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LOSING THE CAPACITY TO ASPIRE: A THEORETICAL FRAMEWORK FOR UNDERSTANDING SUICIDAL IDEATION

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Abstract: I am proposing a theoretical framework for understanding suicidal ideation through the concept of aspiration as developed by Merton (1938) and Appadurai (2004). Drawing on Émile Durkheim's four suicide types and Spencer's Phenomenological Variant of Ecological Systems Theory (PVEST). I argue that suicidal ideation might emerge from individuals' loss of the capacity to aspire. My theory is diagnostic rather than predictive; it is developed to be a tool that can help find preventive measures to reduce future suicides based on the same pressures. It does so by proposing a new model of understanding Durkheim, one of simultaneous over- or under-integration and over- or under-regulation, mapped over the PVEST levels. Then I discuss case studies to show the framework in action, and mechanisms found through an application of the theory. I close by showing how existing welfare-state interventions could be coordinated based on the logic of the theoretical model to help prevent future suicide ideation.

1: Introduction

South Korea has the highest suicide rate among OECD countries, with elderly citizens and adolescents constituting particularly vulnerable populations (Lee, 2023; Park, et al., 2011). Why I chose South Korea is not only because of the high rates, it is also because many of the contemporary theories breakdown in a Korean setting.

The most influential sociological theory of suicide remains Émile Durkheim's *Le Suicide* (1897). Durkheim's four types (egoistic, under-integration; altruistic, over-integration; anomic, under-regulation; and fatalistic, over-regulation) continue to shape contemporary research despite sustained criticism (Douglas, 1970; Goldney & Schioldann, 2000; Park & Lester, 2008). However, Durkheim's typology embeds a Eurocentric assumption, namely that altruistic and fatalistic suicides are rare anomalies, characteristic of "primitive" societies or exceptional circumstances (Durkheim, 2002, p. 192). In a Korean Neo-Confucian society, self-sacrifice for the family and acceptance of oppressive social structures are culturally prescribed norms (Ikels, 2004; Shea, et al., 2020), and so this does not fit with the idea that fatalistic or altruistic suicides are anomalies. I propose a framework that addresses these limitations.

Subsequent revisions of Durkheim have not resolved this problem. Barclay Johnson (1965) attempted to collapse Durkheim's four types into two by arguing that integration and regulation are effectively the same construct and that one cannot regulate without integrating. Johnson's revision fails in contexts where integration and regulation operate at different ecological levels. An individual may be strongly integrated at the macro-level, namely filial piety norms, while weakly integrated at the micro-level, with no family contact, and regulated

by the exo-system welfare policy, but not by family. Integration and regulation are not identical, and they can diverge across levels.

This paper proposes a framework that addresses these limitations. Drawing on Spencer et al.'s (1997) Phenomenological Variant of Ecological Systems Theory (PVEST) to locate social pressures across multiple levels, and on the concept of aspiration (Merton, 1938; Appadurai, 2004) as a bridging mechanism, I argue that suicidal ideation emerges when aspirations become unattainable due to blockages, whether structural, interpersonal, or personal, leading to a collapse of future-oriented hope. The model does not assume a single causal pathway, nor does it claim predictive power over who will become suicidal. Rather, it provides a diagnostic framework, applied after a case has already surfaced, for tracing the specific sources of stress that undermine aspiration and for identifying where structural intervention can restore it.

The paper proceeds as follows. Section 2 reviews the limitations of Durkheim and Johnson in the Korean context. Section 3 presents the integrated model, explaining how PVEST and aspiration can be combined with Durkheim's types, and clarifies the model's diagnostic rather than predictive scope. Section 4 provides empirical support from Korean studies that highlight the mechanisms of external stressors, entrapment, and hopelessness, reinterpreting these findings within the proposed framework. Section 5 applies the model to four cases, three of aspiration collapse and one of aspiration retention under acute crisis. Section 6 discusses implications for prevention, arguing that the diagnostic logic developed here could coordinate the scattered welfare-state interventions that already exist, rather than requiring new resources.

2: Theoretical Limitations in the Korean Context

2.1: Durkheim and the Problem of Simultaneity

Durkheim (2002) argued that suicide results from either too little or too much social integration and too little or too much moral regulation. However, he treated these as discrete categories, and a suicide could be classified as one type and not as multiple types. This assumption fails in contexts where individuals experience contradictory pressures simultaneously. As the case of Sun-ya illustrates (Section 5.1), an individual may be over-regulated by state welfare policy while under-integrated from family, and simultaneously over-integrated into the cultural norm of filial piety. Durkheim's framework cannot account for this simultaneity because it assumes integration and regulation are monolithic properties of society, not multi-level phenomena.

Durkheim dismissed fatalistic suicide as having "little contemporary importance" (Durkheim, 2002, p. 239) yet, in Korea, over-regulation by family expectations and state policy is pervasive. Similarly, Durkheim claimed altruistic suicide is characteristic of "primitive" societies (p. 192) ignoring that self-sacrifice for family honor remains a central value in modern Confucian societies. His argument that family protects against suicide while simultaneously arguing that small families cannot create sufficient integration because "quantity is all that matters" (p. 174) reveals additional inconsistencies. As Yang's (2012) case of a Korean girl who drank methyl alcohol to escape her mother demonstrates, even dyadic relationships can generate suffocating over-integration and over-regulation. The girl stated: "The biggest problem was that we wanted too much to live as a normal family...We were too attached to each other" (Yang, 2012, p. 261, 265). Durkheim's presumption that altruistic

suicide requires large-scale social integration does not hold in contexts where filial piety operates at the micro-level.

2.2: Johnson's Collapse: Integration and Regulation as Independent

Johnson (1965) attempted to resolve Durkheim's inconsistencies by collapsing the four types into two, arguing that integration and regulation are effectively the same construct, that one cannot regulate without integrating. Johnson's argument rests on Durkheim's own statement: "When society is strongly integrated, it holds individuals under its control" (Durkheim, 2002, p. 180).

Johnson's revision fails when integration and regulation operate at different ecological levels. An individual may be strongly integrated at the macro-level, but weakly integrated at the micro-level; regulated by the exo-system by the state but not by family. Integration and regulation are not identical; they can diverge across levels. Johnson's revision therefore cannot capture the complexity of cases where multiple pressures converge simultaneously.

3: The Integrated Model: Durkheim, PVEST, and Aspiration

3.1: Locating Integration and Regulation across Ecological Levels

Table 1: PVEST's five ecological levels

Level	Definition
Micro-system	Immediate relationships. family, peers, school, healthcare.
Meso-system	Interactions between micro-systems. family-school communication.
Exo-system	Social structures affecting the individual indirectly. Welfare policy, corporate hiring
Macro-system	Cultural values, ideologies, laws, economic systems
Chrono-system	Life-course transitions and historical changes

PVEST (Spencer, et al., 1997) distinguishes five ecological levels that shape individual experience (see Table 1).

In the proposed framework, Durkheim's integration and regulation are not global properties. They can vary across these levels. An individual may be over-integrated at the macro-level, where filial piety norms demand self-sacrifice; under-integrated at the micro-level, with no contact with family; over-regulated at the exo-level, where welfare policy penalizes family contact; and under-regulated at the meso-level, where schools fail to provide mental health support. This disaggregation resolves the problem of simultaneity: the same person can experience multiple Durkheimian pressures simultaneously at different ecological levels. The task of analysis is to identify which levels generate which pressures.

3.2: Aspiration as the Bridging Concept

Aspiration, following Robert K. Merton and Arjun Appadurai, refers to the socially shaped capacity to envision and pursue future-oriented goals. Merton conceptualizes aspiration in terms of the structural gap between culturally prescribed goals and institutionally available means. Appadurai extends this by treating aspiration as a cultural capacity unevenly distributed across social groups.

In the present framework, aspiration is defined more precisely as: The socially structured capacity to generate, sustain, and pursue meaningful future-oriented possibilities. This definition distinguishes aspiration from adjacent constructs that are often conflated in the literature.

First, aspiration is not equivalent to capability. An individual may possess the objective resources, skills, or institutional access required to achieve a given outcome. They may be capable in a material sense. Yet they may lack the capacity to orient themselves toward that future as meaningful or attainable. Capability concerns external possibility; aspiration concerns internal orientation toward possibility. This distinction follows Sen's (1999) capability approach, which locates well-being in the objective range of functionings that a person can achieve, while Appadurai's (2004) concept of the capacity to aspire addresses the cultural and cognitive resources required to construct a future as an object of orientation.

Second, aspiration is not reducible to hope or hopelessness. Hope refers to positive expectations about future outcomes, while hopelessness refers to negative expectations. Both are evaluative states concerning the likelihood of future events. Aspiration operates at a more fundamental level. It concerns the ability to construct a future as an object of orientation in the first place.

This distinction can be clarified as follows:

- Hope: The future will turn out well.
- Hopelessness: The future will not turn out well.
- Aspiration loss: There is no viable future to orient toward.

Hopelessness is therefore the subjective experience of a negatively evaluated future. Aspiration loss is the collapse of the generative capacity to construct a future at all. The two are empirically related but conceptually distinct. Hopelessness often emerges as the experiential consequence of aspiration loss, but the latter cannot be reduced to the former.

Much of the suicide literature identifies hopelessness as the proximal predictor of suicidal ideation. However, this leaves unanswered the question of how hopelessness itself is produced. The present framework addresses this gap by locating the erosion of aspiration as the mechanism through which structurally imposed and blocked goals translate into hopelessness.

In the Korean context, aspirations are frequently externally imposed through institutionalized pathways such as elite university admission (the SKY system), filial piety obligations, and expectations of family honor. These aspirations are not merely individual preferences; they are culturally structured imperatives. At the same time, structural barriers,

limited university positions, labor market credentialism, and restrictive welfare policies, systematically constrain the realization of these goals.

When individuals are unable to achieve externally prescribed aspirations, and when alternative pathways are not culturally or institutionally available, the capacity to generate viable future orientations is progressively eroded. This erosion does not immediately produce suicidal ideation. Rather, it generates a condition of vulnerability in which the future ceases to function as a meaningful horizon of action.

Aspiration loss, in this sense, is not a momentary state but a process. It may occur gradually through the accumulation of academic pressure, repeated failure, or prolonged social isolation, or it may occur abruptly following a critical event such as examination failure or economic collapse. The model therefore treats aspiration as a dynamic resource rather than a fixed trait, one that, as Section 5.4 shows, can be strained but also exercised, not only eroded, by pressures operating across ecological levels.

3.3: The Model's Logic: A Diagnostic, but not a Predictive Tool

The model operates diagnostically rather than predictively. It does not posit a single causal chain, nor is it intended to identify in advance which individuals will become suicidal. Rather, it provides a structured method, applied to a case that has already surfaced through a crisis call, hospital admission, or documented life history, for tracing how multiple pressures converged on the erosion of aspiration, and for identifying where structural intervention could restore it.

The analytical process proceeds in four steps:

1. Identify the nature of the pressure. Determine whether the individual is experiencing over- or under-integration and/or over- or under-regulation. These categories are not mutually exclusive and may coexist.
2. Locate the source of the pressure. Using PVEST, identify the ecological level at which each pressure originates (micro-, meso-, exo-, macro-, or chrono-system). This step resolves the problem of simultaneity by allowing different forms of pressure to be situated at different levels.
3. Identify the aspiration at stake. Determine which culturally prescribed or externally imposed goal structures orient the individual's future. This may include aspirations related to education, family obligation, economic stability, or social status.
4. Trace the pathway to aspiration loss. Analyze how structural, interpersonal, or personal blockages render the aspiration unattainable, and how this leads to the erosion of the capacity to construct a viable future. This includes examining mediating processes such as external entrapment, social isolation, and coping strategies.

From this perspective, suicidal ideation is best understood as the endpoint of a converging, contingent process, in which multi-level social pressure produces a structurally blocked aspiration; the blocked aspiration produces a felt sense of external entrapment; sustained entrapment erodes the capacity to aspire; and that erosion is experienced subjectively as hopelessness, which, combined with additional factors such as acute crisis, isolation, or perceived burdensomeness, can give rise to suicidal ideation. This should not be read as a deterministic sequence in which each stage guarantees the next. Aspiration loss does

not inevitably produce suicidal ideation, nor is this the only pathway by which the capacity to aspire can erode.

Because the model is applied retrospectively to cases that have already surfaced, it makes no claim to distinguish, in advance, who among a population under structural pressure will go on to experience suicidal ideation and who will not. Its purpose is narrower and, I argue, more immediately useful. Given a case that a crisis line, hospital, school, or social worker is already handling, it specifies where in the ecological system the capacity to aspire broke down, so that intervention can be targeted rather than generic. This is the same logic used in public-health risk-factor models more broadly. The model does not predict which individual smoker will develop lung cancer, but it does tell a health system where to intervene once someone has already presented. Section 6.3.1 develops this parallel further, showing how the same diagnostic logic could coordinate the scattered interventions welfare states already operate.

The contribution of this approach lies in specifying the intermediate step (aspiration loss) that links structural conditions to psychological states. By identifying where and how this collapse occurs, the framework enables targeted intervention across ecological levels, and, as Section 5.4 demonstrates, its logic extends symmetrically to cases where the capacity to aspire is retained rather than fully lost, and where crisis is experienced without complete collapse.

4: Empirical Support from Korean and Related Research

Empirical research does not yet explicitly test the concept of aspiration collapse. However, a substantial body of Korean and international studies identifies a consistent mechanism linking structural pressures to suicidal ideation. When interpreted through the present framework, these findings are broadly compatible with the proposed pathway: structural pressure, external entrapment, erosion of future orientation, hopelessness, and suicidal ideation. The following subsections show where existing findings map onto each stage of the model, while noting that none of these studies were designed to test the aspiration construct directly.

4.1: External Entrapment as the Structural Mechanism

A central empirical finding across Korean studies is the role of external entrapment, the perception of being trapped by external circumstances, as a key mediator between structural stress and suicidal ideation.

In a study by Lee, Kang, and Cho (2012), external entrapment was found to exert both direct and indirect effects on suicidal ideation, with negative affect partially mediating this relationship. Similarly, research on university students demonstrates that life stress predicts suicidal ideation through external entrapment, particularly in the context of interpersonal and academic pressures (Kim, 2015).

These findings map onto the first stage of the model, where structural pressures such as academic competition, social expectations, and economic strain appear to be experienced subjectively as external entrapment. Entrapment, on this reading, is not merely psychological distress. Rather, it reflects the perception that externally imposed conditions cannot be

escaped or altered, which is close to the condition under which, in the present framework, aspirations become structurally blocked.

4.2: From Entrapment to Hopelessness: The Collapse of Future Orientation

The second empirical pattern concerns the transition from entrapment to hopelessness, which represents the subjective experience of a blocked future.

Recent research suggests that external entrapment predicts hopelessness, which in turn predicts suicidal ideation. Lee and Lee (2024), for example, find that the effect of external entrapment on suicidal ideation is mediated by hopelessness, with additional moderating effects depending on individuals' capacity to anticipate or value future experiences. This is broadly reinforced by evidence showing that both internal and external entrapment are associated with suicidal ideation, with stronger mediation specifically through hopelessness observed for external constraints (Kim & Lee, 2013).

Within the present framework, this stage aligns with the sequence: entrapment eroding the capacity to construct a viable future, experienced subjectively as hopelessness. The existing literature identifies hopelessness as a mediating variable but does not specify what collapses prior to it. The present model proposes this prior step as aspiration loss, the breakdown of future-generating capacity, although this remains a theoretical proposal rather than an empirically demonstrated mechanism.

4.3: Loss of Future Prospects as a Mediating Process

A third body of research examines the role of future orientation in the pathway to suicide. Studies on Korean youth suggest that relative deprivation reduces perceived future prospects, which in turn is associated with increased social isolation and suicide risk (Lee, Shin, & Yoon, 2022). Related research on adolescents indicates that hope mediates the relationship between stress and suicidal ideation (Kim & Lee, 2014; Jeong, 2021), suggesting that the future-oriented dimension is central to the mechanism.

These findings support the model's intermediate stage: structural inequality or pressure reducing perceived future prospects, in turn increasing vulnerability to hopelessness and isolation. In the present framework, "loss of future prospects" can be read as one observable correlate of the erosion of the capacity to aspire, although the studies themselves measure prospects and hope, not aspiration as defined here.

4.4: Hopelessness as the Proximal Psychological State

Across both Korean and international research, hopelessness consistently emerges as a strong proximal predictor of suicidal ideation. Multiple studies suggest that hopelessness mediates the effects of stress, health, and social isolation on suicide; that the relationship between entrapment and suicidal ideation is reduced when hopelessness is included as a mediator; and that, in some cases, protective cognitive factors weaken the effect of hopelessness on suicidal ideation (Park & Kim, 2012).

These findings correspond to the final stages of the model, where aspiration collapse is experienced as hopelessness, which under additional conditions gives rise to suicidal ideation. The existing literature largely treats hopelessness as an explanatory endpoint. The present

framework proposes extending this by identifying the structural and cultural processes that may produce hopelessness through the erosion of aspiration, a proposal this paper argues for theoretically rather than one it claims to have empirically demonstrated.

4.5: Integrating the Evidence: From Structure to Ideation

Taken together, the empirical literature is compatible with a multi-stage mechanism running from structural pressures (academic competition, welfare systems, family expectations), through external entrapment, erosion of future orientation, and hopelessness, to suicidal ideation. The contribution of the present framework is to propose that the erosion-of-future-orientation stage is more precisely understood as the collapse of the capacity to aspire. This is a conceptual clarification aimed at an existing gap in the literature. Existing studies identify entrapment and hopelessness as mediators, but do not explain how structurally imposed and blocked goals eliminate an individual's ability to generate alternative futures. Whether "aspiration loss" as defined here is empirically distinguishable from existing constructs such as hope and entrapment is a question for future measurement work, not one this synthesis resolves.

5: Applying the Model: Case Studies

5.1: Sun-ya: The NBLS Policy Trap

Sun-ya, a 76-year-old Seoul resident living alone on approximately 300 euros monthly from state welfare, articulates the pressures clearly: "I live hidden away. Since I have no money I don't want to contact my children, really I rather not... I don't want to be a burden on them." (Al-Jazeera English, 2015, 06:00)

Analysis:

Pressure type: Over-regulation from welfare policy (the NBLS Act, which classifies children as "obligatory providers" and cancels benefits if contact occurs) and, simultaneously, over-integration into filial piety norms and under-integration from family.

Source: Welfare policy and cultural norms.

Aspiration: Sun-ya's externally imposed aspiration is to not burden her children. This aspiration is structurally blocked. Contacting children would make her a burden by triggering the obligatory provider clause, yet avoiding contact leads to isolation and poverty. She cannot fulfill the aspiration without losing her livelihood.

Loss of capacity to aspire: Sun-ya states: "I feel that I am in this situation because I have sinned a lot" (06:55). This internalization of entrapment as deserved suffering indicates a collapse of the capacity to envision a viable future. She cannot imagine a future where she is both supported and not a burden.

Intervention points: Modify the NBLS Act to remove disincentives for family contact; and provide community-based elder support that does not penalize social integration.

5.2: Son-jung: Failed Filial Piety

Son-jung, a 91-year-old living in a converted garage, says: "My son and I no longer have any contact. That is how it is... He had to sell everything... His priorities are his children's education and his rent. For him that is what is important. His attitude causes me a lot of pain." (Al-Jazeera English, 2015, 09:15-09:30)

Analysis:

Pressure type: Under-integration from his son's neglect, but over-integration in to filial piety expectations. Over-regulation by his son's choices.

Source: Family dynamics and filial piety norms.

Aspiration: Son-jung's aspiration is that his son fulfills traditional filial piety obligations. This aspiration is structurally blocked by his son's competing economic priorities.

Loss of capacity to aspire: His depression and pain reflect a collapse of hope. He cannot envision a future where his son changes his priorities or where he receives adequate alternative care.

Intervention points: Family therapy to address filial piety expectations; community-based elder care; economic support for multi-generational households.

5.3: Man-yong: The SKY Imperative

Man-yong, an 18-year-old who fled home after failing to meet academic expectations: "My grandfather went to Seoul National University... He told me to study hard because it is a good school, so I must not bring shame to the school. It was very hard for me... If parents stopped pressuring their children to study so hard, and instead helped them with what they want to do, there would be fewer people in my situation." (ABC News, 2015, 17:30)

Analysis:

Pressure type: Over-integration into family honor (altruistic); over-regulation by family and school expectations (fatalistic).

Source: Family, family-school collusion, and educational meritocracy/credentialism.

Aspiration: Man-yong's externally imposed aspiration is to enter a SKY university. This aspiration is structurally blocked by limited university places and extreme competition. Only 2% of CSAT takers gain SKY admission, and non-SKY graduates face employment discrimination (Jung & Lee, 2016).

Loss of capacity to aspire: He fled home and was suicidal upon arrival at a crisis center. His loss of future orientation is close to absolute: he cannot become the person his family expects, and he cannot envision an alternative that would restore his sense of worth.

Intervention points: Reduce educational credentialism; provide academic counseling; family therapy to reduce pressure.

5.4: Suryo: Aspiration Retained Under Acute Hopelessness

The first three cases illustrate collapse. The model's logic, however, requires examining not only cases of erosion but also instances where the capacity to aspire remains intact even under extreme duress. Suryo, a 19-year-old Indonesian university student, provides a documented instance of this partial decoupling (Rayda, 2021).

Suryo's aspiration was to succeed academically in order to support his family: "My parents told me I have to graduate fast. I have to have good grades so I can get a good job and help my brother and sister" (Rayda, 2021). He relocated 350 km from his home village to Jakarta, where he began his studies. It was during the remote-learning period prompted by the pandemic, back in his home village with almost no internet access and no library, that he learned to use a computer for the first time. The poor connectivity made it impossible to complete his coursework through no fault of his own, and his grades collapsed. He described a shift in status from being the top student in his village to feeling "mediocre" compared to his elite classmates. "I couldn't see a bridge without thinking of jumping from it. I couldn't see a river without thinking of drowning myself." (Rayda, 2021)

Analysis of the crisis:

Pressure type: Under-regulation and under-integration of infrastructural access (connectivity, library resources), which Suryo had no personal capacity to restore.

Source: Regional infrastructure, disrupted by the pandemic.

Aspiration: To complete his education and provide for his family, an aspiration he had begun pursuing, amid the difficulty of adjusting to an elite academic environment, before the pandemic disrupted it.

Hopelessness without aspiration loss: Despite acute suicidal ideation, Suryo's capacity to aspire was not fully extinguished. His ability to picture a concrete path forward (Wi-Fi access, a room, and finishing his degree) remained sufficiently intact that when minimal structural resources became available, he could recognize and act on them. This demonstrates that aspiration loss and hopelessness can partially decouple. A person can be in genuine crisis while retaining the generative capacity to construct and pursue a viable future.

In September 2020, Suryo independently decided to relocate back to Jakarta to access his campus's free Wi-Fi. He rented his own room and, over the following year, rebuilt a peer network there. This was his own initiative, not a response to an institutional recall. The broader university reopening mentioned in the source is dated to October 2021 and refers to national policy, not Suryo's return. His crisis resolved as he re-engaged with his education: "Life is better for me now. It is a far cry from a year ago." (Rayda, 2021)

Analysis of the resolution:

Structural enabler: Restoring infrastructural access (proximity to Wi-Fi and a library environment) removed the blockage, enabling Suryo to re-engage with his education. However, this structural change did not restore a capacity that had been lost. Rather, it provided the conditions under which his still-intact but strained capacity to aspire could be exercised.

Theoretical implication: Suryo's case supports the present paper's distinction in Section 3.2 between hopelessness as a negative evaluative state and aspiration loss as the collapse of future-generating capacity. His suicidal ideation was real and acute, yet his ability to identify and execute a path forward once minimal resources allowed it reveals that hopelessness can coexist with an underlying capacity to aspire. This partial decoupling is not a counterexample to the model but a refinement of it. The model must account for cases where the capacity to aspire is strained but not extinguished, and where crisis is experienced without complete collapse of future orientation.

Suryo's case demonstrates two things the three collapse cases cannot on their own. First, that the capacity to aspire is not binary. It can be strained without being fully lost, and individuals in acute crisis may still retain enough of it to act when structural conditions shift. Second, that restoration of hope can occur through partial structural access enabling the individual's own agency, without requiring formal psychological intervention, which is directly relevant to the prevention model developed in Section 6.

6: Discussion

6.1: Advancing Durkheimian Theory

This framework does not reject Durkheim but contextualizes him. Durkheim's four types are not exhaustive categories but descriptors of social pressures that can co-occur at different ecological levels. The model resolves the paradox identified by Park and Lester (2008), that Korean elderly suicides appear altruistic yet Durkheimian classifications often label them egoistic, by showing that altruism operates at the macro-level while egoism operates at the micro-level. Durkheim's framework cannot capture this distinction because it assumes integration and regulation are global properties of society.

