



# The Interpersonal Theory of Suicide in Higher Education: Developing Protocol for Acutely Distressed Students

Kat Barker, M.Ed., ALC, NCC & Ashley Cooks, B.S.,  
Graduate Intern





# Part One - The Interpersonal Theory of Suicide and its Relation to College Students

# The Interpersonal Theory of Suicide

- To die by suicide, one must have both the desire and capability to do so (Joiner, 2005)
  - To decide to die goes against natural evolutionary instincts and must be built up and developed over time
- The desire to die is instigated by two main perceptions--perceived burdensomeness (PB) and thwarted belongingness (TB) (Joiner, 2005)
- Capability to die is developed through constant exposure to pain
  - Physical, emotional, or combination
  - This can be developed through abuse or bullying as well as NSSI or chronic illness

# Thwarted Belongingness

- Dynamic state rather than stable trait; can change over time
- Influenced by both interpersonal and intrapersonal factors
- Primary need: the need to belong
  - When this need is thwarted, physical and mental problems occur
    - Examples include increased rates of suicidal ideation, increased rates of suicide attempts, and increased fatalities across the lifespan
- Social isolation is one of the primary predictors of suicide
- Some examples of the dimensions of TB include loneliness, social withdrawal and isolation, living alone, a dysfunctional or non-intact family, family conflict, and fewer friends
- Specifically, how lonely an individual feels, and how much reciprocal care an individual feels they receive in relationships, are the biggest predictors of TB

# Thwarted Belongingness Dimensions

1. Loneliness - gives rise to 6 observable risk factors and behaviors
  - a. Self-report of loneliness by client
  - b. Pulling-together effects
  - c. Caring letters intervention
  - d. Seasonal Variation
  - e. Lack of presence of marriage/low number of children and friends
  - f. Living alone with few social supports
2. Absence of reciprocal care - gives rise to 6 observable risk factors and behaviors
  - a. Social withdrawal
  - b. Low openness to experience
  - c. Residing in a single jail cell
  - d. Domestic Violence
  - e. Childhood Abuse
  - f. Familial discord

# Perceived Burdensomness

- Individuals who experience PB tend to project their internal feelings of self-hate onto others and believe that others feel the same way about them as they feel about themselves (Joiner, 2005)
- These individuals falsely believe that others would be better off without them (Joiner, 2005; Joiner et al., 2005; Van Orden et al., 2010)
- Family conflict, unemployment, and physical illness are some of the most likely risk factors
- There are two dimensions to perceived burdensomness: liability to others and self-hatred

# Perceived Burdensomness Dimensions

1. Liability to others - can give rise to 5 observable behaviors or states
  - Distress caused from unemployment
  - Distress from incarceration
  - Homelessness
  - Serious physical illnesses
  - Direct statements in suicide notes or verbal communications that individuals perceive that they are expendable, unwanted, or burdens on others
2. Self-hatred - can give rise to 3 observable behaviors or states
  - Low self-esteem
  - Self-blame and shame
  - Agitation

# Constant Exposure to Pain

- Individuals who die by suicide are exposed to pain constantly, both internally from their perception of themselves and the world, and externally from increasing amounts of NSSI
- One theory of suicide is that of “psychache”
  - An intolerable intensity of psychological and emotional pain--is the ultimate cause, and all other symptoms just lead to this
  - This theory also pairs with the TB and PB tenets of ITS in that feeling like a burden and being socially isolated can lead to psychache
- Increasing amounts of NSSI build resistance to pain
- Pain must be “meaningful” - cannot be constant exposure to a hangnail, for instance



# Acquired Capability for Suicide

- Completing suicide defies the natural instinct to survive, and thus is quite difficult to do
- Entails two key factors: increased tolerance for pain, and lowered fear of death
  - Can be acquired in several ways, such as physical abuse, military service, past suicidal behavior, disordered eating, history of trauma, injectable drug use, animal abuse, physical fights, contact sports, gun shooting, repeated tattoos and piercings, multiple surgeries, and NSSI.
- Acquired by experiences of pain that are meaningful to the individual
- Habituating oneself to one means does not necessarily result in habituation to any other means
- Slow to decay over time

# College Students and the ITS



- Brackman et al. (2016) found that while NSSI frequency moderated the correlation between suicidal ideation and suicide attempts, an increased acquired capability for suicide did not share this moderation
  - The relationship between suicidal ideation and suicidal completion can be enhanced by considering factors associated with NSSI that are distinct from the acquired capability for suicide construct
- Lockman and Servaty-Seib (2016) found that “meaning made of stress” predicted suicidal ideation after accounting for PB and TB
  - Meaning made of stress - Being unable to integrate specific stressful life events into their conceptualizations of how the world functions and their unique identity

# College Students and the ITS

- Wolford-Clevenger et al. (2016) found that high levels of perceived burdensomeness, thwarted belongingness was associated with suicidal ideation while controlling for depressive symptoms and drug use
  - Supports past studies - PB but not TB found to predict suicidal ideation in college sample
- Becker et al. (2020) studied the three-way interaction between PB, TB, and fearlessness of death in college students
  - Found that low belongingness was only positively related to suicidal behavior at high levels of burdensomeness *and* high levels of fearlessness about death
  - At high levels of burdensomeness but when fearlessness is low, that low belongingness might actually be protective

