Cognitive-behavioral therapy (CBT) has been shown to reduce suicidal thoughts and behaviors by helping people identify and change negative thought patterns. Dialectical behavior therapy (DBT) has been developed specifically for people with self-harm behaviors and has good evidence for reducing suicide attempts. Safety planning is a brief intervention to help individuals to develop an individualized plan for managing suicidal crises. The plan usually consists of identifying warning signs, strategies for dealing with them internally, people and places that will help distract you, people to contact if you need help, professionals to contact, and ways to make the environment safer. Research has shown that safety planning can save many lives by greatly reducing suicide attempts. Crisis services, such as suicide hotlines and crisis text lines, offer immediate support to individuals in crisis. The 988 Suicide and Crisis Lifeline in the US provides free, confidential support 24/7. These services can help people get through the immediate crisis and link them to ongoing care. Gatekeeper training programs teach people in the community such as teachers, coaches and faith leaders to recognize the warning signs and link at-risk individuals to help. These programs increase the network of people who are able to recognize and respond to suicide risk reaching people who may not seek help from a professional on their own. Postvention, or support for people bereaved by suicide is also an important prevention strategy. People who lose a loved one to suicide face an increased risk of their own death, and offering them support can help to prevent further deaths. Postvention is also helpful in healing communities and reducing the stigma associated with suicide. A meta-analysis of suicide prevention interventions concluded that suicide prevention interventions are effective in preventing both completed and attempted suicides. The research demonstrated that multilevel interventions that use more than one approach have stronger effects than single approaches, indicating that comprehensive prevention programs are most likely to be successful.

CONCLUSION

Suicide is a complex phenomenon which is the result of the interaction of psychological, social and environmental factors. This paper has taken into consideration the psychological processes underlying suicidal thoughts and behaviors, from the cognitive distortions of hopelessness, through the social pain of disconnection, to the acquired ability to make it possible to act. The great theoretical frameworks, Beck's Hopelessness Theory, Joiner's Interpersonal Theory and the Integrated Motivational-Voluntary Model have something important to say. The feeling of hopelessness is responsible for making things never get better. Thwarted belongingness and felt burdensomeness are the cause of the desire for death. Acquired capability

makes possible action. Entrapment is the source of the general distress becoming intent on suicide. Together, these things can help to explain why some people have suicidal thoughts and why some of these people attempt suicide. Beyond the individual psychology we need to be conscious about the social, economic and political dimensions of suicide. Poverty, inequality, discrimination and lack of access to mental health care are all risk factors for suicide. Tackling these wider factors are crucial in order to prevent effectively. The research is clear; suicide can be prevented. Effective strategies are available, everything from access to deadly weapons, to access to good mental health care, to teaching community members to spot and take action on warning signs. What is required then is the political will and the resources to implement these strategies on the required scale. Understanding the state of mind of someone who wants to end his or her own life is not serving morbid curiosity. It is about building the compassion, knowledge and tools that are needed to save lives. Every suicide is a tragedy but every suicide averted is a victory. By continuing to research, educate, advocate and support those who are struggling we can work towards a world that is less people are feeling that death is their only option.

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