6.2: Theoretical Contribution

The model's primary contribution is the concept of aspiration as the bridging mechanism between structural pressures and suicidal ideation. The capacity to aspire is not a fixed trait but a resource that can be eroded, as Suryo's case demonstrates, and retained under acute hopelessness rather than fully extinguished by pressures operating across ecological levels. When externally imposed aspirations become structurally blocked, individuals lose the capacity to envision a viable future. This loss of aspiration is conceptually distinct from hopelessness, although empirically related. Hopelessness is the cognitive state of negative future expectations, while loss of aspiration is the collapse of the capacity to generate and pursue future-oriented goals in the first place. The relationship between them is that hopelessness is the subjective experience of lost aspiration.

6.3: Implications for Prevention: Toward a Coordinated Model

The ecological structure of the model identifies specific intervention points at each level (see Table 2)

Table 2: Intervention points

Level	Intervention
Micro-system	Provide family therapy; develop community-based elder support networks
Meso-system	Train teachers and healthcare providers to recognize external entrapment; Facilitate family-school communication
Exo-system	Implement hiring practices that do not filter out non-SKY graduates; expand mental health infrastructure
Macro-system	Reform welfare policies to remove disincentives for family contact; reduce educational credentialism; destigmatize mental illness.
Individual	Cognitive-behavioral interventions targeting hopelessness and restoring agency thinking

These are not purely hypothetical recommendations. Versions of each intervention already exist, in some form, across many developed welfare states. The question is not whether the tools exist, but whether they are ever assembled according to a single diagnostic logic rather than distributed through separate, categorically-gated systems. Section 6.3.1 develops this point.

6.3.1: The Patchwork Logic: Weaving Existing Threads into a Coherent Model

The model presented above identifies structural restoration of the capacity to aspire as the target of intervention. The question is not whether such interventions exist, for they do in many developed welfare states, but whether they are ever assembled into a coherent logic rather than left scattered across isolated statutory frameworks:

- Crisis psychiatry/acute care stabilizes immediate risk.
- Re-education and pre-education programs provide new pathways when a previous trajectory has collapsed.
- Social security and disability benefits provide a material baseline.
- Public job consultants connect individuals to meaningful activity.
- Public housing schemes offer stable, affordable shelter.
- Social support services, including domiciliary care and home visits to maintain daily functioning.
- Mentor programs provide sustained human contact and guidance.

Each of these exists in some form in many OECD countries. They are not speculative policy proposals. They are already funded, staffed, and operational. What they lack is a diagnostic framework that determines which combination of threads is appropriate for which individual. Access to these services is currently governed by categorical eligibility: unemployment benefits require job-seeker status, disability benefits require a medical

diagnosis, housing assistance requires income thresholds, and re-education requires a career-change justification, rather than by the nature of the blockage to aspiration itself.

The four cases examined in Section 5 illustrate what a diagnostic, rather than categorical, allocation would look like. Sun-ya's blockage was a welfare-policy disincentive to family contact, compounding a cultural bind. The intervention indicated is not psychiatric but legislative, removing the specific policy clause that structurally forces isolation. Son-jung's blockage was family estrangement. The diagnostic model indicates family mediation or community-based elder support, not a place in a general psychiatric queue. Man-yong's blockage spanned family pressure, school-family collusion, and a credentialist labor market, and would require coordinated family counseling and an alternative to the single-track SKY pathway, rather than any one service in isolation. Suryo's case shows the same logic from the resource side. A single infrastructural input (proximity to connectivity) was sufficient to let an already-intact capacity to aspire re-engage, without any of the other threads being necessary at all.

In each case, the correct intervention follows directly from where in the ecological system the blockage sits, not from which statutory category the person happens to qualify for. A person whose aspiration has collapsed under Sun-ya's conditions and a person whose aspiration has collapsed under Man-yong's conditions need different threads entirely, even though both would currently be routed through the same undifferentiated crisis-response system, if they are routed to structural support at all.

This is the gap the model is built to close: not a lack of available services, but a lack of a diagnostic logic for assembling them. The model proposed in this paper, by focusing on locating integration and regulation pressures across ecological levels and identifying the specific aspiration at stake and its blockage, supplies exactly that logic. In this sense, the model calls for a new allocation logic that treats the restoration of the capacity to aspire as a legitimate target for coordinated structural intervention, using the existing patchwork as its raw material.

6.4: Limitations and Future Directions

A possible objection is that the model's logic is circular. Starting from suicidal ideation, it traces back to loss of aspiration, which might appear to be defined by suicidal ideation itself. It is not circular in this sense because aspiration loss is conceptually and empirically distinct from suicidal ideation. Aspiration loss can exist without suicidal ideation. This occurs in cases of depression where individuals feel hopeless about the future but do not actively consider suicide, and in cases of cognitive decline such as dementia. Conversely, suicidal ideation can occur without complete aspiration loss, as in cases of impulsive suicidal behavior driven by acute crisis. The pathway traced here is contingent, not deterministic. Aspiration loss increases vulnerability to suicidal ideation but does not inevitably produce it.

However, this framework has not yet been tested prospectively on individuals under comparable structural pressure who have not, yet or ever, presented in crisis. Whether the framework, or some future instrument built on it, could identify aspiration loss before ideation develops is an open empirical question, and not one that this paper claims to answer.

A separate, methodological version of this concern is more difficult to dismiss. In the case studies presented here, aspiration loss is identified retrospectively, from statements made by individuals already in crisis. This is appropriate to the framework's stated purpose, which is a diagnostic tool applied to cases that have already surfaced, in the way a crisis line, hospital or social worker would encounter them. The model is analytical rather than predictive. It requires qualitative case analysis to identify which pressures apply, and its diagnostic value lies in identifying which pressures produced a given instance of aspiration loss, not in predicting that loss will produce suicide in a given individual. Longitudinal research is needed to test the temporal dynamics of aspiration loss and retention. Cross-cultural validation in other Confucian-heritage societies, and in non-Confucian contexts such as Suryo's Indonesian case, which shows the same conceptual distinction between hopelessness and aspiration loss operating outside the Korean educational and filial piety context, would strengthen generalizability.

The role of ego-resilience and social support as moderating factors warrants further investigation. Relatedly, existing hope scales, such as the Korean-validated Snyder Dispositional Hope Scale (Choi, Lee, & Lee, 2008), measure a related but conceptually distinct construct. Developing an aspiration-specific instrument capable of distinguishing "no viable future to orient toward" from ordinary pessimism about a future one still holds in view, would be a natural next step toward making the model empirically testable rather than solely diagnostic. Cases of cognitive decline such as dementia also raise questions about the relationship between the capacity to aspire and conscious awareness, since individuals with severely diminished cognitive capacity may lack the capacity to aspire yet not be suicidal, suggesting this pathway presupposes a baseline level of self-awareness and future orientation that itself warrants further study.

Conclusion

Durkheim's theory of suicide, while foundational, embeds Eurocentric assumptions that fail in Confucian-heritage societies where altruistic self-sacrifice and fatalistic acceptance are culturally prescribed norms. Johnson's revision collapses when integration and regulation operate at different ecological levels. By integrating PVEST and the concept of aspiration, the proposed framework offers a diagnostic tool for locating integration and regulation pressures across ecological levels, tracing how blockages undermine aspirations, and identifying specific intervention points.

The framework is compatible with existing Korean research on entrapment, hopelessness, and suicidal ideation, although the aspiration construct itself remains to be tested directly. Its application to four cases (three of collapse and one, Suryo's, of retained aspiration under acute crisis) illustrates the model's symmetry. The same structural pressures that can erode the capacity to aspire can, when partially lifted, enable that capacity to be exercised, even when the individual remains in crisis.

Existing welfare-state interventions (crisis care, re-education, housing, and social support) already constitute the raw material for such a model. What is missing is the diagnostic logic to coordinate them. Future research should test the model's prospective, not only retrospective, validity, and explore its applicability beyond the Korean and Indonesian cases considered here.

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GENERAL STRAIN THEORY AND SUICIDAL BEHAVIOR AMONG THE EARTHQUAKE SURVIVORS IN TÜRKİYE

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Abstract: *Background:* Previous research on General Strain Theory (GST) and suicidal behavior has been conducted in only a few countries (e.g., the USA and China), on samples of adolescents and youths, and on ordinary negative life stressors. *Aim(s):* The aim of the present study is to examine the relationship between GST and suicidal behavior among 2023 earthquake adult survivors in Türkiye (N= 1,594). *Method:* Data were obtained by using an online survey among the earthquake survivors in Türkiye and were analyzed by using binary logistic regression. *Results:* The major findings indicated some support for GST for these earthquake survivors. Strain had a *direct* positive effect on suicidal behavior, with the effects mediated by negative emotions. *Limitations:* The strain index was based only on physical losses and not subjective feelings (e.g., perception and severity of stress by the respondents). *Conclusions:* The findings support the link between GST and suicidal behaviors. The present findings underscore the fact that the GST-suicide link is probably a *direct link* between strain and suicidal behavior as well as indirect links.

Keywords: General strain theory, suicide, earthquake, Türkiye

The basic thesis of General Strain Theory (GST) is that strains/stressors (e.g., losing something that individuals value, being treated in a negative manner by others, and being unable to achieve one's goals) lead to negative emotions (e.g., depression and anger). In turn, deviant behavior (including suicidal behavior) may be a way to lessen the stress or escape from the strains. For example, people may engage in property crime in order to obtain the money they need. Nevertheless, not all individuals respond to strains with a deviant act (Agnew, 2001; 2006).

Research on the relationship between GST and suicidal behavior has been carried out mostly in the Unites States (e.g., Brent, et al., 1993; Cavanaugh & Humphrey, 2025; Francis, 2014; Ivanich & Teasdale, 2018; Walls, et al., 2007) and in China (Lew, et al., 2019; Liu, et al., 2020; Zhang, et al., 2011; Zhang, et al., 2013; Zhang & Zhao, 2017). For the generalizability of the findings on the link between GST and suicidal behavior, research is needed in a more diverse group of countries. Much of the research has been conducted on adolescents and youths (e.g., Brent, et al., 1993; Cavanaugh & Humphrey, 2025; Cho & Glassner, 2020; Francis, 2014; Ivanich & Teasdale, 2018; Kaufman, 2009; Sigfusdottir, et al., 2013; Van Wyk, 2023; Yildiz & Solakoglu, 2017; Yun & Kim 2020), and it is important to test the generalizability of GST using adult samples and, since the type and causes of suicidal behavior vary with age, gender, social class status and other personal characteristics, a broader sample of adults.

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Finally, the research on GST and suicidal behavior has focused on negative life events in *ordinary times*, but not *negative events in non-ordinary times* such as after an earthquake. It is obvious that, after an earthquake, individuals will experience much greater stress and associated negative emotions (e.g., depression and anxiety) than in ordinary times. Therefore, the present study contributes to the existing research on the link between GST and suicide regarding the above issues. In order to explore the above thesis, a non-random sample of the 2023 earthquake survivors (N= 1,595) in Türkiye was used to explore whether GST can account for their suicidal behavior.

The findings of the existing research on the direct link between various strains and suicidal behavior in adult samples have shown that strain has a significant and positive influence on suicidal behavior (e.g., Bishopp & Boots, 2014; Lew, et al., 2019; Liu, et al., 2020, Zhang, et al., 2017a), findings which are supported by research on adolescent samples (e.g., Cavanaugh & Humphrey, 2025; Yun & Kim 2020; Walls, et al., 2007; Zhang, et al., 2011; Zhang & Tao, 2013).

Although there are few studies regarding the mediating role of negative emotions in adult samples, the research has indicated that negative emotions (e.g., depression) mediated the link between strains and suicidal behavior (Bishopp & Boots, 2014), a link also supported in adolescent samples (Cho & Glassner, 2020; Sigfusdottir, et al., 2013; Van Wyk, 2023; Walls, et al., 2007; Yildiz & Solakoglu, 2017).

The existing research has indicated that strain has both direct and indirect effects on suicidal behavior in adult and adolescent samples. However, the strains or associated negative emotions in the existing studies were limited to strains experienced in the regular lives of the people. A high level of strain and associated negative emotions caused by a devastating event, such as an earthquake, has not been studied and, therefore, it is important to test GST in such a stressful context.

Method

Data

The data were obtained from an online survey of the February 2023 earthquake survivors residing in the Southeastern part of Türkiye in 2024, 14-15 months after the earthquake. Undergraduate university students were used as interviewers. They approached people in the earthquake region and asked them if they would respond to an online questionnaire using their cell phones. The interviewers gave the related web link to the participants, and the participants read and completed the questions in the survey by themselves using their own mobile cell phones. The voluntary and anonymous nature of the survey was mentioned both orally and in print on the link. Turkey is listed as having 108 cell phones per 100 residents,² and the proportion using the internet is 89%.³

The data came from 1,594 adults residing in Kahramanmaraş (n= 150), Hatay (n= 587), Malatya (n= 805), and Adiyaman (n= 52). The most adversely affected cities were Kahramanmaraş and Hatay.

² https://en.wikipedia.org/wiki/List_of_countries_by_number_of_mobile_numbers_in_use

³ data.tuik.gov.tr/

Some questionnaires contained occasional missing values which led to a lower sample size for some analyses. Examination of the missing values indicated that they were probably random and would not affect the results. Descriptive statistics are shown in Table 1.

Measures

Dependent Variables

There were two dependent variables used in this study: suicidal ideation and suicide attempt.

Suicidal ideation

Suicidal ideation was measured by asking “How often did you think about dying by suicide since the 2023 earthquake?” The original response format ranged from “never” (1) to “very often” (4). The variable was recoded as “no” (0) and “yes” (1, for “rarely”, “often” and “very often”). The percentages and frequencies of the responses to *suicide ideation* were as follows: 66.6% (never), 12.9% (rarely), 5.0% (often), and 3.3% (very often).

Suicide attempt

Suicide attempt was measured by asking “How often did you attempt to die by suicide since the 2023 earthquake?” The response was coded as never (0) and yes (1). The percentages and frequencies of the responses to *suicide attempt* were 72.5% (never), 9.8% (rarely), 3.8% (often), and 2.3% (very often).

Independent variables

Strain

This variable was measured by asking a group of questions related to *loss or damage to property and life*. This was a mean score created by summing the score for the eighteen items and dividing by the number of items: “How often has loss of lives or being permanently disabled occurred regarding the events below since the 2023 earthquake and successive earthquakes?” The events included: (1) loss of family members, (2) loss of relatives, (3) loss of neighbors, (4) loss of your loved ones, (5) loss of your domestic animals (e.g., dogs and cats), (6) you became permanently disabled, (7) family members became permanently disabled, (8) relatives became permanently disabled, (9) neighbors became permanently disabled, (10) your loved ones became permanently disabled, and (11) your domestic animals became permanently disabled. In addition, “To what extent have you had losses/damages on the issues regarding properties, things etc. below since the 2023 earthquake and successive earthquakes?” The issues included (1) house(s), (2) house properties, (3) vehicles, machines, (4) workplace(s), (5) loss of money, gold, etc., (6) damages to plants or lands, and (7) losses or damages to livestock (e.g., sheep and goats). The response options varied from “never” (1) to “very often” (4). Higher scores indicated higher loss or damage to property and life.

Table 1: Descriptive Statistics of the Variables Used in the Study

Variables ^a	N	Mean/%	Std. dev.	Min.	Max.
<i>Dependent variables</i>					
Suicidal ideation (yes)	1,398	21.1%		0	1
Suicide attempt (yes)	1,409	15.9%		0	1
<i>Independent variable:</i>					
<i>Strain</i>					
Loss and damage to life and property ^{b,c} ($\alpha = .88$)	1,595	1.43	.386	1	4
<i>Negative emotions</i>					
Depression ^{b,c} ($\alpha = .85$)	1,595	1.31	.592	1	4
Anger ^{b,c} ($\alpha = .73$)	1,228	2.21	.714	1	4
Traumatic stress after the earthquake index ($\alpha = .94$) ^{bc}	1,595	2.34	.814	1	4
<i>Control variables</i>					
Gender (female)	1,444			1	2
Age	1,445	2.10	1.124	1	4
Education	1,445			1	2
High school or below		46.2%			
University		44.4%			
Past deviance (yes)	1,393	8.7%		0	1
Marital status	1,445			1	3
Married	1,445	34.5%			
Divorced, separated, widowed	1,445	8.5%			
Single	1,445	47.6%			
Importance of religion	1,505	76.25	29.089	10	100
Social support ^b ($\alpha = .91$)	1,595	1.99	.632	1	4
Magnitude of earthquake in earthquake cities	1,594			1	2
High (Kahramanmaraş, Hatay)		46.2%			
Low (Malatya, Adıyaman)		53.7%			

^aSuicidal ideation (never), suicide attempt (never), being male, university education (at least two years or above), no past deviance, being single, low magnitude of earthquake related cities (Malatya, Adıyaman).

^bMeans of the scales were used.

^cTo deal with the missing cases for the *numerical* variables, series mean input procedure was used.

Negative emotions

Two negative emotions (commonly used in tests of GST) were used in line with the existing literature: depression and anger.

Depression was measured by six questions obtained from Başoğlu, et al. (2001): “I feel depressed,” “I feel guilty,” “I have less energy for my daily activities,” “I cannot enjoy life as I used to,” and “I feel hopeless about the future.” The response options varied from “never” (1) to “very frequently” (4). The mean score was used as the depression index, and it had a relatively high internal reliability (Cronbach alpha = 0.84). A principal components factor analysis identified one factor accounting for 62.7% of the variance. High scores on the index corresponded to high depression.

Anger was measured by four questions obtained from Tittle, et al. (2003): “Often, when I’m angry at people I feel more like hurting them than talking to them about why I am angry,” “When I have a serious disagreement with someone, it is usually hard for me to talk calmly about it without getting upset,” “I lose my temper pretty easily,” and “When I am really angry, other people better stay away from me.” The response categories varied from “strongly disagree” (1) to “strongly agree” (4). The mean score was used as the anger index with a moderate internal reliability score (Cronbach alpha = 0.73). A principal components factor analysis identified one factor accounting for 55.7% of the variance. High scores indicated high anger.

Traumatic stress after the earthquake index was measured by the following questions were obtained from Başoğlu, et al. (2001): “I am on edge all the time for fear of an earthquake,” “I cannot help thinking about certain memories/images related to the earthquake,” “I have sleeping difficulty,” “I frequently have nightmares,” “I lose my temper more easily,” “I have difficulty remembering things or concentrating on what I am doing,” “I feel distant and estranged from people,” “I get startled when there is a sudden noise or movement,” “Making long-term plans seems meaningless to me because the earthquake made me realize I may die anytime,” “I have lost interest in things.” The response options varied from “not at all bothered” (1) to “very much bothered” (4). The mean score of the ten items was used, and the Cronbach alpha was 0.94. A principal components factor analysis identified one factor accounting for 64.9% of the variance. High scores indicated high stress.

Control variables

Gender was coded as: female (1), and male (0). *Age* was coded as: (1) 18-24, (2) 25-34, (3) 35-44, and (4) 45+. *Education* was measured by asking “What is the highest level of education you completed?” Education was coded as (1) high school or below (1) and (0) university education (the base category).

Past deviance was measured by asking: “Have you been arrested, being taken into custody or put into prison during your life?” The response options were “no” (0, the base category), and “yes” (1).

Marital status was measured by asking “What is your current marital status?” The original response options (married, divorced, separated, widowed, and never married) were recoded as (1) married, (2) divorced, separated, and widowed, and (3) never married (the base category).

Religion was measured by asking: “How important is religion for you?” The response format ranged from “never important” (10) to “very important” (100).

Social support (Cronbach $\alpha = 0.91$) was an index composed of asking the following questions “During and after the 2023 earthquake, to what degree could you generally get various supports/aids (search and rescue, social, psychological, economic, etc.) from the individuals or institutions below (family members, relatives, friends, neighbors, benefactors, NGOs, and various state institutions (e.g., mukhtar, caimacam, federal or state disaster and emergency management)). The response options varied from “none” (1) to “very much” (4).

The earthquake cities were classified in terms of *magnitude of earthquake*: (1) high magnitude (Kahramanmaras and Hatay), and (2) low magnitude (Malatya and Adiyaman).

Analytical strategy

Because suicide ideation and suicide attempt had two response categories (yes, no), binary logistic regressions were used. Because depression and traumatic stress after the earthquake were highly correlated ($r = 0.74$), the analyses were carried out in terms of model 1 (focusing on negative emotions) and model 2 (focusing on traumatic stress) (see Table 2). While Agnew did not use “traumatic stress” as one type of negative emotion in his theory, it was used here for an *exploratory* purpose because traumatic stress and depression had a very high correlation coefficient.⁴

Results

Suicidal ideation

As can be seen in Table 2, the loss or damage to life and property index (strain variable) was significantly and positively associated with suicidal ideation in model 1 ($Exp[B] = 2.216$, $p \leq .05$), holding all other variables constant (gender, age, education, past deviance, marital status, religion, social support, and magnitude of the earthquake). Specifically, a unit increase in the loss or damage to life and property index was expected to increase the likelihood of suicide ideation by a factor of 2.216, independently of the control variables. However, when depression and anger (negative emotions) were included in model 2, the impact of the loss or damage to life and property index on the dependent variable disappeared ($Exp[B] = 1.427$, $p = .065$). This indicates that the impact of strain on suicide ideation was totally impacted by negative emotions in line with the prediction of GST. Both depression and anger were associated with increased odds of suicidal ideation ($Exp[B] = 1.712$; $Exp[B] = 1.426$, $p \leq .05$, respectively).

When traumatic stress was used as a predictor variable, the above patterns repeated again: Both the loss or damage to life and property index and traumatic stress increased the likelihood of suicide ideation ($Exp[B] = 2.218$; $Exp[B] = 2.078$, $p \leq .05$, respectively), and the impact of loss or damage to life and property index on suicide ideation was impacted by traumatic stress ($Exp[B] = 1.252$, $p = .259$).

⁴Concerning mediation analysis, when depression, anger, and traumatic stress were regressed on the strain (including the control variables) in a classic regression analysis, the strain variable (e.g., loss or damage to property and life) had significant positive effects on them ($\beta = .38$, $\beta = .15$, and $\beta = .41$, respectively).

In both models, suicide ideation was predicted by gender, age, education, marital status and the importance of religion. Compared to being male, being female reduced the likelihood of suicide ideation (e.g., $Exp[B] = .547$ or $Exp[B] = .511$, $p \leq .05$). A unit increase in age decreased the likelihood of suicide ideation (e.g., $Exp[B] = .749$ or $Exp[B] = .776$, $p \leq .05$). Compared to those who had a university education, those who had a high school or lower education increased the likelihood of suicide attempt (e.g., $Exp[B] = 1.518$ or $Exp[B] = 1.514$, $p \leq .05$). Compared to those who were single, those who were married decreased the likelihood of suicide ideation (e.g., $Exp[B] = .590$ or $Exp[B] = .464$, $p \leq .05$). Compared to those who were single, those who were divorced, separated, or widowed increased the likelihood of suicide ideation (e.g., $Exp[B] = 2.352$ or $Exp[B] = 2.004$, $p \leq .05$). An increase in importance of religion decreased the likelihood of suicide ideation (e.g., $Exp[B] = .988$ or $Exp[B] = .987$, $p \leq .05$). Suicide ideation was more common in people from the cities where the damage from the earthquake was higher and in people who suffered more loss (e.g., $Exp[B] = 2.078$ or $Exp[B] = 2.050$, $p \leq .05$). Past deviance and social support did not contribute to the prediction of suicidal ideation.

Suicide Attempt

As can be seen in Table 2, the loss or damage to life and property index (strain variable) was significantly and positively associated with suicide attempt in model 1 ($Exp[B] = 2.721$, $p \leq .05$) holding all other variables constant (gender, age, education, past deviance, marital status, religion, social support, and magnitude of earthquake). Specifically, a unit increase in the loss or damage to life and property index increased the likelihood of a suicide attempt by a factor of 2.271. The impact of the strain variable on suicide attempt was reduced, but still statistically significant, when depression and anger were included in the analysis in model 2 ($Exp[B] = 2.027$, $p \leq .05$), indicating a partial mediation. Among the negative emotion variables, only depression was statistically significant ($Exp[B] = 1.480$, $p \leq .05$).

When traumatic stress was used as a mediating variable, the above patterns emerged again: Both the loss or damage to life and property index and traumatic stress increased the likelihood of suicide attempt ($Exp[B] = 2.677$; $Exp[B] = 1.875$, $p \leq .05$, respectively), and the impact of the loss or damage to life and property index on suicide ideation was partially mediated by traumatic stress ($Exp[B] = 1.686$, $p \leq .05$).

Attempting suicide was also predicted by gender, age, marital status and the importance of religion, and higher magnitude earthquake cities in both models. Past deviance, social support, and education did not contribute to the prediction of suicidal ideation.

Discussion

The goal of the present study was to explore whether GST accounted for suicidal behavior among the recent earthquake survivors in Türkiye. Specifically, this study tried to find tentative answers to four research questions: (1) Is the effect of strain (e.g., a loss or damage to life and property index) on suicidal behaviors (e.g., suicidal ideation and suicide attempts) positive; (2) Are the effects of depression, anger or traumatic stress after the earthquake positive on suicidal behaviors; and (3) Is the effect of strain on suicidal behaviors after the earthquake mediated by depression, anger or traumatic stress?