# College Students and the ITS

- Hollingsworth et al. (2018) found that a lack of social support could lead to perceptions of being a burden on others, which could lead to suicide ideation
  - Perceived burdensomeness mediated the relationships between perceived social support and suicide ideation (95% confidence interval [CI]  $-.02$  to  $-.00$ , effect size  $D$   $-.01$ ) and social connectedness and suicide ideation (95% CI  $-.03$  to  $-.00$ , effect size  $D$   $-.03$ ). Thwarted belongingness did not mediate either relationship.
- Acosta et al. (2017) found that ethnicity moderated the effect of TB and PB on current suicidal desire.
  - Hispanic/Latinos reported lower levels of suicidal desire and PB compared to non-Hispanic Whites, but they did not display lower levels of TB



## Part Two - Suicide Rates Among College Students

# Suicide Rates

- The suicide rate among 15- to 24-year-olds ballooned over 237% from 1960 to 1980
- Suicide is the second leading cause of death among 15-to-29 year olds and the second leading cause of death among college students (Mortier et al., 2018; Rudd, 1989)
- Rudd (1989) surveyed 737 University students
  - Over 43% experienced some level of suicidal ideation during the previous year.
  - Of those found to have had suicidal thoughts, 14.9% in some way acted on those thoughts without actually making suicide attempts.
  - An additional 5.5% were found to have made attempts on their lives



# Suicide Rates

- Mortier et al. (2018) surveyed 2,082 college students with a response rate of 74%
  - Pooled prevalence estimates of lifetime suicidal ideation, plans, and attempts were 22.3%, 6.1%, and 3.2% respectively.
  - For 12-month prevalence, this was 10.6%, 3.0%, and 1.2% respectively.
  - Pooled estimates were generally higher for females, as compared with males
- Arria et al. (2009) surveyed 1,249 college students
  - An estimated 6% of first-year students at this university had current suicide ideation.
  - Only 40% of individuals with suicide ideation were classified as depressed according to standard criteria.
  - In the group who reported low levels of depressive symptoms, low social support and affective dysregulation were important predictors of suicide ideation.

# Suicide Rates

- Duffy et al. (2019) examined trends in mood, anxiety, and suicide-related outcomes among U.S. college students from 2007 to 2018 across two large national datasets
  - The National College Health Assessment
    - Sample size = 610,543; mean age = 21.25 years; 67.7% female; 72.0% white
    - Over the years, intentional self-injury increased by 47%, suicidal ideation by 76%, and suicide attempts by 58%.
  - The Healthy Minds Study
    - Sample size = 177,692; 86% students aged 18–22 years; 57% female; and 74% white
    - Students who reported making a suicide plan or attempting suicide doubled between 2012 and 2017–2018
  - In both samples, rates of depression, anxiety, nonsuicidal self-injury, suicidal ideation, and suicide attempts markedly increased over the assessed years, with rates doubling over the period in many cases





## Part Three - Recommendations for Higher Education

# Safety Planning Intervention (SPI)

- SPI is a novel evidence-based intervention that can be administered in a single session.
  - SPI helps clients identify personal warning signs of an emerging suicidal crisis.
    - Strategies
    - Resources
    - Additional means

## Safety Plan

- Acknowledge the warning signs of suicidal ideation.
- Implement personal theories and strategies.
- Connect with important persons.
- Connect with family or friends.
- Connect with agencies.
- Eliminate the means.

# The Gatekeeper

- The goal of gatekeeping is to increase the probability that a potentially suicidal person is identified and referred for assessment and care (Quinnett, 2007).
- Currently, gatekeeper training is commonly used to educate faculty and staff on how to recognize and respond to students-at-risk of suicide (Shannonhouse et al., 2017)
- Studies have shown that gatekeeper training results in an increase in knowledge about suicide risk factors, and increase in comfort intervening with individuals in distress, and greater awareness of available resources for intervention (Crimini et al., 2009).

# Cognitive Behavioral Therapy

- Grounded on cognitive theory
- Perception based on experience
- Core beliefs
- Deficits in cognition
- Treatment

# Screening Assessments

- Screening assessments assist with identifying individuals who are at risk for suicide.
  - Assessments are administered during the first session assess suicide risk.
- Two approaches
  - Self reported
  - Clinical interviews
- Goals of assessments
  - Current S.I
  - Future S.I

# Types of Screening Assessments

- The Patient Health Questionnaire-9 (PHQ)
  - Recognizes depression and its severity
  - 9 item scale
  - Scoring
- The Suicide Assessment Five Step Evaluation and Triage (SAFE T)
  - Suicide evaluation that assesses five risk factors
- The Ask Suicide Screening Questions (ASQ)
  - Used to screen individuals ages 10-24
  - Four item questionnaire
  - Yes or no format

# National Suicide Prevention Hotline

1-800-273-8255

- Provides free and confidential support
- Operates 24 hours, 7 days a week
- Offers immediate counseling in crisis situations



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