Regarding the first and second questions, as expected, the effect of strain on suicidal behaviors was positive. In other words, an increase in the loss or damage to life and property

index was associated with an increase in suicidal ideation and suicidal attempts which supports the basic thesis of GST (e.g., Agnew, 2006; Bishopp & Boots, 2014; Jahangiri, et al., 2020; Kolves & Leo, 2015; Lew, et al., 2019; Liu, et al., 2020, Safarpour, et al., 2022; Vehid, et al., 2006; Yildiz & Solakoglu, 2017; Yuksek, 2021; Zhang, et al., 2017a). Also, as expected, the effects of depression, anger and traumatic stress after the earthquake on suicidal behaviors were positive, a finding in line with the central thesis of GST (e.g., Agnew, 2006; Bishopp & Boots, 2014). Specifically, an increase in depression, anger or traumatic stress after the earthquake indices increased the odds of suicidal ideation and suicidal behavior (e.g., Agnew, 2006).

Regarding the third question, negative emotions such as depression, anger or traumatic stress after the earthquake impacted the effect of the loss or damage to life and property index on *suicidal ideation* (e.g., Agnew, 2006; Cho & Glassner, 2020; Sigfusdottir, et al., 2013; Walls, et al., 2007; Yildiz & Solakoglu, 2017). However, depression and traumatic stress after the earthquake were *partially* mediated the influence of the loss or damage to life and property index on *suicide attempt* (e.g., Van Wyk, 2023; Yildiz & Solakoglu, 2017).

According to one of the central theses of GST (Agnew, 2006), negative emotions mediate the effect of strain on deviance/delinquency. In the present study, the results did not fully support this thesis. It seems that there are different types of mediating processes which occurred in the link between strain and the two different suicide behaviors.

In sum, the findings gave some support for GST-suicide link. The findings indicate that GST-deviance link would be more valid if the theory also proposed a *direct link* between strain and deviance/delinquency.

The policy recommendations of this study are that we can reduce traumatic stress by establish services such as social support centers and by improving the larger social environment. We can also make efforts to equip individuals with the skills and resources to better avoid stressors and strains; and coach individuals to interpret the social environment in ways that minimize subjective strain.

Limitations of the Study

The study has some shortcomings. First, the sample of earthquake survivors was non-random and chosen on the basis of availability. For this reason, it is not possible to make generalization about *all* earthquake survivors in Türkiye. Second, a cross-sectional study design was used which had a disadvantage related to this type of design (e.g., drawing cause and effect conclusions). Lastly, the strain index was based only on physical losses, and not subjective feelings (e.g., perception and severity of stress by the respondents).

Recommendations for Future Research

Much more research is needed on the link between GST and suicide among earthquake survivors in general in Türkiye and elsewhere. Also, research into the GST-suicide link in relation to devastating events should explore the roles of ethnicity, social class etc. as well as gender in order to provide a comprehensive understanding of the issue.

Conclusion

In the study of the relationship between GST (e.g., strain, depression, anger, and traumatic stress after the earthquake) and suicidal behaviors, the findings support the link between GST and suicidal behaviors. The present findings underscore the fact that the GST-deviance link would be more valid if the theory also proposed a *direct link* between strain and deviance/delinquency.

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Table2: Binary Logistic Regression Analyses of GST and Suicidal Ideation and Suicide Attempt among the 2023 Earthquake Survivors in Türkiye

Independent variables	Suicidal Ideation (N= 1,062)		Suicide Attempt (N= 1,071)		Suicidal Ideation (N= 1,327)		Suicide Attempt (N= 1,337)	
	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2	Model 1	Model 2
<i>Control variables^a</i>	<i>Exp.(B)</i>	<i>Exp.(B)</i>	<i>Exp.(B)</i>	<i>Exp.(B)</i>	<i>Exp.(B)</i>	<i>Exp.(B)</i>	<i>Exp.(B)</i>	<i>Exp.(B)</i>
Gender (female)	.679*	.547*	.574*	.512*	.645*	.511*	.529*	.440*
Age	.735*	.749*	.698*	.704*	.774*	.776*	.732*	.729*
Education (high school or below)	1.407*	1.518*	1.153	1.199	1.376*	1.514*	1.112	1.202
Past deviance (yes)	.999	1.023	1.460	1.527	.892	.883	1.320	1.362
Marital status								
Married	.550*	.590*	.776	.815	.477*	.464*	.692	.691
Divorced, separated, widowed	1.981*	2.352*	1.857*	2.042*	2.071*	2.004*	1.992*	1.943*
Importance of religion	.989*	.988*	.986*	.985*	.988*	.987*	.986*	.985*
Social support index ^b	1.173	1.077	1.199	1.119	1.079	1.032	1.078	1.017
High magnitude earthquake cities	1.755*	2.078*	1.916*	2.115*	1.679*	2.050*	1.947*	2.281*
<i>Strain</i>								
Loss/damage to life and property index ^b	2.216*	1.427	2.721*	2.027*	2.218*	1.252	2.677*	1.686*
<i>Negative emotions</i>								
Depression index ^b		1.712*		1.480*				
Anger index ^b		1.426*		1.192				
Traumatic stress after the earthquake index ^b						2.078*		1.875*
Cox & Snell R ²	.136*	.170*	.143*	.155*	.137*	.172*	.139*	.159*

*p ≤ .05.

^aReferences: Male, university education, no past deviance, being single, low magnitude earthquake cities.^bMeans of the indices were used. Also, series means substitution was carried out.

INTERPERSONAL LOSS, PSYCHIATRIC DISTURBANCE, AND THE SELECTIVE VISIBILITY OF SUICIDE IN A TASMANIAN CORONER'S DATA SET

Matias Gay &
Understanding Suicidology

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Abstract: Suicide notes are often treated as direct evidence of the circumstances surrounding suicide, yet people who leave notes may not represent all who die by suicide. We examined whether coroner-coded interpersonal conflict or loss and psychiatric disturbance marked different profiles of suicide death and different likelihoods of note recording in 1,050 Tasmanian coronial cases from 1968–1987. Interpersonal/loss-only cases were younger, predominantly men, and had the highest note-recording rate (45.9%), whereas psychiatric-disturbance-only cases had the lowest rate (22.0%) and substantially greater medical and psychiatric contact. After adjustment for demographics and method, interpersonal/loss coding predicted higher odds of note recording (OR = 1.72, 95% CI [1.26, 2.34]) and psychiatric-disturbance coding predicted lower odds (OR = 0.67, 95% CI [0.48, 0.92]). These findings suggest that suicide-note archives selectively capture relationally precipitated crises and may under-represent clinically visible psychiatric trajectories, limiting generalization from note-based research. Contemporary coronial replication is needed to test this pattern.

Keywords: suicide notes, coronial data, interpersonal loss, psychiatric disturbance, crisis

Suicide notes occupy a distinctive place in suicide research. Since the classic work of Shneidman and Farberow (1957), notes have been treated as one of the few first-person records of the thinking, feelings, and circumstances of people who died by suicide, and systematic programs of note analysis have informed theories of suicidal communication and intent (Leenaars, 1988). Notes are also of practical interest to coroners, clinicians, and bereaved families, because they can clarify intent and context in ways that other records cannot. Yet notes are found in only a minority of suicide deaths. Across settings, recorded note rates typically range from roughly 15% to 40% of cases (Cerel et al., 2015; Ho et al., 1998), and in the Tasmanian coronial dataset examined here a note was recorded for approximately one third of deaths (Haines et al., 2011).

Literature Review

The scientific value of notes therefore depends on a long-recognized methodological question: are people who leave notes representative of the broader population of people who die by suicide? Neuringer (1962) described the underlying inferential problem as the method of residuals. Conclusions are drawn from the subset of deaths that happen to leave analyzable material, and those conclusions are then generalized, implicitly or explicitly, to deaths that left no such material. If note leavers differ systematically from other decedents, note-based findings will misrepresent the population they are intended to illuminate.

Empirical comparisons of note leavers and non-leavers have produced mixed results. Some studies report few demographic or clinical differences (Ho et al., 1998; Salib et al., 2002), whereas others find that note leavers differ on characteristics such as age, living

arrangements, method, and prior suicidal behavior (Callanan & Davis, 2009; Cerel et al., 2015; Foster, 2003). In the Tasmanian coronial dataset, Haines et al. (2011) reported that people who left notes were more often involved in interpersonal conflict, including divorce and separation, were less often described as psychiatrically disturbed, and were less often under medical supervision. Those analyses, however, were largely bivariate. They compared note leavers with non-leavers one variable at a time, without adjustment for demographic composition or method, and they did not ask the complementary question of whether the coded circumstances of death themselves mark distinct profiles.

That complementary question connects the note literature to two broad framings of the suicidal process. The first emphasizes psychiatric illness. Psychological autopsy studies consistently estimate that a large majority of suicide deaths occur in the context of a diagnosable mental disorder (Arsenault-Lapierre et al., 2004; Cavanagh et al., 2003; Isometsa, 2001), and a substantial proportion of decedents have contact with primary care or mental health services in the weeks and months before death (Luoma et al., 2002). The second framing emphasizes interpersonal crisis and loss. Contemporary theories place ruptured or thwarted relationships near the center of the suicidal process, whether as thwarted belongingness and perceived burdensomeness (Joiner, 2005; Van Orden et al., 2010) or as defeat and entrapment arising in the motivational phase of the integrated motivational-volitional model, frequently triggered by relationship breakdown (O'Connor & Kirtley, 2018). These framings are not mutually exclusive, and many deaths involve both psychiatric disturbance and interpersonal precipitants. They do, however, draw attention to potentially different populations, different warning signs, and different points of preventive contact.

Interpersonal loss is especially relevant to a journal concerned with crisis because it is not simply a background characteristic of suicide death. Separation, divorce, bereavement, and serious relational conflict can function as acute disruptions in belonging, identity, daily structure, and anticipated future. Epidemiological work has long linked marital disruption with suicide risk, particularly among men (Kposowa, 2000), while contemporary models of suicidal behavior place relational disconnection within the processes through which suicidal thinking can intensify. The interpersonal theory identifies thwarted belongingness as a central component of suicidal desire (Joiner, 2005; Van Orden et al., 2010). The integrated motivational-volitional model similarly positions defeat and entrapment as proximal motivational processes, with relationship breakdown among the circumstances that can generate or intensify them (O'Connor & Kirtley, 2018). These perspectives do not imply that interpersonal loss and psychiatric disturbance are competing explanations. Rather, they suggest that a relational crisis may organize the circumstances of a death differently from a trajectory dominated by documented psychiatric illness, even when the two overlap within the same person.

Suicide notes provide one possible record of that organization. A note is not a neutral transcript of mental state. It is a communicative artifact produced under particular circumstances, discovered by particular people, and preserved or recorded through particular institutional processes. Classic note research emphasized that notes often address specific others and contain explanations, instructions, apologies, blame, affection, or attempts to shape how the death will be understood (Leenaars, 1988; Shneidman & Farberow, 1957). Later work likewise found that relational themes are prominent in many notes and that note leavers can differ from non-leavers on demographic, situational, and clinical characteristics (Callanan & Davis, 2009; Cerel et al., 2015; Foster, 2003). This matters when the precipitating crisis is itself relational. A person responding to separation or conflict may have

both a salient audience and a perceived need to explain the death to that audience. The resulting note can make the relational crisis unusually visible after death, whereas deaths without such a message may leave investigators to reconstruct circumstances from clinical, family, police, and medical records.

Psychiatric disturbance creates a different documentary pathway. Psychological autopsy research indicates that diagnosable mental disorders are common among people who die by suicide (Arsenault-Lapierre et al., 2004; Cavanagh et al., 2003; Isometsa, 2001), and many decedents have contact with primary care or mental health services before death (Luoma et al., 2002). These encounters generate records before the death occurs. Symptoms, treatment episodes, supervision, hospitalization, previous attempts, and clinician observations may therefore make psychiatric trajectories comparatively visible within health-service documentation even when a suicide note is absent. The contrast is methodologically important. A note-based study begins with a self-produced narrative artifact, while a clinical-record study begins with institutional contact. Each source can illuminate meaningful aspects of suicidal crisis, but neither is guaranteed to represent the full population of suicide deaths. If interpersonal crises are more likely to appear in notes and psychiatric disturbance is more likely to appear in service records, then the evidentiary source itself may influence the apparent balance between relational and psychiatric explanations of suicide.

Coroner records are well suited to examining these questions at the population level. Unlike clinical samples, coronial datasets capture every death determined to be suicide within a jurisdiction, including the majority of decedents who had no recent contact with mental health services. They also preserve, in a single file, both narrative materials such as notes and documentary evidence of clinical contact, which makes it possible to compare modes of visibility within the same deaths rather than across different study designs. The cost is that coronial coding depends on what witnesses, police, and clinicians happened to document, and coding practices can vary across coroners and over time. Both the strengths and the costs frame the present analysis.

Coroner reason coding offers an operational, if imperfect, handle on this distinction. In the dataset analyzed here, coroners' files were coded for whether interpersonal conflict or loss was judged to have contributed to the death and, separately, for whether psychiatric disturbance was judged to be present. Rather than asking only who leaves a note, the present analysis asks whether these source-coded circumstances mark different suicide profiles. The distinction matters for how suicide deaths become visible to research and to services. Deaths precipitated by interpersonal conflict or loss may be disproportionately visible in narrative materials such as suicide notes, which are often addressed to specific others. Deaths marked by psychiatric disturbance may instead be disproportionately visible in clinical and service-contact records. If so, research built on notes and research built on clinical samples will systematically sample different segments of the suicide population, and prevention efforts anchored to one type of visibility will systematically miss cases of the other type.

The Tasmanian dataset provides an unusual opportunity to examine this source-selection problem within a single coronial system rather than by comparing separate note, clinical, and psychological-autopsy samples. Coroners' files combine information from police investigations, witness accounts, medical and psychiatric evidence, and any note retained on file. Haines et al. (2011) previously showed that note leavers in this dataset were more often coded for interpersonal conflict and less often coded as psychiatrically disturbed or medically supervised. Those findings raised a representativeness concern but did not determine whether

the two sets of circumstances remained associated with note recording after demographic and method differences were considered. They also did not examine the broader clinical and symptom profiles attached to the reason codes. Treating note recording as one mode of visibility within a complete jurisdictional archive allows the present study to ask a more specific question: whether deaths marked by interpersonal loss and deaths marked by psychiatric disturbance become visible through systematically different documentary channels. That question links the methodology of suicide-note research to a wider problem in crisis and loss research, namely how the records available after a death can shape which antecedent crises are easiest to see, describe, and generalize.

The present study used the available Tasmanian coronial dataset of 1,050 suicide deaths to examine these questions. Cases were classified into four groups based on the coroners' reason codes: interpersonal/loss only, psychiatric disturbance only, both, and neither. Three hypotheses were tested. First, interpersonal/loss-only cases were expected to be younger, more often men, and more likely to have a suicide note recorded. Second, psychiatric-disturbance-only cases were expected to show higher rates of clinical contact, psychiatric history, and recorded symptoms. Third, interpersonal/loss coding and psychiatric-disturbance coding were expected to be independently associated with note recording, in opposite directions, after adjustment for demographic characteristics and method. As a check on whether these groupings reflect a broader latent typology of suicide deaths, an exploratory latent class analysis of the full set of binary indicators was also conducted and is reported as a sensitivity analysis.

Methodology

Design and Data Source

The study was a secondary analysis of an archival coronial dataset comprising 1,050 suicide deaths recorded in Tasmania, Australia, between 1968 and 1987. The dataset, described by Haines et al. (2011), contains 61 variables coded from coroners' files, which include inquest documents, police reports, witness statements, medical and psychiatric evidence, and any suicide note held on file. A suicide note was recorded by the coroner in 347 cases (33.0%), no note was recorded in 702 cases, and note status was missing for 1 case. Because the data are historical, de-identified, and derived from coronial records, formal ethics approval was not required for the anonymous analysis.

Measures

Reason-group classification. The primary grouping variables were two binary codes based on the coroners' judgments: whether interpersonal conflict or loss (including separation, divorce, bereavement, and serious relationship conflict) contributed to the death, and whether psychiatric disturbance was present. Because the codes could co-occur, each case was classified as interpersonal/loss only, psychiatric disturbance only, both interpersonal/loss and psychiatric disturbance, or neither code. Two cases with missing reason coding were excluded from group comparisons.

Outcome. The primary outcome was whether a suicide note was recorded in the coroner's file. This variable indexes the recording of a note rather than, strictly, the writing of one; notes that were removed, destroyed, or never found would be coded as absent.

Covariates. Covariates included age at death, sex, divorced marital status, living alone, and method of death (hanging as the reference category; firearm, drowning, jumping, medication or pills, gas inhalation, poison, and other). Clinical-contact and history variables included previous suicide attempt, prior indication of suicidal intent, recent general practitioner contact, medical supervision, recent psychiatric consultation, psychiatric supervision, and psychiatric hospitalization. Symptom variables included depression, anxiety, psychotic symptoms, and alcohol abuse.

Analytic Strategy

Descriptive tables summarized demographic, historical, clinical-contact, symptom, and method profiles by reason group. Group differences in binary indicators were evaluated with chi-square tests, or Fisher exact tests where expected cell counts were small. Logistic regression estimated the adjusted association of interpersonal/loss coding and psychiatric-disturbance coding with note recording. The core model adjusted for age, sex, divorced status, living alone, and method, and was estimated on 890 complete cases. An extended model added previous attempt, recent general medical contact, medical supervision, recent psychiatric consultation, psychiatric supervision, and psychiatric hospitalization; because the additional variables reduced the number of complete cases, the core model is treated as primary and the extended model as a sensitivity analysis. Cases with missing values on model covariates were excluded listwise from the regression models; the descriptive comparisons used all available cases for each indicator. Statistical significance was evaluated at $\alpha = .05$, two-tailed.

As a further sensitivity analysis, an exploratory latent class analysis was fitted to 41 binary indicators spanning demographic, historical, clinical-contact, symptom, and method domains. Models with one through five classes were compared using the Bayesian information criterion (BIC), which performs well for class enumeration in simulation studies (Nylund et al., 2007).

Results

Reason-Group Distribution and Note Recording

Of the 1,050 cases, 344 (32.8%) were coded as interpersonal/loss only, 251 (23.9%) as psychiatric disturbance only, 136 (13.0%) as both interpersonal/loss and psychiatric disturbance, and 317 (30.2%) as neither code; 2 cases (0.2%) had missing reason coding. Table 1 and Figure 1 summarize the distribution. Notes were recorded for 45.9% of interpersonal/loss-only cases, 22.0% of psychiatric-disturbance-only cases, 34.6% of combined cases, and 27.4% of neither-coded cases (Figure 2). The overall association between reason group and note recording was significant, $\chi^2(3, N = 1,047) = 44.16, p < .001$.

Table 1: Reason-Group Distribution and Suicide-Note Recording

Reason group	n	% of sample	Note recorded	% with note
Interpersonal/loss only	344	32.8	158	45.9
Psychiatric disturbance only	251	23.9	55	22.0
Both interpersonal and psychiatric	136	13.0	47	34.6
Neither coded	317	30.2	87	27.4
Missing reason coding	2	0.2	0	0.0

Note. N = 1,050. Percentages are of the full sample; % with note is within reason group.

Figure 1: Distribution of Reason-Group Coding

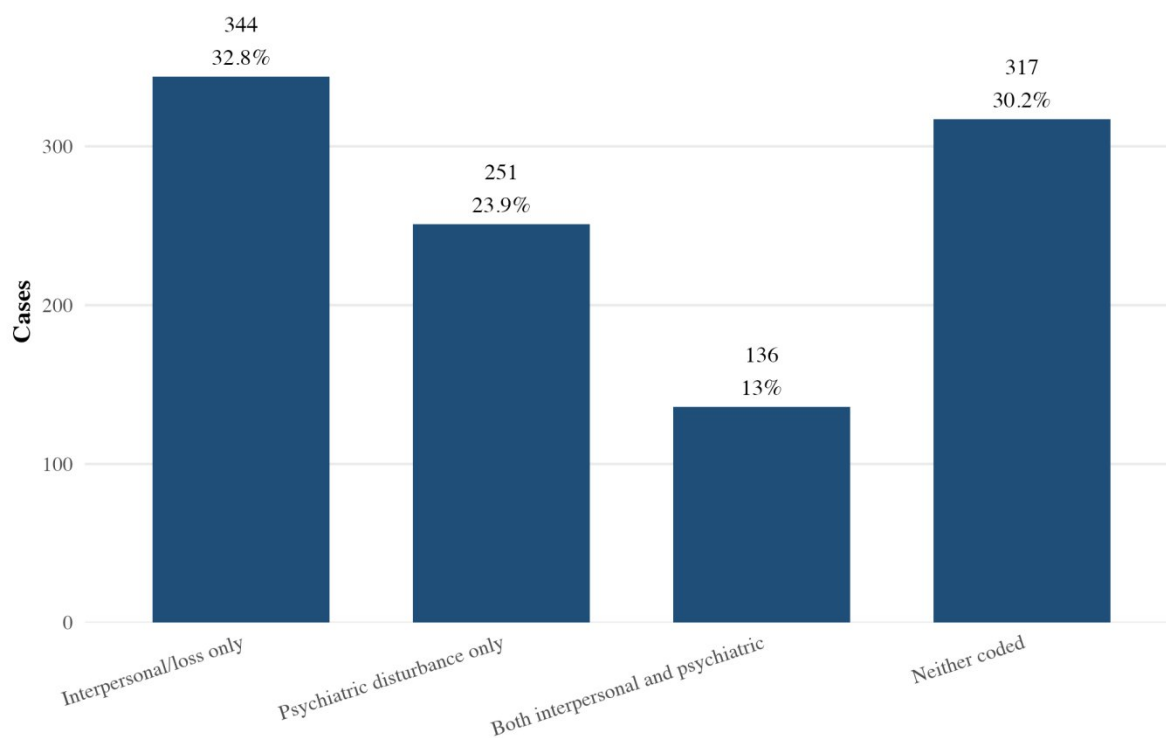
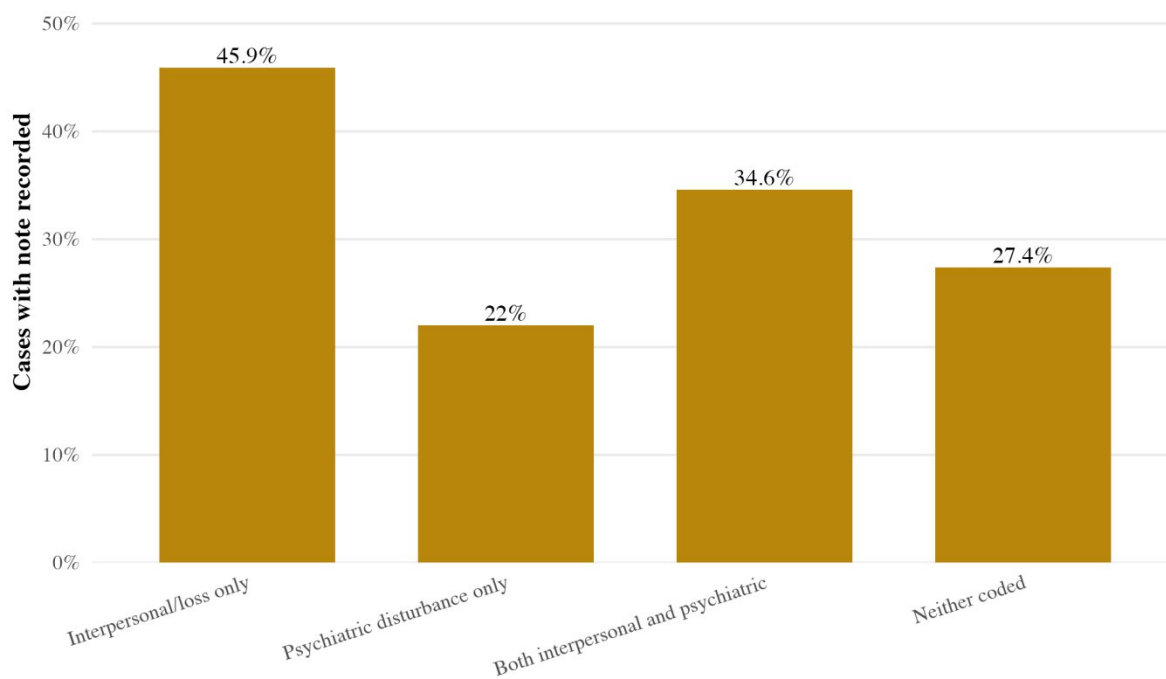


Figure 2: Suicide Note Recorded by Reason Group



Note. Bars show the percentage of cases in each reason group with a suicide note recorded.

Clinical and Historical Profiles

Table 2 and Figure 3 summarize the group profiles. The interpersonal/loss-only group was the youngest ($M = 37.6$ years, compared with 45.4 to 47.0 years in the other groups) and, together with the neither-coded group, had the highest proportion of men (81.4% and 82.0%, compared with 67.7% in the psychiatric-only group and 55.1% in the combined group). In contrast, the psychiatric-disturbance-only and combined groups showed markedly higher levels of recent general practitioner contact (73.2% and 75.0%, vs. 46.0% in the interpersonal/loss-only group), medical supervision (67.0% and 64.4% vs. 38.8%), psychiatric consultation (64.5% and 63.5% vs. 18.9%), psychiatric supervision (50.0% and 52.1% vs. 13.8%), and psychiatric hospitalization (59.2% and 61.5% vs. 19.7%). The same pattern held for recorded depression (56.2% and 70.6% vs. 21.5%), anxiety (18.7% and 22.1% vs. 8.4%), and psychotic symptoms (20.7% and 13.2% vs. 1.5%). The combined group was especially elevated on previous attempts (45.8%) and depression (70.6%). Alcohol abuse showed a different pattern, with the highest rates in the interpersonal/loss-only (29.1%) and combined (28.7%) groups. Omnibus tests supported these group differences: age, $F(3, 1034) = 19.25$, $p < .001$; binary indicators, $\chi^2(3, Ns = 815-1,048) = 23.49-188.84$, all $ps < .001$.

Table 2: Selected Demographic, Clinical, and Historical Indicators by Reason Group

Indicator	Interpersonal/loss only	Psychiatric only	Both	Neither
n	344	251	136	317
Age, M (years)	37.6	45.6	45.4	47.0
Men	81.4	67.7	55.1	82.0
Note recorded	45.9	22.0	34.6	27.4
Previous attempt	26.0	35.2	45.8	14.6
Prior indication of intent	58.7	50.0	55.8	33.0
Recent GP contact	46.0	73.2	75.0	64.1
Medical supervision	38.8	67.0	64.4	56.8
Psychiatric consultation	18.9	64.5	63.5	16.7
Psychiatric supervision	13.8	50.0	52.1	8.0
Psychiatric hospitalization	19.7	59.2	61.5	14.8
Depression	21.5	56.2	70.6	19.6
Anxiety	8.4	18.7	22.1	7.6
Psychotic symptoms	1.5	20.7	13.2	0.9
Alcohol abuse	29.1	18.7	28.7	15.1

Note. Values are percentages unless otherwise indicated. M = mean; GP = general practitioner.

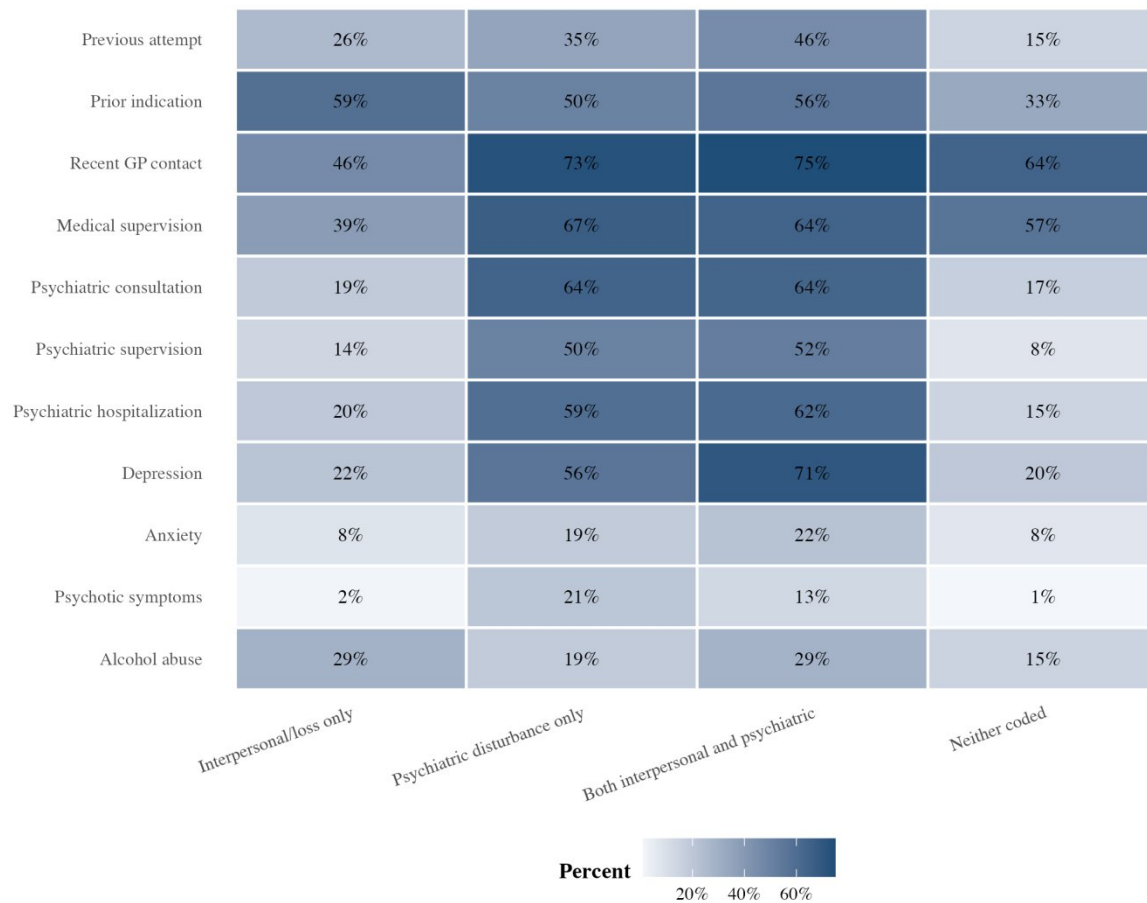
Adjusted Associations with Note Recording

Table 3 and Figure 4 present the core logistic regression model ($n = 890$ complete cases). Interpersonal/loss coding was associated with higher adjusted odds of a recorded suicide note, $OR = 1.72$, 95% CI [1.26, 2.34], $p < .001$, whereas psychiatric-disturbance coding was associated with lower adjusted odds, $OR = 0.67$, 95% CI [0.48, 0.92], $p = .015$. Living alone ($OR = 1.75$, 95% CI [1.18, 2.58], $p = .005$) and gas inhalation as method ($OR = 2.18$, 95% CI [1.19, 3.99], $p = .012$, relative to hanging) were also associated with higher odds of a recorded note. Age, sex, and divorced status were not independently associated with note recording once the reason codes were in the model.

In the extended model, interpersonal/loss coding remained associated with note recording, $OR = 1.78$, 95% CI [1.21, 2.63], $p = .003$. Psychiatric-disturbance coding was no longer independently associated once the clinical-contact indicators were added; of those indicators, psychiatric hospitalization was associated with lower odds of a recorded note, $OR = 0.48$, 95% CI [0.24, 0.93], $p = .030$. Because the extended model was estimated on fewer complete cases, it is presented as a sensitivity analysis; it suggests that the lower note rate

among psychiatric-disturbance cases is carried largely by the subgroup with histories of psychiatric hospitalization.

Figure 3: Clinical and Historical Profile by Reason Group



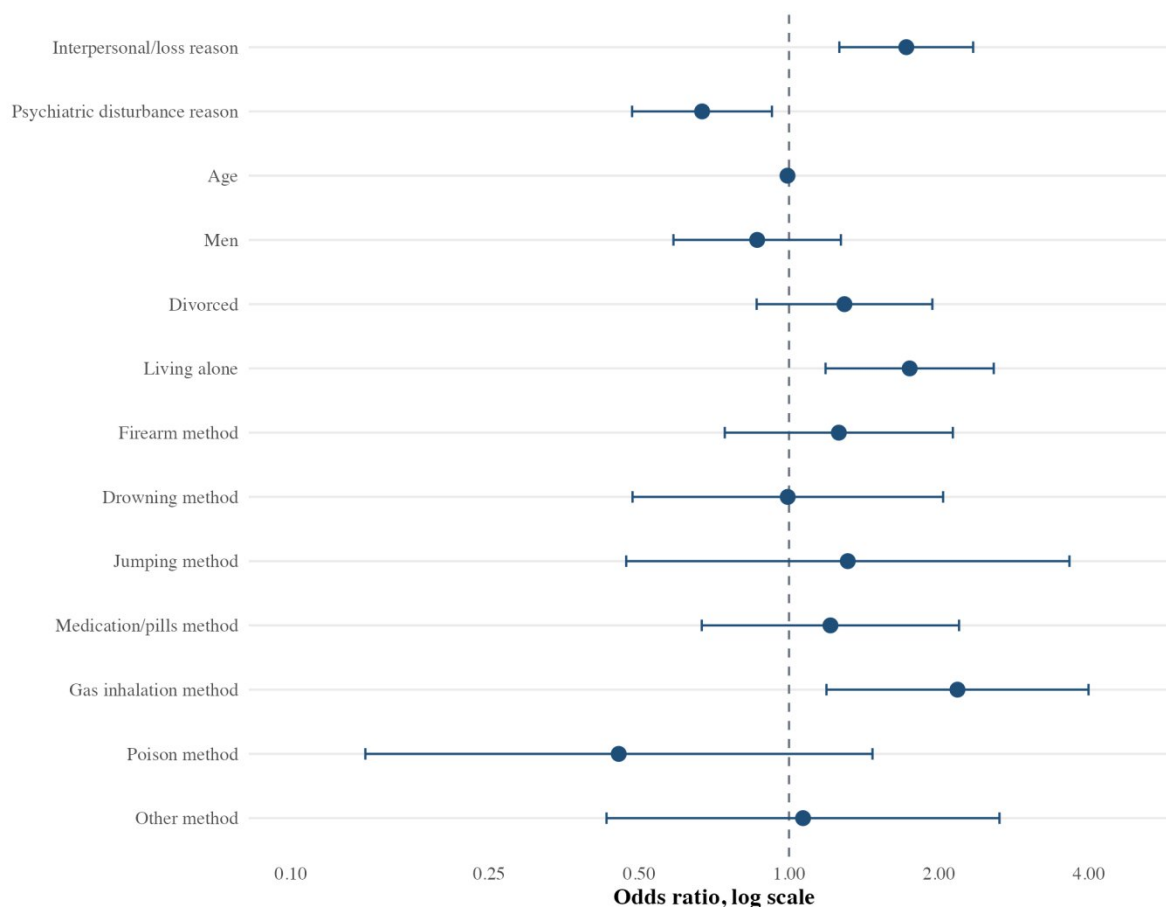
Note. Cell labels show the percentage of cases with each indicator recorded.

Table 3: Core Logistic Regression Model Predicting the Recording of a Suicide Note

Predictor	OR	95% CI	p
Interpersonal/loss reason	1.72	[1.26, 2.34]	< .001
Psychiatric disturbance reason	0.67	[0.48, 0.92]	.015
Age	0.99	[0.98, 1.00]	.118
Men	0.86	[0.59, 1.27]	.456
Divorced	1.29	[0.86, 1.94]	.217
Living alone	1.75	[1.18, 2.58]	.005
Method: Firearm	1.26	[0.74, 2.13]	.393
Method: Drowning	0.99	[0.49, 2.04]	.988
Method: Jumping	1.31	[0.47, 3.66]	.604
Method: Medication/pills	1.21	[0.67, 2.20]	.529
Method: Gas inhalation	2.18	[1.19, 3.99]	.012
Method: Poison	0.46	[0.14, 1.47]	.188
Method: Other	1.07	[0.43, 2.65]	.888

Note. n = 890 complete cases. Reference method = hanging. OR = odds ratio; CI = confidence interval.

Figure 4: Adjusted Odds Ratios for Suicide-Note Recording



Note. The dashed vertical line marks OR = 1.0. Reference method = hanging.

Exploratory Latent Class Analysis

In the exploratory latent class analysis of 41 binary indicators, the BIC favored a one-class solution over solutions with two through six classes. The data therefore did not support a discrete latent typology at the level of the full indicator set. This result cautions against interpreting the reason-group contrasts as evidence of categorically distinct types of suicide death. The group differences reported above are better read as profile differences along overlapping dimensions than as a taxonomy.

Discussion

In this archival analysis of 1,050 Tasmanian suicide deaths, coroner-coded interpersonal conflict or loss and coroner-coded psychiatric disturbance marked substantially different profiles. Interpersonal/loss-only cases were younger, predominantly men, and the most likely to have a suicide note recorded. Psychiatric-disturbance-only cases were the least likely to have a note recorded but showed far higher rates of medical and psychiatric contact, supervision, hospitalization, and recorded symptoms. In adjusted models, the two codes were independently associated with note recording in opposite directions, and the negative association for psychiatric disturbance was attenuated once clinical-contact variables were included, with psychiatric hospitalization emerging as the specific correlate of lower note recording.

These findings bear directly on the representativeness problem that Neuringer (1962) identified. They indicate that, in this dataset, note-based archives over-represented deaths precipitated by interpersonal conflict and loss and under-represented deaths marked by psychiatric disturbance, particularly deaths of people with histories of psychiatric hospitalization. Conclusions drawn from note samples about motives, mental state, or preventability should therefore be treated as conditional on a selection process rather than as portraits of suicide in general. This extends earlier note-leaver comparisons (Callanan & Davis, 2009; Cerel et al., 2015; Haines et al., 2011) by showing that the selection operates through coded circumstances of death and survives adjustment for demographic characteristics and method. Where possible, note studies should report the clinical characteristics of note leavers relative to all deaths in the source population, or apply adjustment strategies analogous to those used here.

The visibility asymmetry also matters beyond sampling because coronial records contribute to the explanations available to researchers, services, and people trying to understand a death. A recorded note can make one account of crisis unusually vivid. It may name a separation, conflict, grievance, or relationship and can therefore pull interpretation toward a relational narrative. Clinical records create a different interpretive emphasis by documenting diagnosis, symptoms, previous attempts, treatment, and contact with services. Neither record is inherently more truthful or complete. They answer different questions and are produced for different purposes. The present results show why these documentary pathways should not be treated as interchangeable. When the probability of a note varies according to the circumstances recorded around the death, the availability of first-person material is itself patterned. This is especially important for research on loss because interpersonal disruption can be both an antecedent crisis and the organizing subject of a final communication. Researchers using notes should therefore distinguish what is learned from the content of a note from what is learned because a note was available in the first place. The latter is a selection question that must be addressed before note content is generalized to suicide deaths more broadly. Coronial studies that integrate narrative, relational, and clinical evidence can help make that selection process visible rather than allowing one documentary source to stand in for the whole crisis.

The results also support a two-pathway account of how suicide deaths become visible to research and to services. Nearly three quarters of psychiatric-disturbance cases had recent general practitioner contact, consistent with evidence that many decedents contact primary care in the period before death (Luoma et al., 2002). For this group, clinical settings remain the most promising point of detection and intervention. For interpersonal/loss cases, fewer than half had recent medical contact, and the crisis was more often documented in narrative form only after death. Detection for this group may depend less on clinical screening and more on community, relational, and acute-crisis channels, including responses organized around separation, family conflict, and relationship breakdown, together with means restriction and accessible crisis services. Prevention planning that relies on a single mode of visibility will systematically miss part of the population at risk.

From a crisis-intervention perspective, the practical implication is not to create separate categories of “relational” and “psychiatric” suicide. The one-class latent solution argues against that interpretation. Instead, the findings point to different opportunities for recognition within overlapping trajectories. Psychiatric disturbance was accompanied by substantially greater contact with general medical and mental health services, making existing care systems an important setting for detecting escalation, reviewing treatment transitions,

and responding to suicidal crisis. Interpersonal/loss cases were less clinically visible, which means that prevention cannot depend on mental health contact alone. Acute responses to separation, bereavement, family conflict, and other destabilizing losses require routes into support that can be reached outside specialist services. The distinction is therefore one of access and visibility rather than diagnosis versus relationship. A crisis may be organized around loss while psychiatric symptoms are also present, and psychiatric illness may be destabilized by relational rupture. Prevention strategies are stronger when they assume this overlap while still recognizing that different records and service pathways make some crises easier to detect than others.

The demographic and situational correlates fit this account. Interpersonal/loss-only cases matched the profile of relationally precipitated suicide described in epidemiological work on marital disruption and suicide risk, particularly among men (Kposowa, 2000): they were younger, predominantly male, and showed elevated alcohol involvement. Living alone and gas inhalation, the two covariates independently associated with note recording in the core model, are both consistent with a death scene in which the decedent had the time and privacy to compose a message and in which a note serves to explain the death to absent others. The combined group deserves separate attention. With the highest rates of previous attempts, depression, and psychiatric hospitalization occurring together with interpersonal precipitants, it likely represents the highest-burden segment of the sample, and its intermediate note rate suggests that interpersonal precipitants raise the probability of a note even in the presence of substantial psychiatric history.

The higher note rate among interpersonal/loss cases is consistent with the view that many suicide notes are communicative acts directed at specific others. Notes are frequently addressed to estranged partners or family members and organized around relational themes (Foster, 2003; Leenaars, 1988), which fits theoretical accounts that place thwarted belongingness and relational rupture near the center of the suicidal process (Van Orden et al., 2010). The lower note rate among cases with psychiatric hospitalization histories could reflect several mechanisms, including reduced communicative intent, symptom-related impairment in composing a note, or institutional living contexts in which a note is less likely to be written, found, or preserved. These mechanisms cannot be adjudicated in the present data and warrant direct study.

The exploratory latent class analysis provides an important check on over-interpretation. Although the reason groups differed sharply on clinical and note-recording profiles, the BIC selected a one-class solution when 41 indicators were modeled jointly. The contrasts documented here are therefore real at the level of coded circumstances but do not amount to a discrete taxonomy of suicide deaths. Future typological work should use focused indicator sets selected on theoretical grounds, compare alternative enumeration criteria, and seek replication across samples rather than relying on broad indicator batteries (Nylund et al., 2007).

The historical character of the dataset cuts both ways. Deaths recorded between 1968 and 1987 predate contemporary changes in method availability, clinical practice, service organization, and coronial procedure, and absolute rates of clinical contact or note recording should not be extrapolated to current cohorts. At the same time, complete coronial coverage of a defined jurisdiction over two decades, with coding of both note status and clinical contact, is rare, and the representativeness question the dataset addresses is not time-bound.

Replication in contemporary coronial and registry datasets is an obvious and feasible next step.

Several further extensions follow directly from the present results. Content-analytic work could test whether the notes that psychiatric-disturbance cases do leave differ thematically from the notes of interpersonal/loss cases, which would sharpen the interpretation of the selection process documented here. Comparative coronial studies could test whether the visibility asymmetry replicates in jurisdictions with different note-retention and inquest practices. Finally, linkage studies pairing coronial records with health-service registers could establish how much of the psychiatric-disturbance association operates specifically through psychiatric hospitalization, as the extended model suggests, and whether the pattern holds for community-treated cases.

Limitations

Several limitations should be noted. First, the reason codes were derived from coroners' records and reflect available documentation as well as underlying circumstances. In particular, a suicide note may itself have informed the coroner's judgment that interpersonal conflict contributed to the death, which would inflate the association between interpersonal/loss coding and note recording. The clinical codes are less vulnerable to this circularity because they are anchored in service records, and the negative association between psychiatric-disturbance coding and note recording cannot be produced by it, but the magnitude of the interpersonal/loss association should be interpreted with caution. Second, the outcome indexes the recording of a note rather than the writing of one; notes that were removed or never found are coded as absent. Third, the data are historical, and generalization to contemporary cohorts requires replication. Fourth, the extended model was estimated on fewer complete cases, and missingness may not be random. Fifth, the descriptive comparisons involve many indicators, and individual contrasts should be interpreted in the context of multiple testing. Sixth, all analyses are archival and descriptive; the models describe associations in coronial records and should not be interpreted as clinical prediction models.

Conclusion

Coroner-coded interpersonal loss and coroner-coded psychiatric disturbance mark different suicide profiles with different modes of visibility. In this dataset, recorded suicide notes over-represented the former and under-represented the latter. Note-based research should be generalized with explicit attention to this selection process, and prevention planning should assume that clinically visible deaths and relationally precipitated deaths are partly overlapping but meaningfully different segments that may require different points of contact.

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A NARRATIVE AUTOPSY IN AN UNRESOLVED DEATH: A PSYCHOLOGICAL-AUTOPSY-INFORMED LONGITUDINAL DOCUMENTARY CASE STUDY OF JASON ARDAY

MATIAS GAY

Understanding Suicidology

Abstract: Psychological autopsy is important to retrospective suicide research, but inference can be distorted by incomplete records, informant reconstruction, recall bias, and knowledge of the outcome. These problems are especially consequential when manner of death remains unresolved. This is a narrative-autopsy approach intended to reconstruct publicly expressed changes in identity, role continuity, perceived alternatives, and future orientation without inferring private mental state or converting distress retrospectively into suicidal intent. **Method:** A qualitative-dominant longitudinal documentary case study integrated first-person pre-mortem material, academic-integrity records, institutional actions, contemporaneous media, and comparison cases. Evidence streams were coded separately, aligned chronologically, and integrated using process tracing. Perceived entrapment, inability to continue, and direct suicidal communication were treated as distinct phenomena. A frozen nine-day media series (n=168) provided descriptive context. **Results:** On August 5, 2026, Arday resigned from a Cambridge University (U.K.) role while articulating a coherent future involving privacy, family, recovery, scholarship, students, and eventual return to work. Institutional review and public scrutiny continued after his resignation, while some professional continuation routes became less secure. Later informant-reported material supported perceived entrapment and an inability to continue. No publicly available pre-mortem statement met the threshold for direct self-directed suicidal communication. Comparison cases weakened explanations based on integrity-related allegations, elite role loss, or symbolic amplification alone. **Conclusions:** The reconstructable trajectory was characterized by major role loss followed by active future reconstruction, post-exit failure of external closure, and later contraction in perceived escape and continuation. The analysis does not establish suicidal intent, causation, or suicide as manner of death. The case illustrates how narrative autopsy can extend psychological-autopsy reasoning while preserving strict limits on retrospective inference.

Keywords: psychological autopsy, narrative autopsy, narrative identity, entrapment, role loss, process tracing, documentary analysis, suicide research

Introduction

Psychological autopsy is a retrospective research method used to reconstruct the circumstances preceding a death by integrating information from people who knew the deceased together with medical, psychiatric, social, documentary and forensic records. It has made important contributions to suicide research, particularly in case-control studies of antecedent risk and clinical circumstances. At the same time, the method has limitations. Reviews have identified variation in study design, incomplete or selective records, informant and recall bias, difficulties establishing reliability, and uncertainty about how strongly retrospective reports can support conclusions about a person's pre-mortem mental state (Conner, et al., 2021; Isometsä, 2001; Johal, et al., 2024).

The problem of interpretation is amplified when the manner of death is equivocal or has not been officially determined. Knowledge of the outcome can reorganize the meaning of earlier events. Statements that originally expressed exhaustion, humiliation, uncertainty, or a desire for relief may later be read as evidence of suicidal intent even when the contemporaneous language did not support that conclusion. Qualitative work using psychological-autopsy material has shown that retrospective

accounts do more than recover events. They also reconstruct identity, responsibility, and meaning in light of the death (Owens & Lambert, 2012). A scientifically defensible retrospective analysis therefore requires explicit rules governing what the available evidence can and cannot establish.

This study uses the term narrative autopsy as a methodological descriptor for a constrained, documentary adaptation of psychological-autopsy reasoning. The term is not presented as a validated diagnostic procedure, nor as a substitute for medicolegal investigation or a conventional psychological autopsy based on systematic informant interviews. Its purpose is narrower: to reconstruct how a publicly available narrative of self, roles, relationships, action, repair, perceived alternatives, and future possibility changed over time, while preserving the distinction between observable evidence and inference about private experience.

Two bodies of literature provide the conceptual foundation for this approach. First, contemporary models of suicidal thoughts and behaviors assign an important role to defeat and entrapment. A recent systematic review of 100 studies testing the integrated motivational-volitional model found broad support for the defeat-entrapment-suicidal ideation pathway, while also noting mixed results in some multivariable and prospective tests (Souza, et al., 2024). Longitudinal work further indicates that internal and external entrapment should not be treated as interchangeable constructs (Holler, et al., 2022). Entrapment also features within the proposed *Suicide Crisis Syndrome*, although the syndrome and its measurement remain areas of active empirical development (Melzer, et al., 2024). These findings justify careful attention to perceived absence of escape, but they do not justify treating entrapment as synonymous with suicidal intent.

Second, narrative-identity research suggests that adjustment depends partly on how people organize difficult experiences through coherence, agency, continuity, and meaning. In a longitudinal study of autobiographical narratives, Booker, et al. (2022) found that narrative characteristics, particularly coherence, were associated with psychological adjustment over time. Building on that literature, the present study uses narrative reachability to describe the degree to which available roles, relationships, values, and actions can still be organized into a credible route from the present self toward a future self. Narrative reachability is an analytic construct used in this study, not a clinical scale. Its central distinction is between the external existence of a possible future and the person's publicly expressed ability to use that possibility as a meaningful route forward.

This distinction matters because conventional descriptions of protective factors can be overly static. A relationship may remain objectively present but may not appear in the person's account as a source of continuation. A professional opportunity may remain technically available while no longer supporting a credible future identity. Conversely, major role loss does not necessarily imply narrative collapse if alternative roles, actions, relationships, or plans remain coherent and usable.

Jason Arday became Professor of Sociology of Education at the University of Cambridge in 2023. In 2026, concerns relating to academic work, professional claims, and aspects of his public biography became the subject of escalating public and institutional scrutiny. Cambridge University announced a further investigation on August 5, 2026, and Arday resigned with immediate effect that day. His resignation statement nevertheless described a future-oriented transition involving privacy, family life, healing, continued scholarship, students, and eventual return to work (The Guardian, 2026b; University of Cambridge, 2026a). Arday died on August 14, 2026. At the time of writing this study, no official public determination establishing suicide as the manner of death had been identified (The Guardian, 2026c).

The unresolved outcome creates a stringent methodological test. If a retrospective analysis begins by assuming suicide, later death can become a lens through which all earlier distress is reinterpreted. The present design instead asks whether the pre-mortem public record itself shows a change in future orientation, perceived alternatives, and continuation, and whether that change can be described without inferring suicidal intent from the death.

The present research questions are, within the publicly available longitudinal record, how did Arday's expressed future orientation, role continuity, perceived alternatives, and ability to imagine continuation change before his death, what observable conditions accompanied any such change; and which competing explanations were weakened by negative cases, temporal ordering, and comparison configurations?

Method

Design

This study used a qualitative-dominant longitudinal documentary case-study design with embedded descriptive quantitative analysis and process tracing. Five evidence streams were examined separately and then aligned on a common chronology: (a) first-person pre-mortem narrative material, (b) academic-integrity and professional-provenance material, (c) pre-mortem media coverage, (d) institutional actions, and (e) postmortem interpretations. The purpose of integration was not to generate a composite risk score. It was to examine convergence and contradiction across evidence types, identify negative cases, and test whether simpler explanations were consistent with the observed temporal sequence.

Process tracing was used to evaluate the order and diagnostic relevance of events rather than to infer causation from chronology alone (Collier, 2011). The theoretical model and coding boundaries were frozen before manuscript drafting. Subsequent work was limited to reporting, literature integration, reference verification, and presentation (see Figures 1 and 2)

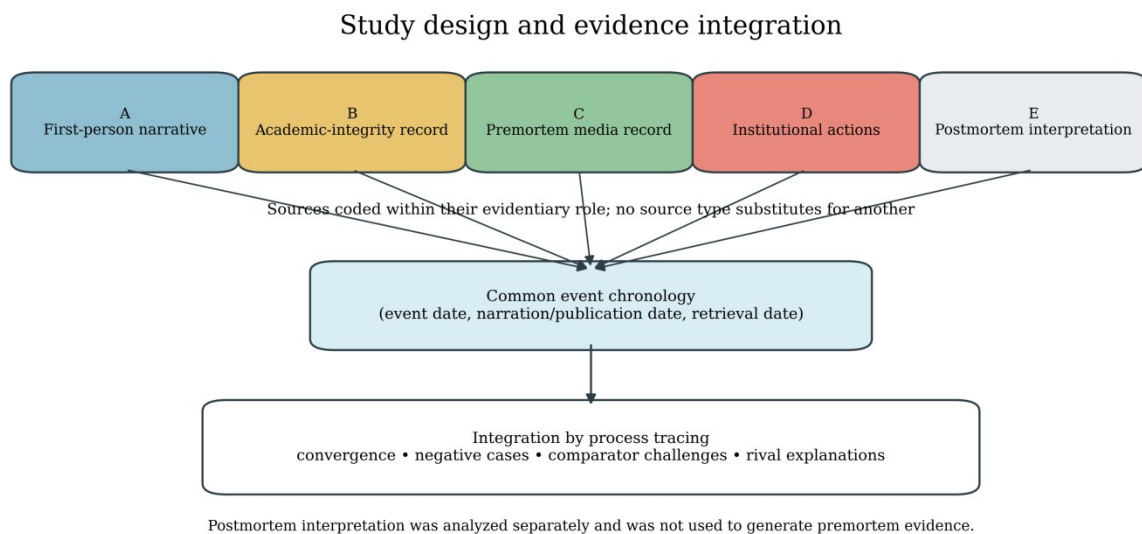


Figure 1: Study design and evidence integration

Note. Five documentary corpora were coded within their evidentiary role and integrated on a common event chronology. Postmortem interpretations were retained for analysis of meaning-making but were not permitted to create pre-mortem causal evidence.

Outcome and Inferential Boundary

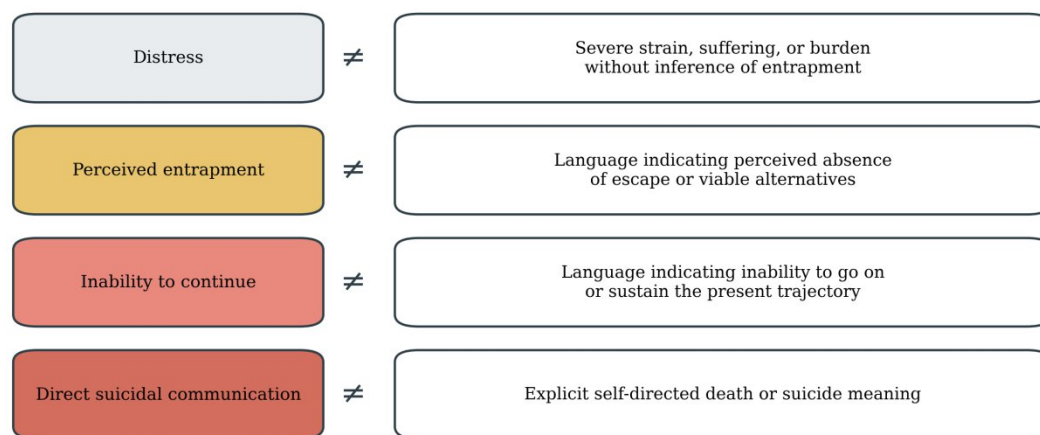
The manner of death was treated as unresolved. Three pre-specified rules governed interpretation. First, the study did not classify the death as suicide without an official determination establishing that manner of death. Second, pre-mortem distress, perceived entrapment, inability to continue, metaphor, or third-person discussion of suicide could not be recoded retrospectively as self-directed suicidal intent. Third, postmortem family, advocacy, political, or media interpretations could not be used to generate pre-mortem psychological evidence.

These rules operationalize a basic evidentiary principle. The later outcome cannot serve as proof of what an earlier statement meant. Postmortem discourse was therefore maintained in a separate corpus and used only to characterize subsequent meaning-making and public interpretation.

Documentary Sources

The source base was divided into five corpora so that evidence serving different analytic functions could not silently substitute for one another. A news report could document the existence, timing, and framing of public scrutiny, for example, but could not establish Arday's private exposure to that coverage or its psychological effect. Similarly, an institutional statement could document continuation of a review but could not establish how that review was experienced. Table 1 summarizes the source roles and interpretive limits.

Interpretive boundaries for retrospective coding



The categories were non-equivalent. Later death did not alter the coding of earlier language.

Figure 2: Interpretive boundaries for retrospective coding

Note. Distress, perceived entrapment, inability to continue, and direct suicidal communication were treated as non-equivalent categories. No progression from one category to another was assumed.

Table 1: Documentary corpora, analytic functions, and evidentiary boundaries

Corpus	Content	Analytic function	Evidentiary boundary
A	First-person statements, interviews, speeches, autobiography, and attributable pre-mortem communications	Narrative reconstruction	Public narrative is not direct access to private cognition.
B	Publications, dissertation material, corrections, integrity concerns, qualifications, and institutional findings	Academic-integrity and provenance reconstruction	Reliability implications are distinct from attribution of intentional misconduct.
C	Pre-mortem news, investigations, opinion, advocacy, and political commentary	Media environment and framing	Publication does not establish individual exposure or psychological effect.
D	Cambridge and other institutional actions	Institutional chronology and post-exit process persistence	Institutional persistence does not establish private experience.
E	Postmortem family, advocacy, political, and media interpretations	Postmortem meaning-making only	Cannot generate pre-mortem causal evidence.

Academic-Integrity and Provenance Coding

Integrity-related material was disaggregated rather than collapsed into a single label such as plagiarism or misconduct. The coding distinguished textual provenance, intellectual provenance, methodological provenance, participant provenance, data provenance, funding provenance, ethics

provenance, qualification or professional provenance, biographical claims, and institutional process. Evidentiary confidence, implications for research reliability, and attribution of intentional misconduct were coded separately. This prevented potential reliability implications from being treated automatically as evidence of fraud, fabrication, or deceptive intent.

Narrative Coding and Narrative Reachability

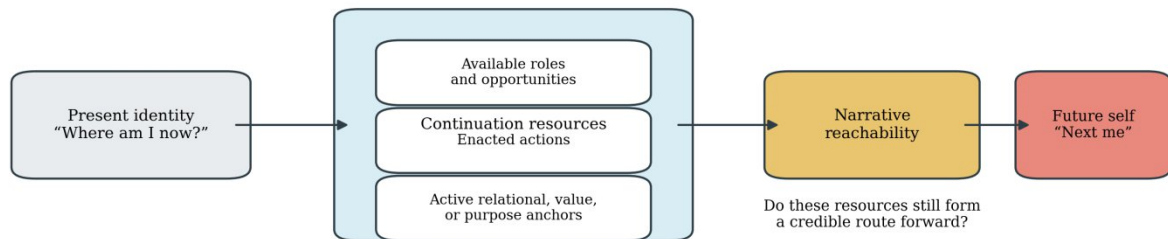
The *Existential Network of Suicidal Identity* framework informed the initial coding domains, including future orientation, repair, enacted action, role substitution, anchoring, exit or transition, entrapment, irreversibility, inability to continue, and direct suicidal communication. Because the framework is theory-informed, operational boundaries were intentionally conservative. Generic hope was not coded as a concrete future. Mentioning a family member, role, or value did not automatically establish that it functioned as an active anchor. Describing circumstances as intolerable did not automatically establish perceived absence of alternatives.

Narrative reachability was defined as the extent to which the public record linked the present self to a credible future self through identifiable roles, relationships, values, or executable actions. The construct distinguishes external availability from narrative usability. Therefore, it asks, not only whether an option existed, but whether the available record showed that the option functioned as a plausible route forward. The narrative codes are shown in Table 2 and the narrative reachability in Figure 3.

Table 2: Narrative codes and operational boundaries

Code	Operational meaning	Boundary used to prevent over-interpretation
FUT	Concrete proposition about a future self or future activity	Generic hope without a specified future does not qualify.
REP	Healing, repair, restoration, or recovery proposition	Distress alone does not imply repair.
ACT	Enacted or concretely executable course of action	Aspiration without action is coded as future orientation rather than enacted action.
SUB	Alternative identity role or domain available for continuation	A relabeled role dependent on the same threatened legitimacy may not constitute functional substitution.
ANK	Relationship, value, role, or purpose actively used to construct continuation	Mere mention of a valued person or role is insufficient.
EXIT	Identified route out of the immediate threatened situation	A nonspecific wish for relief is insufficient.
ENT	Perceived absence of escape or viable alternatives	Unbearable circumstances alone are insufficient.
IRR	Explicit construction of the situation as irreversible	Major loss alone is insufficient.
CLS	Proposition indicating inability to continue or go on	Entrapment without continuation meaning is insufficient.
DS	Direct self-directed death or suicide meaning	Entrapment, continuation failure, metaphor, or third-person suicide language is insufficient.

Narrative reachability: external availability versus a usable future



A relationship, role, or opportunity can remain externally present while becoming less credible as a pathway to a future self.

Figure 3: Narrative reachability: external availability versus a usable future

Note. The construct separates the existence of external resources from evidence that those resources still form a credible route from the present self toward a future self.

Role, Recognition, and Anchoring

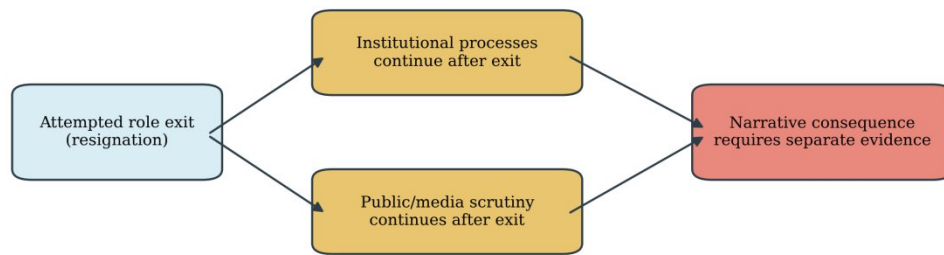
Role disruption was coded by scope. A threatened valued role was distinguished from loss of a specific role, from perceived compromise of the wider occupation or career, and from evidence that a broader vocation or purpose was no longer enactable. Recognition was coded separately, ranging from vulnerability or threat to broader fracture or whole-person de-legitimization. Attachment availability and narrative anchoring were also separated: a relationship or opportunity could objectively exist, be accessible, and yet not appear in the available narrative as an active basis for continuation.

Role Exit and Post-Exit Closure

The original coding distinguished institutional, media and narrative forms of *failed exit*. In this revision, the same analytic distinction is retained but described more directly as post-exit process persistence and failure of closure. Institutional persistence referred to formal processes that continued after resignation; media persistence referred to public scrutiny that continued after resignation. Both are externally observable.

Whether the resignation ceased to function as a credible route toward recovery or continuation is a different question. That conclusion was treated as a narrative inference and required independent evidence of later contraction. External persistence was therefore not used as a proxy for psychological effect (see Figure 4).

Role exit versus closure



External persistence is observable. Whether the exit ceased to function as a credible route forward is an interpretive conclusion and was coded only when independently supported.

Figure 4: Role exit versus closure

Note. Leaving a role and obtaining closure from the processes surrounding that role were treated as distinct events. Narrative consequences were inferred only when separately supported.

Media Coding and Descriptive Quantitative Analysis

Pre-mortem media items were coded for whether they introduced new evidence, repeated existing claims, extended scrutiny into biography, generalized from a specific allegation to the whole person, invoked race or diversity politics, used overtly racialized hostility, offered protective or anti-racist framing, speculated about mental state, or generalized from the case to broader academic or political systems. Reports that attributed a claim to another source were distinguished from framing advanced by the outlet itself.

A frozen pilot series covering August 6 through August 14 contained 168 indexed media items. Daily counts were generated for total media volume, culture/race framing, and whole-person totalization. Pearson correlations were calculated among these three daily count series to describe whether they rose and fell together. Because the series comprised only nine ordered days, the correlations were treated as descriptive structure within the media corpus. They were not used to estimate psychological effects, test a suicide pathway, or link media exposure statistically to later narrative events.

Comparison Logic

Comparison cases were selected as challenges to claims of sufficiency rather than as matched controls. Claudine Gay and Marc Tessier-Lavigne provided examples of elite institutional role loss with publicly documented bridges into continued academic work. Francesca Gino provided a case of severe research-integrity controversy with major occupational consequences, while David Latchman, William O'Reilly, and Nicola Morrison provided integrity-related boundary cases in which the configuration of role loss, public amplification, and continuation differed. Comparison coding concerned publicly documented institutional configurations, and not judgments about personal culpability, mental state, or individual resilience.

Single-Coder Consistency Audit

All formal coding was completed by one coder. A stratified pre-freeze consistency audit was, therefore, used to assess coding drift across time and source type. The audit led to narrower definitions for enacted action and several anchor-related codes. The high-stakes distinctions among entrapment, inability to continue, and direct suicidal communication remained unchanged. This procedure is a within-coder quality check and is not presented as evidence of intercoder reliability.

Integration and Rival-Explanation Testing

After source-specific coding, all evidence streams were aligned on a common event chronology. Integration examined whether narrative, institutional, integrity-related, and media evidence converged or diverged; whether negative cases contradicted a proposed sequence; and whether comparison cases weakened explanations based on a single factor. The graphical displays in the Results summarize the structured coding and process-tracing analysis; they do not represent a separate reflexive thematic analysis.

Results

Baseline Narrative Organization before the Acute Controversy

Before the acute controversy, Arday's public narrative contained repeated future-oriented references to scholarship, teaching, mentoring, service, and social purpose. Cambridge University provided a highly salient role, but the available record did not support treating the professorship as the sole source of identity or meaning. Scholar, teacher, mentor, author, public intellectual, advocate, and family member remained distinguishable roles.

The independence of those roles was nevertheless limited. Several professional identities depended on the same underlying resource: recognized academic legitimacy. This distinction became important later. A person may occupy several nominal roles while those roles remain structurally dependent on one threatened source of recognition.

Integrity-related concerns were present before the final escalation, and some appear to have been personally salient before July, 2026. Future-oriented roles, plans, and actions nevertheless remained observable. The temporal coexistence of integrity threat and future orientation weakens an explanation in which integrity-related allegations alone were sufficient to produce the later contraction.

Expansion of the Controversy across Multiple Domains

The acute controversy did not remain limited to a single allegation or publication. Public scrutiny expanded across publications, methods, data, participant provenance, qualifications, institutional vetting, and aspects of Arday's public biography. The case simultaneously became a symbolic debate about race, diversity, merit, academic institutions, ideology, and representation. These processes were coded separately. Race-related and political framing also operated in more than one direction, including hostile, critical, defensive, and anti-racist forms. The analysis, therefore, did not treat racial or political framing as a unitary exposure.

August 5 as the Critical Negative Case

On August 5, Cambridge University announced a further investigation, and Arday resigned with immediate effect (University of Cambridge, 2026a; The Guardian, 2026b). The resignation constituted the loss of a highly valued and symbolically important role. If role loss itself had produced immediate narrative closure, the contemporaneous record should have shown marked absence of future orientation or an inability to imagine continuation.

Instead, the resignation statement articulated an organized transition. Arday described stepping away from Cambridge University in order to regain privacy, be present with family, recover a recognizable sense of self, heal, remain connected to scholarship and students, and later return to work. The statement therefore contained enacted action, repair, and concrete future orientation despite major role loss. It did not contain publicly identifiable language meeting the study's thresholds for perceived entrapment, inability to continue, or direct self-directed suicidal communication.

This is the strongest negative case in the analysis. Major role rupture was demonstrable, but immediate narrative collapse was not. Any explanation of the later trajectory must therefore account for the fact that future orientation remained explicit at the point of resignation.

Post-Resignation Processes Continued after the Role Exit

The external context changed during the days after resignation. Cambridge University indicated that examination of the circumstances surrounding Arday's appointment and time at the university would continue, and additional independent and cross-institutional reviews were announced (University of Cambridge, 2026b). Public scrutiny also continued across academic, institutional, autobiographical, and symbolic domains.

These observations establish post-exit institutional and media persistence. They do not establish how any specific process was experienced. The temporal sequence is nonetheless relevant. A role exit that had been publicly framed as a route toward privacy, recovery and a later return to work did not immediately terminate the institutional and public processes surrounding the controversy.

The available evidence of narrative contraction appeared after this external persistence. The reconstructable sequence was therefore: loss of a specific role; explicit future-oriented transition; continuation of institutional and media processes; reduced security of some professional continuation routes; later reported entrapment; and later still reported wider career fracture and inability to continue. This pattern is temporal concordance, not causal proof.

Later Evidence of Entrapment and Inability to Continue

Later informant-reported material contained language consistent with perceived absence of escape and, subsequently, inability to continue. These categories were not treated as equivalent to direct suicidal communication. No publicly reconstructable pre-mortem statement meeting the pre-specified threshold for explicit self-directed death or suicide meaning was identified in the frozen record.

Table 3: Longitudinal joint display of institutional, public, and narrative evidence

Phase	Institutional / integrity context	Public environment	Narrative evidence	Interpretation
Pre-Cambridge	No acute institutional threat	Ordinary professional visibility	Future orientation, action, role diversity	High baseline narrative reachability
Cambridge consolidation	Highly central symbolic role	Recognition increases	Extensive future and purpose language	Centrality without exclusivity
2025–early 2026	Integrity concerns personally salient	Reported hostility and anticipated exposure	Role/recognition threat while future orientation persists	Threat precedes closure
July 2026	Public integrity escalation	Epistemic, symbolic, and autobiographical amplification	Recognition threat; no identified entrapment, continuation failure, or direct suicidal communication	Escalation without demonstrated closure
Aug 5	Investigation and resignation	Intense multidomain exposure	Role loss plus transition, action, future, and repair	Critical negative case
Aug 6–9	Processes persist and spread	Exposure continues after role exit	Future reconstruction externally destabilized	Post-exit persistence precedes contraction
~Aug 10	Threat environment remains active	Some public continuation routes less secure	Entrapment reported	Perceived escape narrows
Aug 12	Independent and cross-institutional review	Multidomain scrutiny continues	Continuation security weakens	Failure of external closure strengthened
Aug 14	Career/reputation reportedly experienced as broadly lost	Scrutiny unresolved	Wider career fracture, entrapment, inability to continue	Severe narrative contraction
Death	Manner unresolved at analytic freeze	Postmortem discourse begins	Direct suicidal communication remains unestablished	No causal inference to suicide

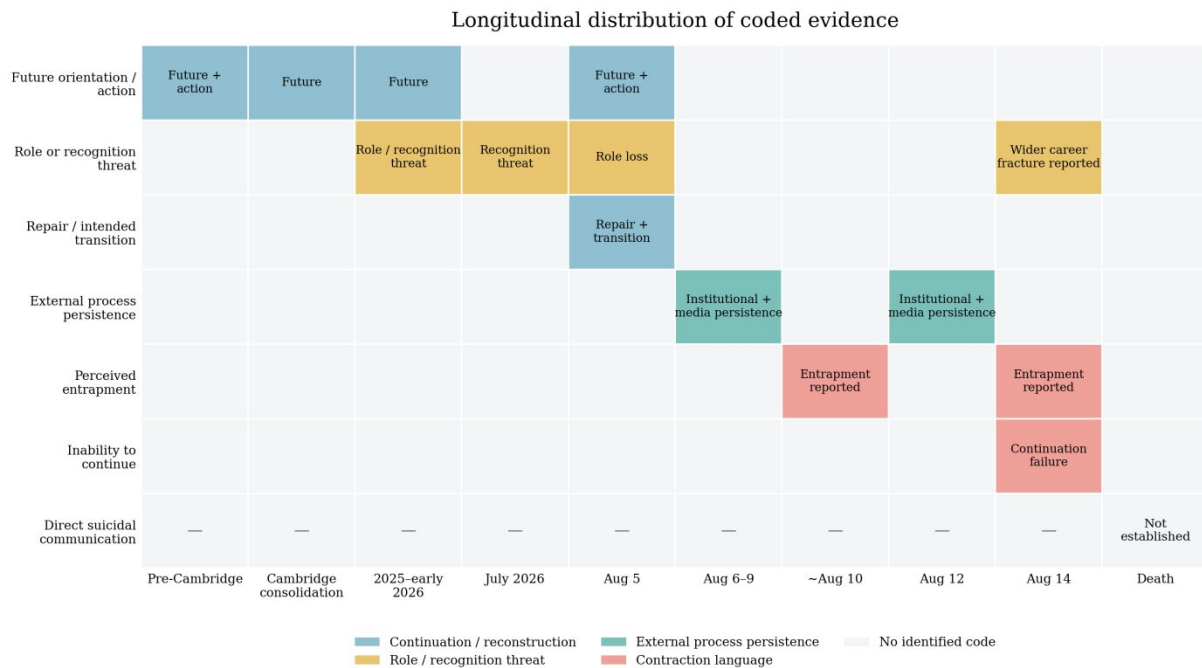


Figure 5: Longitudinal distribution of coded evidence

Note. Cells summarize the presence of coding categories by phase. A blank cell indicates that the summarized category was not identified in the public record for that phase; it does not prove private absence.

Counter-evidence remained important. Family and supporters did not objectively disappear, and professional possibilities were not literally reduced to zero. The findings therefore do not support claims that every protective factor vanished, every identity role collapsed, or no future remained in an objective sense. The narrower conclusion is that the security and credibility of the route connecting the present self to a future professional self appeared to deteriorate while some external resources remained (see Table 3).

Media Pattern

The frozen pilot series showed the largest daily media volume immediately after resignation, with smaller increases around August 10 and August 12 (see Figures 5 and 6). Culture/race framing and whole-person totalization varied over the same nine-day period. These counts describe the media environment; they do not establish which items Arday encountered or the psychological effect of any exposure.

The three daily series were strongly positively correlated within the nine-day sample (see Figure 7):

- total media volume with culture/race framing, $r = 0.89$
- total media volume with whole-person totalization, $r = 0.78$ and
- culture/race framing with whole-person totalization, $r = 0.84$.

Because there were only nine time-ordered observations, these coefficients are descriptive. They were not used to infer causation, psychological impact, suicidal intent, or a statistical relationship between media counts and later narrative codes.

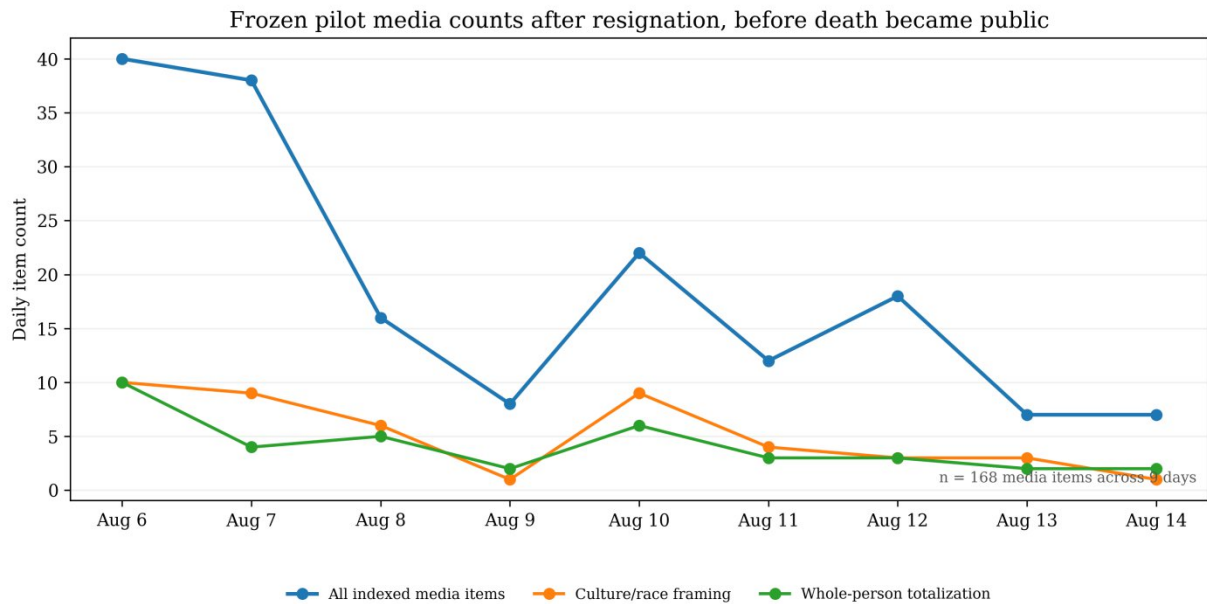


Figure 6: Daily media counts in the frozen post-resignation pilot series

Note. Counts cover August 6 through August 14 before the death became public. The series contains 168 indexed items and describes the public media environment rather than individual exposure.

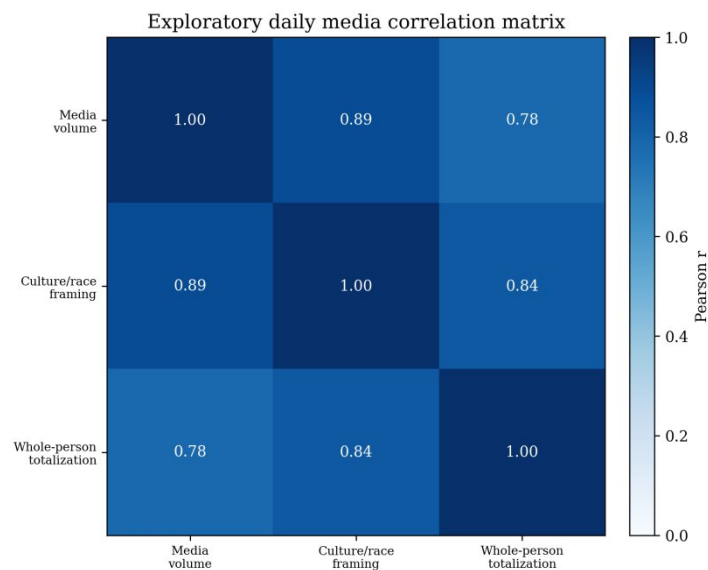


Figure 7: Exploratory daily media correlation matrix

Note. Pearson correlations summarize association among three daily count variables across nine time-ordered days. The matrix is descriptive only.

Comparison Findings

The comparison cases were informative primarily because they weakened claims that any single feature was sufficient. Claudine Gay experienced loss of an elite leadership role amid substantial racial and political amplification while retaining a publicly secured faculty appointment (Gay, 2024). Marc Tessier-Lavigne resigned the Stanford presidency following a high-profile research-integrity review while retaining a professorial and scientific role (Stanford University Board of Trustees, 2023; Tessier-Lavigne, 2023). These cases do not establish protection from crisis, but rather they show that severe symbolic role loss can coexist with an institutionally secured bridge into continued work.

Other comparisons tested different boundaries. Publicly documented cases involving Francesca Gino, David Latchman, William O'Reilly, and Nicola Morrison showed that serious or substantiated integrity-related concerns can occur in configurations with different degrees of occupational rupture, institutional retention, and public amplification. Because the cases differ substantially in discipline, evidence base, institutional process, national context, and public profile, they were not treated as causal controls.

The most analytically useful contrast concerned continuation security. Arday's August 5 future was coherent but prospective. His statement described what he intended to do next, but it did not establish an institutionally secured transition. By contrast, Caudine Gay and Marc Tessier-Lavigne had publicly documented continuing academic roles. This finding supports evaluating role substitution by the credibility and security of the transition rather than by simply counting the number of remaining role labels (see Figure 8).

Comparator matrix: role rupture, amplification, biography scrutiny, and continuation security

	Major role loss	Symbolic amplification	Distant biography scrutiny	Continuation security
Arday	Yes	High	High	Narrated; unsecured
Gay	Yes	High	Lower	Secured
Tessier-Lavigne	Yes	Lower	Low	Secured
Gino	Yes/contested	Lower	Lower	Not secured
Latchman	No comparable	Low	Low	Role retained
O'Reilly	No	Low	Limited	Role retained
Morrison	No	Low	Negligible	Role retained

Figure 8. Comparison matrix: role rupture, amplification, biography scrutiny, and continuation security
Note. Comparison cases were selected as analytic challenges to claims of sufficiency, not as matched controls or standardized effect-size comparisons. Categories refer to publicly documented configurations.

Rival Explanations

Five candidate explanations were evaluated against the temporal sequence and comparison evidence. Integrity-related severity alone was weakened because serious concerns were present while future orientation remained visible. Immediate narrative closure caused by loss of the Cambridge University role was contradicted by the August 5 statement. Symbolic or autobiographical amplification alone was insufficient because these processes preceded later reported entrapment. Media volume alone was weakened because the largest media spike occurred before the proximal contraction language. The explanation with the strongest temporal concordance was that an explicitly constructed transition out of the immediate role did not produce external closure before later evidence of entrapment and inability to continue appeared (see Table 4 and Figure 9).

Table 4: Rival explanations evaluated by process tracing

Proposition	Expected pattern	Observed evidence	Assessment
P1. Integrity-related severity alone	Contraction should track the first serious integrity threat.	Serious concerns preceded acute contraction while future orientation persisted.	Weakened
P2. Cambridge role loss directly produces closure	Role loss should coincide with entrapment or inability to continue.	August 5 contains active transition, future orientation, and repair.	Contradicted as an immediate mechanism
P3. Symbolic or autobiographical amplification is sufficient	Entrapment should emerge with the onset of amplification.	Both were active before reported entrapment.	Insufficient
P4. Media volume is the principal discriminator	Entrapment should align with the maximum media-density spike.	Reported entrapment appears after the largest identifiable spike.	Weakened
P5. Failure of closure precedes contraction	External post-exit persistence should precede entrapment and inability to continue.	Institutional and media processes persisted after the future-oriented exit and before later contraction language.	Strongest temporal concordance

Integrated temporal reconstruction supported by the frozen public record

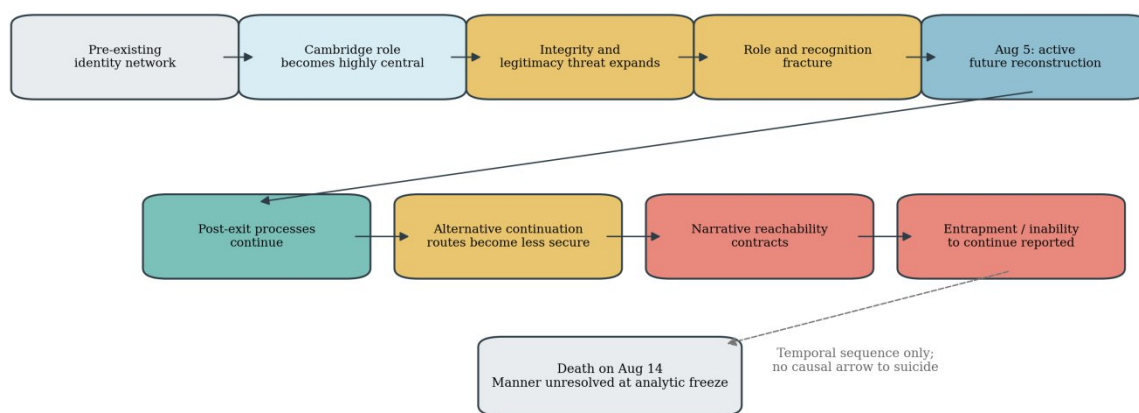


Figure 9: Integrated temporal reconstruction supported by the frozen public record

Note. The model stops at reported entrapment and inability to continue. Death is shown separately as a later event with unresolved manner at analytic freeze. The diagram represents temporal ordering and does not infer a causal pathway to suicide.

Discussion

The central finding is a temporal dissociation between role loss and narrative closure. On August 5, Arday lost a highly central Cambridge University role, but the available contemporaneous statement still contained agency, repair, relational meaning, continued scholarship, and an imagined future self capable of returning to work. The public record therefore does not support an account in which resignation was immediately followed by absence of future orientation.

The more defensible reconstruction is sequential: major role loss was followed by an explicit attempt to create a future outside the immediate setting; institutional and public processes continued after that exit; some alternative routes into a professionally recognizable future became less secure; and later informant-reported material indicated perceived entrapment and inability to continue. This sequence is more specific than a general claim that public exposure or professional controversy caused identity collapse, and it remains bounded by the limitations of documentary evidence.

The study's primary methodological contribution concerns retrospective inference. Psychological autopsy derives much of its value from reconstructing circumstances that cannot be observed prospectively, yet outcome knowledge can also distort interpretation. Conner, et al. (2021) and Johal, et al. (2024) emphasized the importance of methodological transparency, validity, and careful integration of sources in psychological-autopsy research. The narrative-autopsy approach used here extends that logic by separating the public meaning of pre-mortem statements from the meaning

later assigned to them after death. It treats the timing and source of an interpretation as part of the evidence rather than as background information.

This distinction is particularly important in unresolved deaths. If the death is first assumed to be suicide, the analysis risks circularity: distress becomes evidence of suicidal intent because the person later died, and the death then appears to validate the interpretation of the earlier distress. The present approach interrupts that loop. Perceived entrapment, inability to continue, and direct suicidal communication were coded as distinct phenomena, and postmortem discourse was not permitted to transform earlier statements into evidence they did not originally contain.

The findings also clarify the potential role of narrative reachability. The concept does not propose an alternative theory of suicide and should not be treated as a diagnostic construct. Rather, it identifies a question that is not fully captured by static inventories of roles, relationships, or opportunities: Do the available resources still form a credible path into a future self? Narrative-identity research provides empirical grounds for taking coherence, agency, and the organization of autobiographical meaning seriously (Booker, et al., 2022). In this case, future possibilities were publicly articulated after a major loss and later appeared less secure as an integrated route forward.

This interpretation complements, rather than replaces, entrapment models. The integrated motivational-volitional literature supports an association between defeat, entrapment, and suicidal ideation at the group level while also showing that prospective and multivariable evidence is more complex (Souza, et al., 2024). The present case adds a documentary question to that literature: not only whether a person perceives no escape, but whether an identified and enacted route of escape fails to alter the conditions it was intended to end. That distinction may help explain how agency and future orientation can coexist with severe distress at one point and be followed by later perceived entrapment. It does not, by itself, establish a suicidal process.

The analysis also suggests caution in evaluating protective factors. The continued existence of family, social support, professional skills, or alternative roles should not be equated automatically with their functional availability in a person's narrative. The present record contained clear evidence that family and valued work remained important. It also contained later evidence that some professional continuation routes were becoming less credible. A more precise formulation therefore distinguishes objective availability, practical access, and active narrative use.

The comparison analysis reinforced that point. Elite role loss, integrity-related scrutiny, public amplification, and occupational disruption all occurred in other configurations without reproducing the same documented sequence. The comparison cases cannot identify a causal ingredient, and they should not be interpreted as evidence that secured employment prevents crisis. Their value is narrower. They weaken claims that one observable feature, considered in isolation, was sufficient. In particular, the contrast between a narrated future and an institutionally secured continuation route appears analytically important.

The media findings require similar restraint. The pilot series documents a dense and changing public environment, including the coexistence of new allegations, repetition, biography scrutiny, symbolic generalization, racialized hostility, and protective or anti-racist framing. The correlations show that total volume, culture/race framing, and whole-person totalization tended to rise and fall together across nine days. They do not show individual exposure, dose-response effects, or psychological causation. The strongest defensible conclusion is persistence and multi-domain expansion after resignation, not that media volume itself produced the later contraction.

For psychological-autopsy methodology, the broader implication is that narrative evidence should be interpreted with source-specific epistemic limits. First-person public statements are not direct measurements of private cognition; informant reports are not equivalent to contemporaneous self-report; institutional records establish process rather than subjective effect; and media coverage

establishes a public environment rather than individual exposure. A narrative autopsy is scientifically useful only if those distinctions remain visible throughout analysis.

There is also a potential clinical implication, although the present single-case documentary design cannot establish clinical effectiveness. Risk formulation often inventories future plans, relationships, reasons for living, and available roles. The current analysis suggests an additional qualitative question: whether those resources are experienced as credible and usable routes into continued life. This question should supplement, not replace, established suicide-risk assessment, clinical judgment, and direct inquiry about suicidal thoughts and behaviors.

Limitations

This is a documentary narrative autopsy rather than a conventional psychological autopsy. There were no systematic interviews with bereaved relatives, clinicians, or other close informants conducted for the study, and no access to private health records or forensic files was available. Publicly available material cannot reconstruct Arday's private mental state.

Public narrative is selective and shaped by audience, context, strategic communication, and institutional pressure. A resignation statement may simultaneously communicate genuine experience, protect relationships, manage public meaning, and serve legal or professional purposes. It cannot be treated as a transparent transcript of internal cognition.

The most proximal evidence for entrapment and inability to continue was informant reported and, therefore, carries additional uncertainty. The coding scheme preserves the difference between first-person and informant evidence, but it cannot eliminate the limitations of retrospective reporting.

The analysis was completed by a single coder. The consistency audit reduced coding drift and narrowed several definitions, but it does not provide inter-coder reliability. Replication by an independent coding team would materially strengthen confidence in the category assignments and inferences.

The narrative-reachability construct is theory-informed and conceptually derived. It is not a validated psychometric measure. Its use in this study is analytic and hypothesis-generating. Future work would be required to establish reliability, convergent and discriminant validity, and potential clinical utility.

The comparison cases differ substantially in discipline, national media environment, race, symbolic profile, prior biographical salience, institutional process, allegation type, and evidence quality. They function only as challenges to claims of sufficiency and should not be interpreted as matched causal controls.

Equivalent census-quality media corpora were not available for all comparison subjects. Cross-case article-count comparisons were therefore avoided. The within-case daily correlation matrix is based on nine ordered observations and should be read as a descriptive visualization rather than inferential statistics.

The manner of death remained unresolved at the time of writing. A later official determination would require updating the outcome description, but it would not justify changing the coding of pre-mortem statements unless new pre-mortem evidence also emerged. Finally, temporal ordering cannot establish causation. Process tracing can strengthen or weaken rival explanations, but chronological concordance does not demonstrate that one event psychologically caused another.

Conclusion

The publicly available record does not support a simple sequence of professional controversy, resignation, and immediate narrative collapse. At the point of major role loss, an explicit and organized future remained visible. Arday's August 5 resignation statement framed departure from Cambridge University as an action intended to restore privacy, family presence, recovery, self-recognition, scholarship, and future work.

The principal change occurred after that attempted transition. Institutional and public processes continued, some alternative professional routes became less secure, and later informant-reported material described perceived absence of escape and inability to continue. Comparison cases weakened explanations based on integrity-related allegations, elite role loss, symbolic amplification, or media volume alone. The pattern with the strongest temporal concordance was loss of external closure after a future-oriented exit, followed by later narrative contraction.

That conclusion remains deliberately limited. The analysis does not establish suicidal intent, direct suicidal communication, a causal pathway to death, or suicide as the manner of death. Its broader contribution is methodological: retrospective study of a final trajectory is more defensible when the analysis distinguishes what remained objectively available from what remained narratively usable, preserves the original meaning of pre-mortem statements, and refuses to let the later outcome become evidence about the earlier mind.

Ethics Statement: This study analyzed publicly available documentary material and involved no recruitment, intervention, direct participant contact, access to private health records, or solicitation of information from bereaved relatives or other informants.

Data Availability: The study is based on publicly accessible documentary sources.

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THE WISH TO DIE AND THE WISH TO LIVE

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Lester (2021, 2026) proposed a two-self theory of suicide in which it is proposed that many individuals have a life-oriented subself and death-oriented subself, a proposal which stemmed from his multiple self theory of the mind (Lester, 2015). In line with this proposal, some theorists have suggested that the suicidal person experiences an internal debate, a "struggle" between the desire for death and the desire for life rather than a simple choice by the suicidal person to die (Shneidman 1964; Stengel, 1964).

One of the first research studies to explore this possibility of an internal debate was by Kovacs and Beck (1977). In a sample of attempted suicides, they presented them with two sliding scales ranging from 0 to 8 for the wish to die and the wish to live. They had each individual move an arrow to indicate the strength of each wish. The individuals also complete Beck's Suicidal Intent Scale (Beck, et al., 1974). Fifty-three (50%) of the 106 attempters indicated that they had both wishes at the time of their attempt, forty-three attempters said that they had no wish to live while ten said that they had no wish to die.

The four groups differed significantly on their suicidal intent:

Wish to die	Wish to live	Mean suicidal intent
high	low	15.2
high	high	11.7
low	low	10.1
low	high	8.9

It can be seen that the relative strength of the two wishes predicted the level of suicidal intent. The correlation between the scores for the wish to die and the wish to live was -0.57, only moderate in strength.

Brown, et al. (2005) gave 5,814 psychiatric outpatients a suicidal ideation scale which had one item on the wish to die and one item on the wish to live. Scores on these two items were subtracted giving scores ranging from -2 to +2, with higher score indicating a stronger wish to die. The patients were followed up for an average (median) of ten years, and 44 had died by suicide. The suicides had significantly higher scores for the wish to die/wish to live at the time of admission.

In a sample of elderly (>60) medical patients, Bonnewyn, et al. (2017) used the same system for measuring the wishes to die and to live, but categorized them as wishing to die, ambivalent, and wishing to live. Those with a stronger wish to die had less satisfaction with life, a higher depression score and less social support.

Kochanski, et al. (2018) used the same measure and found that those who had made multiple suicide attempts obtained high wish to die scores than those making a single attempt., as well has higher scores for depression and hopelessness.

In a study of undergraduate students with suicidal ideation, who were asked several times a day for ten days what their wishes to die and to live, Oakey-Frost, et al. (2023) found that the wish to die showed much more variability than the wish to live, but both wishes were associated with suicidal desires. Bryan, et al. (2025) showed obtained similar results with a sample of veterans with PTSD who were asked to rate these wishes four times a day for 14 days. In a similar design Ernst, et al. (2024) found that the wish to die and the wish to live were negatively associated in a sample of psychosomatic and psychiatric inpatients, but the wish to die had a stronger association with suicidal desire. In acutely suicidal active duty Army personnel who had attempted suicide, Bryan, et al. (2016) found brief cognitive behavioral therapy impacted the wish to live but not the wish to die.

Harris, et al. (2010) asked an internet survey sample directly: Have you ever had an internal debate (in your head) about whether to live or die? A positive answer to this question was associated with scores for depression, past suicidal behavior and the wish to die and the wish to live. Further research on this topic has been conducted by Corona, et al. (2013) and O'Connor, et al. (2012).

Comment

This research on the wish to die and the wish to live has been stimulated by the use of simple questions, like most research on suicidal behavior. However, the research misses the fact that these two wishes do not exist in isolation. Rather, they are associated with subelves of the personality, systems of thought, emotions and behaviors as proposed by Lester's two-self theory of suicide with its postulates and corollaries. However, it is welcome to see that this research is ongoing and supports, Lester's two-self theory of suicidal behavior.

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PREDICTING STATE SUICIDE RATES

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Abstract: Using a data set provided by Congdon for suicide rates and socio-economic variables for the 48 continental, contiguous states of America, rurality proved to be the strongest predictor of both male and female suicide rates.

Congdon (2011) studied the impact of three socio-economic constructs on suicide rates for 3,142 counties of the United States. His statistical analysis was (unnecessarily) complex. (He used a latent random variable approach, developing a spatial structural equation model.) Congdon found that suicide rates were associated with economic deprivation, social fragmentation and rurality.

However, Congdon also provided scores for his three socio-economic variables for the states, permitting a simplified analysis to predict male and female state suicide rates. To construct the three socio-economic variables, Congdon used the following variables (some keyed positively and some keyed negatively):

Deprivation

Poverty rate, 2004

Professional and managerial occupations, 2000 (percentage)

Adults 25+, college graduates, 2000 (percentage)

Workforce unemployed, 2004 (percentage)

Social fragmentation

One-person households, 2000 (percentage)

Households that are one person household renters, 2000 (percentage)

Family households, 2000 (percentage)

Residential turnover (change of address), 1999-2000

Residential turnover (change of address), 1995-2000

Rurality

Rural population in county, 2000 (percentage)

Employed workers in agriculture, forestry, fishing (2000) (percentage)

Population density per square mile, 2000

Housing density per square mile, 2000

Congdon provided the state measures for the 50 states and Washington DC. However, Lester (1994) has always preferred using the 48 contiguous, continental states. Male and female suicide rates for these states in the year 2000 were provided by John McIntosh.⁵

The Pearson correlations between the variables are shown in Table 1 and the results of multiple regressions to predict the suicide rate are also shown in Table 1.

⁵ <https://jmcintos.pages.iu.edu/StatesSexTABLE2000.pdf>

Table 1: Correlations between the variables and the results of regressions

	Deprivation	Social Fragmentation		
Deprivation	-0.70***	+0.32*		
Social Fragmentation		-0.24		
		Suicide rate		
	Male	Female	Male	Female
	r	r	beta	beta
Deprivation	+0.30*	+0.34*	+0.13	+0.02
Social fragmentation	-0.19	-0.39**	+0.07	-0.28
Rurality	+0.70***	+0.47***	+0.68***	+0.39**
R ²			0.49	0.30

The correlations between the predictor variables show a strong correlation between deprivation and social fragmentation. A principal components extraction identified only one factor containing all three variables. Rurality proved to be the strongest correlate and predictor of suicide rates, with a stronger association and better prediction for male suicides than for female suicide rates.

The conclusion is that rurality in this set of predictors proved to be the best predictor of state suicide rates.

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FINANCIAL EXPLOITATION AND CONTINUING FUTURE ORIENTATION IN A NARRATIVE AUTOPSY OF JJ MITTE

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Abstract: Retrospective accounts of a public figure's death can give earlier hardship explanatory weight while overlooking repair and future plans. This documentary narrative autopsy examined the publicly expressed trajectory of actor and disability advocate RJ Mitte before a death reported by his representatives as suicide. Eight purposively selected records spanning 2015–2026 produced 45 proposition units and 110 explicit coding decisions. First-person accounts, organizational evidence, and outcome reporting retained separate evidentiary roles and temporal fields. Automatic captions supported three interviews, alongside published transcripts, written interviews, and a civic report. The financial account combined alleged exploitation, reported tax repayment, constrained restitution, continuing work, and specified future objectives. Later material preserved occupational and civic continuation alongside self-evaluative strain. An interview published October 5, 2026, contained concrete professional and personal futures, but its recording date remained unknown. Character-focused despair and general disability-related burden were assigned their stated referents. Removing automatic-caption sources eliminated the latest personal future evidence. The selected record supports coexistence of hardship, repair, strain, and continuing future orientation. A progressive collapse of alternatives and a financial cause of death remained unsupported, while the proximal private trajectory was inaccessible. The analysis demonstrates how counter-evidence can qualify a retrospective explanation within the same public narrative.

Keywords: narrative autopsy, documentary case study, narrative identity, financial exploitation, disability representation, suicide research

The death of a recognizable public figure can make an earlier interview newly salient. A disclosure of financial exploitation, occupational difficulty, or bodily hardship may then acquire explanatory weight that it did not carry when first published. Documentary suicide research needs to examine that change in public meaning while preserving the original context of the statement. The task is to reconstruct an observable account of identity and continuation without allowing knowledge of the outcome to determine the meaning of every earlier difficulty.

Psychological autopsy provides an established basis for retrospective inquiry through proxy interviews and relevant records. Its methodological quality depends on outcome ascertainment, source integration, sampling, and reliable measurement (Conner, et al., 2021). Reviews also identify limitations involving selective information, recall, retrospective interpretation, and the welfare of informants (Johal, et al., 2024). A documentary adaptation has a different evidentiary reach. Public statements can establish what a person expressed in a particular setting, while private cognition and the circumstances immediately preceding death may remain inaccessible.

Narrative identity offers a way to examine how hardship, action, relationships, and imagined futures are organized together. Booker, et al. (2022) found associations between characteristics of autobiographical narration and psychological adjustment in a longitudinal sample. These group-level findings support attending to coherence and agency while leaving clinical measurement to validated methods. Likewise, evidence reviewed by Souza, et al. (2024) supports studying defeat and entrapment in models of suicidal behavior while leaving their applicability to an individual documentary case to be demonstrated.

The narrative-autopsy study of Jason Arday (Gay, 2027) defined narrative reachability as the connection between a present self and a credible future through roles, relationships, values, and executable actions. It examined that connection through separate documentary streams and chronological. The present study carries forward that methodological project. Roy Frank (RJ) Mitte's record supplies the findings, including evidence that challenges a proposed trajectory.

Mitte was an actor with cerebral palsy whose public work included disability representation and advocacy. An earlier financial disclosure became a prominent retrieval target following reports of his death. The available episode metadata placed that interview in November 2025, rather than immediately before the death. A different interview was published in October 2026. This separation creates a useful analytic question: how did financial harm relate to repair, continuing work, and the futures expressed across the subsequent public record?

The research question was, therefore: What sequence of publicly expressed identity, action, repair, perceived alternatives, and future possibility can be reconstructed from the selected documentary record, and which explanations are supported, challenged, or left unresolved by its timing and counterevidence? The analysis evaluates the public record as its object. An explanation of the death would require additional evidence beyond the documents examined here.

Method

Design and Evidentiary Scope

The present study used a qualitative-dominant longitudinal documentary case design with structured proposition coding and exploratory process tracing. Chronology was used to evaluate the order and relevance of observations, following Collier's (2011) emphasis on systematic within-case description. The analysis considered coexisting propositions within an interview as well as changes across publications. Repetition across outlets was tracked by source origin, so several versions of one interview could not become several independent witnesses.

Three working evidence roles were maintained: first-person narrative; financial and occupational propositions; organizational opportunity and action; and media circulation. Outcome reporting and postmortem interpretations were retained separately. A passage could contribute to more than one role when the corresponding claim was explicitly identified. For example, an attributed civic statement could supply narrative content while the same municipal report documented the existence of an institutional opportunity. The organizational fact could corroborate an opportunity without establishing the speaker's private experience of it.

Case and Outcome Attribution

The Associated Press reported that Mitte died on October 12, 2026 and that his representatives identified the death as suicide on October 13. The report also described an autopsy as planned (Associated Press, 2026). A final official determination was not obtained for this analysis. This essay, therefore, preserves the attribution “reported suicide.” The later report does not alter the coding of pre-mortem language.

Source Selection and Retrieval

Initial web reconnaissance located the financial interview and the later Joe Vulpis episode. Retrieval then sought historical material on work and representation, an intervening interview, an edited first-person account, and organizational corroboration. Searches combined RJ Mitte with interview, podcast, finances, manager, tax, disability, advocacy, future, career, and related publisher names. A dated search log records the executed queries and access limits. Selection was purposive and question-directed. The resulting sample covers selected appearances.

The core sample comprised eight records: a 2015 news interview; a 2020 International Paralympic Committee transcript; a 2022 publisher transcript; the November 2025 financial interview; a December 2025 written interview; a February 2026 interview; a September 2026 civic report; and the October 2026 interview. Table 1 records their source forms and analytic contributions. A Channel 4 appointment announcement supplied additional organizational context. A pre-mortem report of the financial interview documented circulation of the allegation before death (Jones, 2025). These supplementary records were not counted as additional first-person interview origins.

The original-platform English automatic captions were exported for the three YouTube interviews. Complete caption files were acquired, mechanically screened with narrative and high-stakes terms, and reviewed through contextual passages and expanded surrounding sections. The screening located candidate financial, future, role, self-evaluative, death-related, and burden-related language. Contextual interpretation, rather than a keyword match, determined the selected coding assignments. The captions received contextual review without a full audio audit.

The publisher transcript and written sources were inspected directly. Extraction boundaries excluded neighboring articles and unrelated website material. The December 2025 page, for example, continued into an article about another person after the end of Mitte’s interview. That adjacent material was excluded. The earlier third-party financial transcript was superseded for formal coding by the original-platform captions. Its timestamp differed from the original video and were retained only as retrieval history.

Temporal Reconstruction

Each record retained fields for narrated event date or interval, recording or statement date, publication date, and retrieval date. Unknown dates remained unknown. The financial interview’s approximate historical interval was retained as a recalled interval, and the repayment duration was kept separate from its unspecified completion date. Interview publication on October 5 established public availability seven calendar days before the

reported death. It did not establish that the conversation occurred seven days before death. Figure 1 displays publication chronology while leaving unsampled intervals visible.

Coding and Narrative Reachability

The unit of analysis was an attributable proposition within a contextual passage. Forty-five selected units generated 110 explicit code assignments. A unit could receive several codes when each had a textual rationale. The source codebook retained future orientation, repair, action, role substitution, active anchoring, exit, entrapment, irreversibility, inability to continue, and direct suicidal communication. Case-specific domains covered financial harm, trust, access, bodily experience, recognition, closure of a reported problem, and self-evaluative strain. The final codebook contains 17 operational domains.

Concrete future orientation required a specified activity, role, event, or personal horizon. General advice about perseverance was retained as encouragement. Action required reported enacted work or a specified executable step. Active anchoring required a relationship, value, or role explicitly used to organize continuation or meaningful activity. Affection and availability alone were insufficient. Role substitution required a usable alternative occupational or civic route, with shared financial and recognition dependencies considered separately.

Entrapment required contextual evidence of perceived absence of viable escape. Inability to continue required a self-referential continuation proposition. Direct suicidal communication required explicit self-directed death or suicide meaning. These categories were evaluated independently. Character dialogue, third-person discussion, sporting metaphor, and general statements about disability were assigned their stated referents. A description of a limited legal remedy was retained as ambiguous for global entrapment when it did not establish a broader absence of alternatives.

Assignments used present, reviewed but not identified, ambiguous, and unassessable states. Figure 1 presents the publication chronolFigure 2 summarizes the selected propositions at source level. A present cell indicates at least one qualifying assignment. An ambiguous cell retains an unresolved contextual reading. A reviewed cell indicates that the category was not identified among the selected propositions. It cannot establish absence in private experience or in material outside the sample. Unsampled time and inaccessible evidence were treated as unassessable rather than as observations of psychological stability.

Table 1: Core Documentary Sources and Analytic Contributions

ID	Publication	Source Form	Contribution
S01	Oct. 12, 2015	ABC attributed interview	Modeling, adaptation, and advocacy
S02	2020*	IPC publisher transcript	Roles, bodily adaptation, and a specified future event
S11	Jan. 18, 2022	Ruderman publisher transcript	Work plans, access, anchoring, and repair
S03	Nov. 2, 2025	Iced Coffee automatic captions	Alleged financial harm, repayment, remedies, and continuation
S04	Dec. 2, 2025	Edited written interview	Routines, adaptation, and advocacy purpose
S05	Feb. 13, 2026	Love it Film automatic captions	Typesetting, role alternatives, and advocacy
S14	Sept. 29, 2026	City of Brownsville report	Cultural designation and institutional opportunity
S07	Oct. 5, 2026	Joe Vulpis automatic captions	Strain, roles, concrete futures, and contextual referent checks

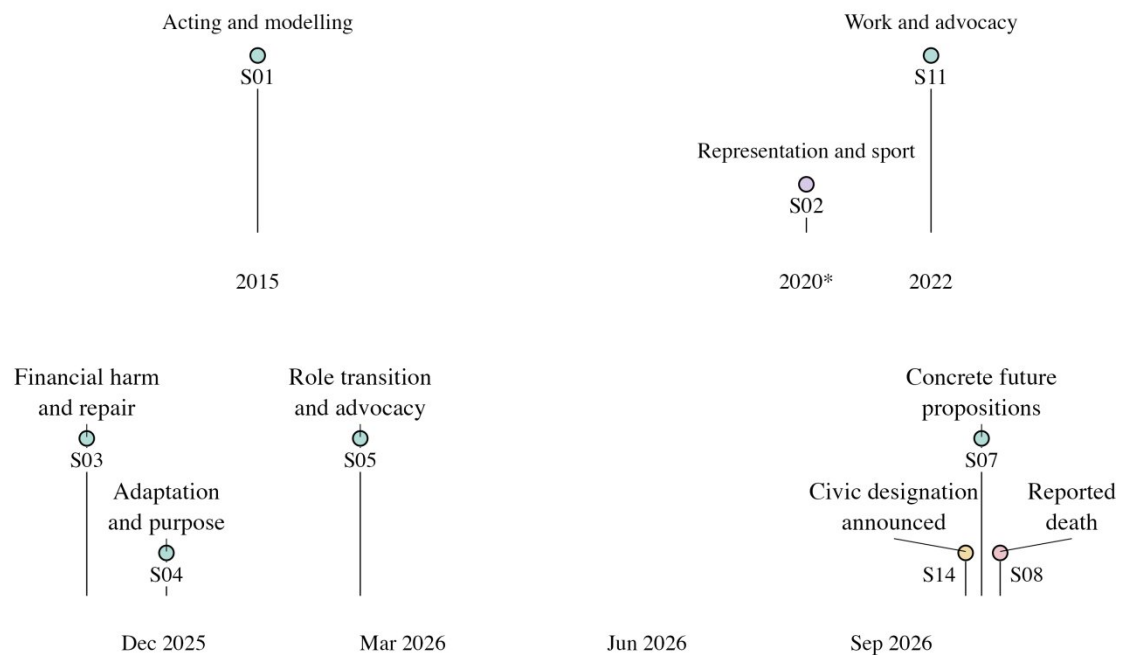
Note. Dates refer to publication or public availability. *The 2020 transcript is linked by an IPC feature dated November 20; its exact publication and recording dates remain unknown. Recording dates for key interviews are unknown. Automatic captions received contextual review; a full audio audit was not completed. Source IDs correspond to the research supplement.

Integration and Quality Checks

The analysis compared supporting passages with negative cases and competing explanations. It examined whether an account of continuing financial crisis was consistent with reported repair; whether occupational contraction was consistent with continuing roles; and whether apparently concerning vocabulary concerned the speaker, another person, or a fictional character. No external comparison source was designated as a matched control. The principal tests were within-case comparisons across time and within the same account.

The operational codebook and selected units were finalized after reconnaissance and contextual review, with an analytic freeze on October 14, 2026. This was an exploratory, AI-assisted extraction, coding, and drafting workflow. Definitions were applied through source-specific rationales and boundary checks, but no independent human coding or inter-coder reliability study was conducted. The supplementary tables permit inspection and recoding of each decision. The analysis does not claim prospective registration or a pre-outcome blind reading.

Figure 1: Publication Chronology of the Selected Documentary Record



Historical sources above; November 2025 through October 2026 below. Calendar scales differ.

*2020 uses the linking feature date. Recording dates are unknown. Labels are offset; points retain dates.

Note. The panels use different calendar spans to preserve the historical baseline and the later publication sequence. Unsourced intervals carry no coded psychological state. The outcome marker is separate from pre-mortem narrative evidence.

Two sensitivity checks evaluated dependence on source and coding decisions. First, all automatic-caption sources were removed from the concrete-future display. Second, the ambiguous legal-remedy assignment was removed from any interpretation of global entrapment. Source files were retained in the working archive with hashes. The reproducibility supplement provides original URLs, locators, analytic descriptions, coded decisions, and R scripts without redistributing complete copyrighted transcripts.

Results

Baseline Roles and Opportunities

The earlier material contained several routes for occupational and civic continuation. The 2015 interview linked modeling to continued work alongside acting. The 2020 transcript connected public recognition with broadcasting and advocacy, while also describing constraints imposed by disability stereotypes. The 2022 transcript placed work, relational availability, responsibility, and forthcoming filming in the same account (Huntsdale, 2015; International Paralympic Committee, 2020; Ruderman, 2022). These observations support public role breadth; financial independence and practical security remain separate questions.

Figure 2: Narrative Domains in Selected Propositions by Source

S01	R	P	P	R	R	P	R	R	R
S02	P	P	P	P	R	R	R	R	R
S11	P	P	R	P	P	R	R	R	R
S03	P	P	P	P	P	R	A	R	R
S04	R	P	R	P	R	R	R	R	R
S05	R	P	P	P	R	R	R	R	R
S14	R	P	R	R	R	R	R	R	R
S07	P	P	P	P	R	P	R	R	R
	FUT	ACT	SUB	ANK	FIN	STR	ENT	CLS	DS
 Ambiguous Present Not identified in selected passages									

FUT future; ACT action; SUB role substitution; ANK active anchoring; FIN financial harm; STR self-evaluative strain.

ENT entrapment; CLS inability to continue; DS direct suicidal communication. R describes sampled text, not private absence.

Note. P = present in at least one selected proposition; A = ambiguous; R = reviewed but not identified among selected propositions. FUT = concrete future orientation; ACT = action; SUB = role substitution; ANK = active anchoring; FIN = financial harm or pressure; STR = self-evaluative strain; ENT = entrapment; CLS = inability to continue; DS = direct suicidal communication. R is a sampling statement.

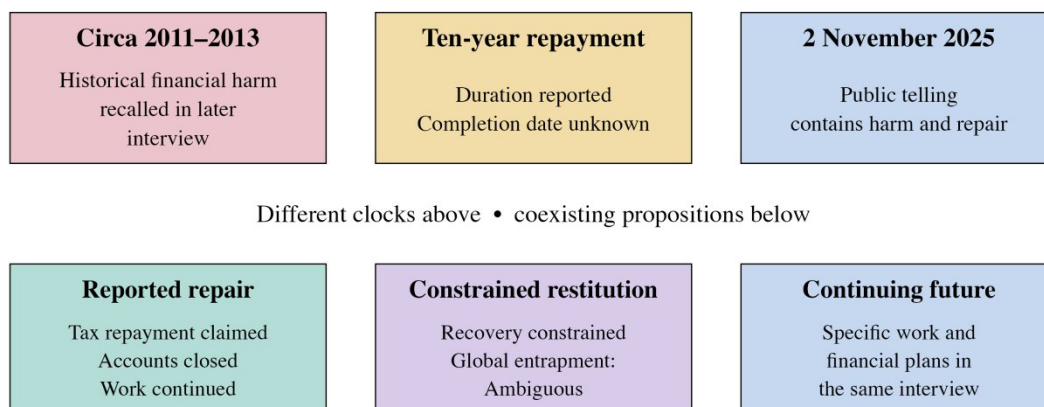
A Channel 4 announcement documented an additional presenting opportunity for the 2016 Paralympics (Channel 4, 2015). This external record strengthens the claim that broadcasting was an available professional route. Its evidentiary contribution concerns an appointment, whereas the narrative significance of that work comes from the later first-person account. The two sources therefore converge on role diversification while answering different questions.

Financial Harm, Reported Repair, and Constrained Restitution

The November 2025 account placed alleged diversion of tax funds in an earlier period, approximately 2011–2013. It also described a decade of repayment and specific responses involving accounts and work. In the same conversation, legal recovery was presented as difficult. The account therefore contains several financial propositions with different time referents and outcomes: alleged loss, reported repayment, action to limit further harm, and constrained restitution (The Iced Coffee Hour, 2025, 42:25–49:55). Figure 3 preserves those separate clocks and propositions.

Material repair and unresolved injustice can coexist. Payment of a tax obligation concerns one consequence of the alleged harm; recovery of diverted earnings concerns another. The reported end of one liability cannot demonstrate complete recovery, just as difficulty recovering funds cannot by itself demonstrate global absence of alternatives. The legal-remedy passage was therefore coded as ambiguous for global entrapment, with its domain retained.

Figure 3: Event Time, Repayment, and Publication in the Financial Account



Source S03, original platform automatic captions. Financial wrongdoing, payment, and current solvency are not independently adjudicated.

The figure separates a narrated event, recalled duration, publication date, and the meaning of the later account.

Note. The historical interval and repayment duration are recalled claims from S03. Reported repayment and constrained restitution concern different financial consequences. Completion timing and independently verified financial status remain unknown.

Formal bankruptcy, independently verified current solvency, an adjudicated theft finding, and the financial position at death were unestablished in the collected record. The analysis retained an attributed exploitation account rather than importing legal status or estimated net worth. Pre-mortem coverage showed that the financial disclosure already circulated in 2025 (Jones, 2025). Later coverage derives from the same interview origin.

Continuation across the Later Record

Within the financial interview, present work and specified occupational and financial objectives remained visible (The Iced Coffee Hour, 2025, 49:58–50:57, 1:25:15–1:26:18, 2:04:15–2:08:58). That coexistence is the first negative case for a simple account of financial harm followed by immediate loss of a usable future. It shows hardship organized alongside action and possibility at the time of telling.

The written December 2025 interview linked bodily adaptation and routines with ongoing work and advocacy purpose (Staff, 2025). The February 2026 interview preserved role-transition difficulty alongside enacted advocacy. Its encouragement to seek another “mountain” was too general to qualify as a concrete personal future proposition (Love it Film, 2026, 21:55–27:45, 39:45–41:52). This coding preserves future language without giving all optimistic expressions the same evidentiary weight.

The City of Brownsville’s September 29 report documented cultural district designation and access to a future funding route. It also presented Mitte’s description of the achievement as a beginning (City of Brownsville, 2026). This is externally documented institutional opportunity near the final publication window. The report establishes eligibility

and public meaning, while individual grant awards, personal financial benefit, and psychological effect remain separate questions.

The October interview contained reported film commitments, a television aspiration, civic plans, personal time, and a next-year shared-travel possibility (The Joe Vulpis Podcast, 2026, 1:07:15–1:11:10, 1:25:08–1:29:09). Figure 4 organizes these specified routes without weighting them as protective factors. The latest interview's recording date remains unknown, so the result concerns the latest sampled public account rather than an observed final-week mental state.

Strain and the Referent of Concerning Language

The October material also contained self-evaluative strain around reviewing performances, demanding standards, and awards. Continuing future propositions therefore did not require a uniformly positive public account (The Joe Vulpis Podcast, 2026, 5:32–6:27, 1:03:33–1:05:14, 1:21:43–1:25:04). Coding retained strain alongside continuation, preserving the varied public self-evaluation.

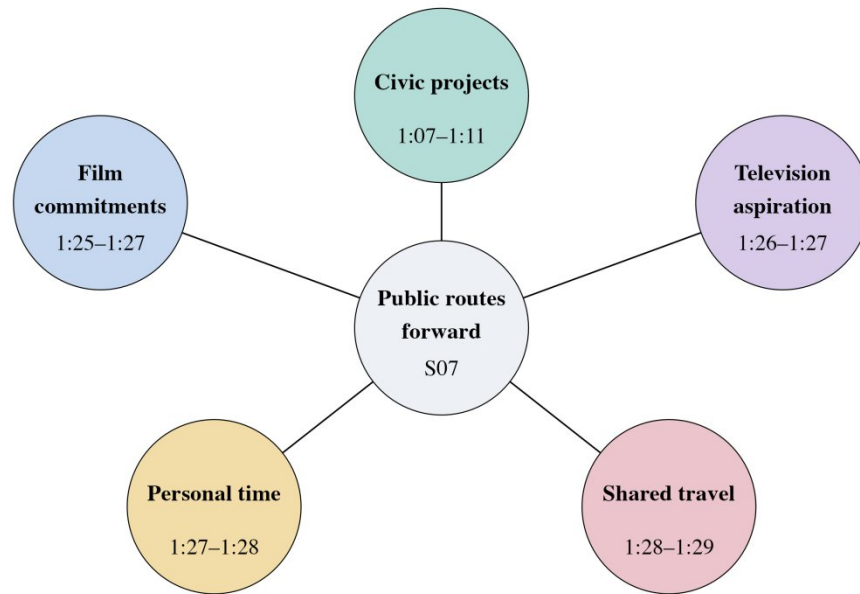
Other potentially concerning language had different referents. The discussion of despair and constrained prospects at approximately 32–36 minutes concerned Walt Jr. and the fictional White family. Later burden language concerned independent living and service recipients. These passages were reviewed without substituting the actor's private state for the stated subject (The Joe Vulpis Podcast, 2026, 32:34–36:25, 1:33:41–1:34:29). The earlier sources supplied additional examples of metaphor, recalled physical struggle, and general advice. None of the selected propositions met the direct self-directed suicidal-communication threshold.

That result is a statement about the analyzed propositions. It cannot demonstrate that suicidal thoughts, communication, or a crisis were absent elsewhere. The explicit boundary is especially consequential for an actor who frequently discusses fictional violence, family despair, and character motivation. The subject of a statement is part of the evidence.

Competing Explanations and Source Sensitivity

Table 2 evaluates six explanations against the selected observations. A continuously unpaid tax crisis was weakened as an account of the later public telling because repayment was reported. Total occupational closure was challenged by continuing work and future propositions. A collapse of civic opportunity was challenged by the designation report. A hidden private crisis or a later unrecorded change remained unassessable. The pattern most directly supported was coexistence of publicly narrated harm, repair, occupational difficulty, self-evaluative strain, and continuation.

Figure 4: Specified Future Routes in the Latest Sampled Interview



S07 was published on 5 October 2026; its recording date is unknown. Labels identify caption time ranges.

Lines mark links within the public account. Node sizes carry no measure of security, accessibility, or suicide protection.

Note. The equal-sized nodes organize propositions in S07. Caption locators are shown inside the nodes. Links denote coexisting routes in one public account; their geometry and size encode no measure of security, subjective accessibility, or suicide protection.

Removing automatic captions removed the November, February, and October video sources. Concrete future evidence remained in the historical publisher transcripts, while the latest personal future propositions were lost. The September civic opportunity remained externally documented. Figure 5 makes this dependence visible. The substantive claim about October personal plans therefore depends on the platform captions and should be strengthened by an audio audit before those passages are used as definitive quotations.

Removing the ambiguous legal-remedy assignment did not create evidence of later contraction. It narrowed the record to a constrained financial remedy without a coded global-entrapment proposition. Neither sensitivity check supported a documented progressive sequence from financial harm through inability to continue to direct suicidal communication.

Table 2: Competing Explanations and Their Status in the Selected Record

Explanation	Selected Observation	Analytic Status
Continuous unpaid tax crisis	Repayment was reported in the November 2025 account. Current solvency was unverified.	Weakened as a description of the later public telling
Total occupational closure	Continuing work and specific future activity appeared within the financial and later interviews.	Challenged within the public record
Collapse of civic opportunity	Cultural district designation was documented in September 2026. Personal financial benefit was unestablished.	Challenged for institutional opportunity
Global entrapment	Constrained legal recovery concerned a financial remedy; the selected context remained domain-limited.	Ambiguous; global extension unsupported
Hidden or later private crisis	Private records, proxy interviews, and a dated proximal personal account were unavailable.	Unassessable
Coexistence of strain and continuation	Financial harm, reported repair, occupational difficulty, strain, and future propositions co-occurred.	Supported as a public narrative pattern

Note. These judgments concern documentary support. They neither estimate clinical risk nor determine the cause of the reported death. Sources and proposition locators are available in the supplement.

Discussion

What the Reconstructable Trajectory Shows

The principal finding is a public narrative in which hardship and continuation remained jointly expressible. The financial account included a reported repair and an unresolved remedy, while later material contained concrete possibilities and self-evaluative strain. This sequence is more informative than either a single-cause financial explanation or a uniformly affirmative account of professional success. It preserves the different meanings of repair, restitution, opportunity, and a narrated future.

The negative cases are central to the result. Continuation appears within the interview that described financial harm, across the intervening documentary material, and in the latest sampled interview. An institutional opportunity is documented independently in the civic record. These observations define the public trajectory; private experience and unsampled intervals remain unresolved.

A narrative autopsy can therefore reach a useful conclusion even when it cannot reconstruct the decisive circumstances of a death. Its contribution is to test the story that the available evidence seems to invite. Here, the selected record supports a complex public account and leaves the proposed causal link from financial exploitation to death unresolved. The intervening steps remain undocumented.

Figure 5: Concrete Future Evidence after Removing Automatic-Caption Sources

Primary display	R	P	P	P	R	R	R	P
Remove automatic captions	R	P	P	U	R	U	R	U
	S01	S02	S11	S03	S04	S05	S14	S07

■ Present ■ Not identified in selected passages ■ Source removed

Sensitivity analysis for concrete future propositions. Removing automatic captions removes the three platform-caption sources.

The loss of late personal future evidence limits proximity claims; the civic opportunity remains externally documented in S14.

Note. P = present; R = reviewed but not identified in selected passages; U = source removed. The later personal future propositions depend on automatic captions. The S14 civic report remains available as organizational evidence even though it lacks a qualifying concrete personal future proposition.

Narrative Reachability and Practical Security

Narrative reachability remains an analytic construct. The observed propositions connect present activities to specified possibilities through work, civic purpose, relationships, and personal time. Their specificity gives them a different role from generic encouragement. Yet a narrated possibility may depend on funding, contract completion, health, travel, and access. The study identifies public routes without measuring their subjective credibility or practical security.

Several routes also share resources. Acting visibility can enable broadcasting and advocacy, while those activities may draw on the same travel, relationships, and recognition. Counting roles would overstate diversification if those shared dependencies were ignored. Conversely, shared dependence does not erase the expressed value of a role or a documented organizational opportunity. The relevant question is how each route was described and supported, not simply how many labels appeared.

Booker, et al. (2022) provide empirical grounds for examining the organization of autobiographical meaning, while Souza, et al. (2024) support attending to entrapment within suicidal-behavior research. The present case adds a source-bound observation rather than an individual test of either literature. Neither coherence nor future orientation was used to infer low risk, and no entrapment scale or Suicide Crisis Syndrome diagnosis was applied.

Disability Representation and Interpretive Precision

Disability was narrated through bodily practices, occupational access, representation, and collective responsibility. Those dimensions require their own textual evidence. A diagnosis alone cannot establish dependence, deterioration, or the meaning of a financial relationship. The selected material also shows why an actor's performed disability and fictional character should remain separate from the actor's stated lived experience.

The coexistence of demanding standards and meaningful work deserves preservation without a retrospective diagnosis. Public advocacy can express valued responsibility and can also be shaped by audience expectations. The observable tension between self-evaluation and service purpose leaves its psychological consequences open.

Implications for Documentary Suicide Research

The method's strongest safeguard is source-specific inference. An original caption file improves provenance over a recycled summary, but automatic transcription still limits certainty. A municipal announcement strengthens an institutional claim, but it cannot establish the subjective function of that opportunity. A reported repayment qualifies a simple financial-crisis account, but it cannot certify current solvency or recovery. Each source changes a particular claim rather than validating an entire explanatory story.

For future narrative-autopsy studies, publication proximity should be reported alongside uncertainty about recording proximity. Apparent silence should also retain its sampling meaning. A selected passage without a qualifying code is a reviewed observation, and a missing time interval is an evidence gap. Presenting those conditions separately makes graphical summaries more informative and guards against converting incomplete documentation into a smooth psychological trajectory.

These findings support using the approach for bounded reconstruction and hypothesis development. They provide no estimate of a causal effect or a clinical prediction. In conventional psychological-autopsy research, proxy accounts and official records can add evidence unavailable in this design (Conner, et al., 2021; Johal, et al., 2024). Where that evidence is absent, a documentary analysis should let its conclusion remain correspondingly narrower.

Limitations

The sample is small, purposive, and uneven across time. Interview settings and prompts differ, with the financial episode more likely to elicit money-related propositions and other episodes more likely to elicit acting or advocacy accounts. The selected 45 units are an auditable analytic set rather than an exhaustive prevalence dataset. Counts of codes cannot be interpreted as the frequency of private experiences or as comparable rates across interview periods.

Three sources rely on automatic captions, which can misrecognize words, speakers, and punctuation. Context reduces some ambiguity but does not replace listening. The sensitivity display shows that the latest concrete personal future evidence depends on this source tier. There were no systematic proxy interviews, private health records, independently verified financial files, or final official outcome documentation. Key recording dates also remained unknown.

The workflow used AI-assisted extraction, interpretation, coding, and drafting without independent human coding. This makes the selection and category assignments provisional in the scientific sense of requiring independent review and replication. The supplement exposes the decisions rather than presenting a reliability coefficient. The codebook was finalized after source review, so the analysis is exploratory and exposed to outcome knowledge. Contextual exclusions and negative cases help constrain that influence but cannot eliminate it.

Public communication is selective and audience-shaped. Future propositions may be sincere, aspirational, conventional, strategic, or several of those at once. Their presence neither establishes safety nor disproves private crisis. The interval between the latest recorded account and the death cannot be reconstructed from publication dates alone. The study consequently leaves the circumstances connecting public expression with the reported outcome unresolved.

Conclusion

The selected documentary record supports continuing public future orientation alongside financial harm, reported repair, constrained restitution, occupational barriers, and self-evaluative strain. It does not demonstrate a progressive loss of alternatives or a financial cause of the reported suicide. The narrative autopsy's contribution is a more precise account of what can be reconstructed. Different financial consequences, unevenly secured opportunities, meaningful public roles, and specific future propositions remained visible, while the proximal private trajectory remained inaccessible. A rigorous retrospective study should preserve both findings.

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A REVIEW OF RESEARCH ON SUICIDE IN 2011

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From 1897 (the date of the publication of Durkheim's book on suicide) until 1997, I read every article in English on suicidal behavior. I had many boxes of 3x5 index cards, one for each article, chapter and book. I used every abstracting service available to locate these scholarly works. I reviewed the research in four books called *Why People Kill Themselves*, published by Charles Thomas.

At that point, the volume of scholarly work on suicidal behavior was too great. Locating and reviewing the articles was taking up too much of my time (I did have a full-time teaching job as a professor: four courses a semester), and so I stopped. One hundred years seemed like a great achievement.

No-one took up this task. Of course, reviews of selected topics appeared, but no comprehensive review. I am now retired, and hence this is an attempt to do a reasonably thorough review, although it will not be comprehensive. I do not have access to all the abstracting services that existed in the 20th century. Furthermore, articles in the predatory journals (those that developed to help scholars publish their work for a fee) are not typically included in the abstracting services. Therefore, many, possibly important, ideas are difficult to locate.

My goal is to see whether there have been important research and theoretical findings in the more recent literature. I have not included reviews of the literature in this essay but, of course, those reviews of the literature on specific topics may be valuable to researchers. I omit qualitative studies and physiological studies.

My interest is SUICIDE, not suicidal ideation or attempted suicide. Studies on these topics throw no light on suicide unless the researchers assess suicidal intent (or the lethality of the suicide attempt). Research on these topics is mentioned under the heading of NO USE and, in case researchers are offended by this, much of my research is included in that section.

The reviews of scholarly research published for 1998-2009 are:

- Lester, D. (2024a). A review of research on suicide in 1998. *Suicide Studies*, 5(2), 2-61.
- Lester, D. (2024b). A review of research on suicide in 1999. *Suicide Studies*, 5(3), 2-63.
- Lester, D. (2024c). A review of research on suicide in 2000. *Suicide Studies*, 5(4), 54-109.
- Lester, D. (2024d). A review of research on suicide in 2001. *Suicide Studies*, 5(4), 142-205.
- Lester, D. (2024e). A review of research on suicide in 2002. *Suicide Studies*, 5(6), 17-83.
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Lester, D. (2026c). A review of research on suicide in 2010. *Suicide Studies*, 7(6), 136-232.

This is the review for 2011. To indicate where I searched, here is a list of abstracting services used.

Source	1998	1999	2000	2001	2002	2003	2004	2005	2006	
<u>2007</u>										
Sociological Abstr.	93	106	55	56	67	62	64	107	117	107
PsycINFO	401	460	388	425	441	510	541	592	726	784
Source	2008	2009	2010	2011						
Sociological Abstr.	201	123	180	281						
PsycINFO	984	788	858	837						

RESEARCH OF USE FOR UNDERSTANDING SUICIDE

Studies of Suicide Rates and Suicidality

Methodological Issues

Reynders, et al. (2001) studied railway suicides in 15 European countries and found underreporting of suicide in national statistics in six of the countries. In those countries, railway suicides appear to have been labeled as undetermined.

Kapusta, et al. (2011a) studied 35 countries and found that a decrease in autopsy rates was associated with a decline in suicide rates both over time and cross-sectionally, suggesting inaccuracies in official suicide rates.

Law et al. (2011a) explored alternative measures of the suicide rate: potential years of life lost (PYLL), and present value of lifetime earnings (PVLE), neglecting, of course, the fact that suicides are less likely to earn as much in their lifetimes as non-suicides (Yang & Lester, 2007).

Rezaeian, et al. (2011b) discussed different methods for smoothing suicide rates over time in ecological studies of the suicide rate.

Ward, et al. (2011) compared reports on suicides from the medical examiner and the police. They did not always agree on information (e.g., alcohol dependence and disclosed intent), and Ward, et al. suggested combining the data for better results in research.

Nomenclature

Brenner, et al. (2011c) suggested a nomenclatures for self-directed violence: suicidal intent, preparatory behavior, physical injury, interrupted by self or other, suicide attempt, and suicide.

Theory

Tanaka and Kinney (2011) proposed an evolutionary theory of suicide, proposing that suicide could be adaptive through reducing the risk that individuals will transmit infections to kin.

Regional Studies

In 35 countries, Milner, et al. (2011) found that an index of globalization was positively associated with female suicide rates but not with male suicide rates. The introduction of other standard sociological variables eliminated this association. Of course, as I always urge, factor analysis of the variables and the use of factor scores would be a better methodology.

Lester and Gunn (2011a) found that the suicide rates of 18 European nations were associated with the proportion of sad words in the lyrics of their national anthems as well as the subjective gloominess of the music.

In 21 industrialized countries, Daly, et al. (2011) found that suicide rates were positively associated with national estimates of happiness (but failed to provide a correlation coefficient). For the 50 American states, there was a positive association between suicide rates and estimates of life satisfaction.

In a sample of 102 countries, Shah (2011b) studied the association for suicide rates with GDP. An inverted U-shaped curve was found for male suicide rates for the ages 35-64 and for female suicide rates for the aged 45-64.

In a sample of 76 countries, Shah (2011a) found that general population rates were associated with elderly dependency ratios for both sexes (and, for female suicide rates, the Gini index), but not population size, proportion of GDP spent on health or per capita healthcare expenditure.

In a varying number of countries (44-75), Shah and Bhandarkar (2011) found that male and female suicide rates were negatively associated with the percentage of children (<5 years old) who were under-weight and under-height, the percentage of infant with low birth weights, and the percentage of the total population under-nourished, but not after controls for the GINI index.

Barth, et al. (2011) studied 18 industrialized countries for the period 1983-2007. It is unclear whether they combined ecological and time-series data into single multiple regressions. However, they concluded that: "Decreasing economic growth and increasing divorce rates are significantly associated with increasing suicide rates in men. For women, increasing economic growth, increasing unemployment, and increasing divorce rates are significantly associated with increasing suicides. Increasing female labor force participation is associated with decreasing suicides (p. 313).

Regions within a Country

In a poorly analyzed study over the American states, Slater (2011) found that socio-economic variables factored into clusters: economic climate, political climate and violence

climate. Suicide rates and firearm suicide rates were apparently associated with divorce rates and the percentage of men, along with a measure of the leniency of gun control laws and the three climate variables (economic, political and violence). Slater reported a path analysis but no correlations or multiple regressions.

In panel data for the American states over 53 years, Kerr, et al. (2011) found that suicide rates were associated with the unemployment rate and alcohol consumption (spirits for women and beer and wine for men) but not with current alcohol consumption using a distributed lag specification.

Andrés and Hempstead (2011) found that, over the American states, laws that restrict access to guns (e.g., permit requirements and bans on sales to minors) were associated with lower male suicide rates, but laws to prohibit high risk persons from owning guns (e.g., mental health problems, drug abuse) do not. The effects of the laws varied by age, and female suicide rates were not studied.

For the 120,076 American counties, Woo, et al. (2011) found that the suicide rate was negatively associated with the prescription volume of intranasal corticosteroids and positively with antihistamines. Controlling for antidepressant medications did not change the results. Over 99 Austrian districts, Kapusta, et al. (2011b) found that the suicide rates was inversely associated with the level of lithium in the drinking water, and this association was found after controlling socioeconomic variables. However, In 47 regions of east England, Kabacs, et al. (2011) found no association between the lithium level in drinking water and suicide rates.

Congdon (2011) studied 3,142 American counties and found that suicide rates were associated with economic deprivation, social fragmentation and rurality. However, the presentation of the results is poor. Congdon also noted that ethnic mix had an impact.

In 20 regions in Italy, Pompili, et al. (2011a) found that suicide rates were associated with higher economic status (e.g., households sometimes or often facing difficulties in buying the necessary food, paying their bills, or meeting health care expenses and households having insufficient economic resources), but the correlations were not fully reported.

For the 358 districts in Taiwan, Chang, et al. (2011) found that suicide rates were associated with median household income, population density and lone-parent households. The correlations varied with sex and age. The methods used for suicide also varied over the districts.

Regions within a State or Province

For 308 communities in the Flemish region of Belgium, Hooghe and Vanhoutte (2011) found that suicide rates were positively associated with single-person households, mean income level, and an older population and negatively with internal and external migration, non-European inhabitants and population density. Religious participation was not associated with suicide rates. A spatial contagion effect of neighboring communities was found for men.

In a study of suicides by post codes in England, Rezaeian, et al. (2011a) found that deprived areas were over-represented (e.g., percentage of council flats), while there was also under-representations for the affluent areas (e.g., high-income families).

Time-Series Studies

In four countries (**France, Italy, UK, and USA**) over different time periods, Ceccherini-Nelli and Priebe (2011) found that the unemployment rate was consistently associated with the suicide rate. For the UK and USA, real gross domestic product per capita and consumer price index had associations in opposite directions, and the results differed for male and female suicide rates. (France and Italy were not studied for these latter variables.)

In **Denmark** for 1906-2006, Agerbo, et al. (2011) found that divorce rates were positively associated with suicide rates while marriage rates were negatively associated with suicide rates.

In a time-series study in **Hungary** for 1985-2008, Döme, et al. (2011) found that the suicide rate was positively associated with tobacco consumption and negatively with antidepressant use and the hours worked by psychiatrists in the outpatient service system, but there was no impact from alcohol use and the percentage change in real GDP growth.

Ireland had an economic boom in 1996-2006, and unemployment rates fell. Corcoran and Arensman (2011) noted that, during this period, male and female suicide rates were stable but suicide rates for unemployed men and women rose. The impact of the economy differed somewhat by age, sex and employment status.

In one region of **Italy**, Guaiana (2011) found that male and female suicide rates declined over a ten-year period during which the prescribing of antidepressants increased.

In **Hong Kong** from 1997-2003, a period of economic downturn, Law, et al. (2011b) found that increases in the suicide rate were primarily caused by increases in the suicide rate using charcoal. For 2003-2007, when the economy improved, the suicide rate by charcoal and also by other methods declined. These changes were impacted by age and sex.

In **Hong Kong** for 2000-2006, Yip and Caine (2011) found that the suicide rate was associated with the unemployment rate. In contrast, the suicide rate among the unemployed decreased during economic recession and increased during recovery. Note: 2000-2003 was a recession and 2003-2006 a recovery.

In a poorly presented study, Andrés, et al. (2011) studied suicide rates in **Japan** for the period 1957-2009 and found that: “the associations of suicide with sociological factors (divorce and fertility rates) were stronger than those with economic factors (per capita GDP and unemployment) for females” (p. 723).

Stickley, et al. (2011) studied **Russia** in 1870-1894 and 1956-2005. For 1870-1894, there was a steady decrease in heavy drinking (using alcohol poisoning mortality data as a proxy) and for 1956-2005 a steady increase. However, suicide rates rose during both periods. Despite this, surprisingly, multiple regressions showed that alcohol poisoning predicted suicide rates in both periods.

In **Russia** for the period 1980-2005, Razvodovsky (2011) found that vodka consumption as measured by sales was significantly associated with both male and female suicide rates, but not beer and wine consumption. The results differed a little by age and sex.

For the period 2004-2009 in Taipei (**Taiwan**), Yang, et al. (2011a) found that internet search trends for depression and suicide-related terms (as well as divorce and some psychiatric disorders) paralleled the trends in suicide rates.

In **Taiwan** for the period 1976-2009, Tsai and Cho (2011a) found that the suicide rate was predicted by the proportion of unmarried and elderly in the population, the labor participation rate, the unemployment rate, and the densities of newspapers and personal computers. Mean annual ambient temperature, rainfall, and sunlight did not play a role.

In **Taiwan** for the period 1986-2007, Agoramoorthy and Hsu (2011) found that suicide rates were associated with unemployment but not with economic growth or GDP per capita.

In the **USA** for the period 1928-2007, Luo, et al. (2011) found that the overall suicide rate and the suicide rates of the groups aged 25-34, 35-44, 45-54 and 55-64 rose during contractions and fell during expansions, but not for groups aged 15-24, 65-74 and 75+.

Research on Distal Variables

Altitude

In 15 **American** states, Betz, et al. (2011a) found that suicide rates were higher at high altitudes. High and low altitude suicides differed in race, rural residence, intoxication, depressed mood preceding the suicide, firearm use and recent financial, job, legal, or interpersonal problems. However, the non-suicidal residents at different altitudes may also have differed in these variables, but this was not studied.

For 3,108 **American** counties with data available, Kim, et al. (2011f) found that age-adjusted suicide rates were positively associated with county elevation (altitude) for total, firearm and non-firearm suicide rates. County suicide rates were associated with altitude, percentage in poverty, per capita income, white female population percentage, white female divorced population percentage, and negatively with the percentage of poorly educated, moderately educated and highly educated people (which makes no sense). At the state level, both altitude and gun ownership predicted the suicide rate.

Antidepressant Sales

In the Veneto region of **Italy** (capital Venice) from 2000-2005, Guaiana, et al. (2011) found that the sales of antidepressants rose, but the decline in suicide rates was not statistically significant.

Celebrity Suicides

In **France** for the period 1979-2006, Queinec, et al. (2011) found an increase in suicides in the 30 days after the suicides of celebrities for only two of six celebrity suicides. There was no increase in suicides after the violent deaths by other means (e.g., murder) of celebrities.

Climate and Weather

In one region of **Germany**, Müller, et al. (2011) found that suicidal acts (suicide plus attempted suicide) were associated with higher global radiation (they seem to measure this by using the season) and air temperatures on the day of and day before the suicide acts. The meteorological variables had no association with sex, underlying motive, or method of suicide/attempted suicide (except that they also seem to say that violent methods were associated with temperature).

In **South Korea**, Kim, et al. (2011e) found that suicide was more common in Spring and Summer. The daily suicide numbers were associated with the daily temperature, with this effect stronger for males, elderly people, and those with less education.

In **Taiwan**, Yang, et al. (2011b) found that the monthly number of suicides was associated with the temperature, sunshine duration, ozone, sunspot activity and unemployment rate, but not wind speed, sulfur dioxide, air particulate matter <10 μ m, carbon oxide, nitrogen oxide, relative humidity, or barometric pressure. The results were affected by males versus females and by violent versus non-violent methods for suicide.

Cohorts

Curtis and Curtis (2011) noted the existence of a cohort in **New Zealand** that had a high suicide rate throughout its early years. However, their data presentation was poor, and the cohort was followed only from 1970 (the year of birth) to 2007.

Country of Birth and Immigrants

In **England**, Shah, et al. (2011b) found that suicide rates were generally higher in males than females in all age bands for all country of birth groups except the China group, where suicides rates were higher in females than males in the older age bands. The impact of age on suicide rates also varied by sex and country of birth.

Lester, et al. (2011b) found that the suicide rate of Koreans living in **Japan** was twice as high as that of Koreans in South Korea.

Date of Birth

In **England**, Williams, et al. (2011) found an increased risk of suicide on the day of one's birthday for males (but not for females) in both the general population and the clinical population, especially for those aged 35 years and older. In the clinical population, the risk was restricted to male patients aged 35–54 and the risk extended to the 3 days prior to one's birthday.

Smith (2011) found no relationship between birth month and suicide month for Major League Baseball players.

Ethnicity

De Leo, et al. (2011) documented a suicide rate in indigenous people in Queensland (**Australia**) as much higher than that for the general population. The indigenous suicides differed from others in age-by-sex rates and in the methods used.

In Michigan (**USA**), El-Sayed, et al. (2011) found that suicide rates for Arab Americans were lower for both men and women than the suicide rates of white Americans.

Internet Searches

Sueki (2011) found that the monthly volume of internet searches was not related to the suicide rate in **Japan** for the period 2004-2009 while searches for depression were associated with the suicide rate.

Media Impact

Chen, et al. (2011a) found that, after the advent of a daily tabloid newspaper in **Taiwan** in addition to the two regular newspapers, the reporting intensity in two of the newspapers (but not the third) was significantly related to the occurrence of actual suicides, even after controlling for social variables, whereas no significant correlation was previously observed.

After a possible railway suicide and deaths of those investigating it in **Germany** were reported in the media, Kunrath, et al. (2011) found that the number of railway suicides increased.

Methods

Glasgow (2011) studied 3,116 counties in the **USA** for whether they have local landmark bridges from which people jump to their death and whether this impacts the suicide rate. He found that the rate of suicide by jumping was approximately doubled in counties with a local landmark bridge in comparison to counties without such a bridge for both men and women, but there was no impact on the total suicide rate.

Bennewith, et al. (2011) studied suicides by jumping in the Bristol (**England**) region which includes the Clifton Suspension Bridge. Bridges were more popular for suicide than car parks, cliffs or residences. Jumpers from the different venues did not differ in past attempted suicide or current psychiatric care, but the jumpers from residences were older. Barriers on the Clifton Suspension Bridge did stop *incidents*, but the barriers gave bridge staff more time to intervene.

For **Singapore** suicides, Chia, et al. (2011) found that:

Those who jumped were more likely to be young, single, female, and to have had a major mental illness. By comparison, those who hung themselves were more likely to be older (OR 2.68), Indian (OR 2.32), and to leave a suicide note (OR 1.53). Those who used poison were more likely to be married (OR 2.33), to be on antidepressants (OR 2.40), to have previously attempted suicide (OR 2.13), and to leave a letter (OR 2.30). (p. 574)

Callanan and Davis (2011) studied suicides in one region of **America** and found that firearms were preferred by both men and women, but women were less likely to shoot themselves in the head. Disfigurement of the head as a result of the suicide was predicted positively by being male, older age and blood alcohol and negatively by history of substance abuse, but not by marital status or prior attempts. Some of these variables also contributed to the prediction the use of a firearm and shooting oneself in the head, but not always in the same direction.

Dinkel, et al. (2011) studied suicides on the railway in **Germany**. They found that:

Types of suicidal behaviour occurred with nearly equal frequencies; jumping in 32.2%, lying in 32.6% and wandering in 34.2% of cases. Age and sex were not associated with type of suicidal behaviour. The proportion of jumping was highest during 9:01 am to 6:00 pm while at night, lying was used most frequently. Jumping predominated in the station area, while lying and wandering on the open track. Fatality was highest in liers and lowest in jumpers. (p. 121)

Austin, et al. (2011a) documented clusters of suicide by hanging in those aged <17 in **Australia**, influenced by personal contact (e.g., from the same school) and the internet.

Schmitt, et al. (2011) documented a rise in the use of charcoal burning as a method for suicide in one county in Washington (**USA**) over the period of 1996-2009, accounting for 40% of suicides using carbon monoxide.

In both **Australia** and **Sweden**, Austin, et al. (2011b) found an increase in the use of helium for suicide after 2005.

Occupation

In **Denmark**, Hawton, et al. (2011) found that nurses, physicians and dentists (but not veterinarians) had higher suicide rates than the general population.

Schwartz (2011) calculated lower suicide rates compared to the general population for male and female **American** college students.

MacFarlane, et al. (2011) studied **Australian** workers exposed to pesticides. Those who died by suicide did not differ in exposure to any particular pesticide classes nor in pesticide overexposure.

Kleespies, et al. (2011b) suggested that psychologists might have a higher rate of suicide.

For the **USA**, Violanti, et al. (2011) found that, after adjusting for age and years of service, suicide rates were 8.4 times higher in police officers who were working vs. separated/retired officers (110.5 vs. 13.1 per 100,000 per year, respectively).

Das (2011) documented a higher than expected suicide rate in **Indian** farmers as a result of an agrarian crisis. Gruère and Sengupta (2011) presented evidence that the

introduction of a genetically modified form of cotton (Bt cotton) was not responsible for the rise in suicide rates among Indian farmers.

Prison Suicide

Fazel, et al. (2011) studied the suicide rate in prisons in 12 industrialized countries. The prison suicide rate was higher for prisoners compared to the general population but was not correlated with the suicide rate in the general population or with the incarceration rate.

In America, Dye (2011) found that:

rates of suicide in prison were similar for female and male inmates, but rates were higher for female inmates and lower for male inmates compared to the respective rates for female and male U.S. residents. Prisons that reported female suicides evidenced significant differences in prison conditions, including higher assault rates and mental health service utilization, compared to prisons for males and female prisons without suicide.(p. 290)

Season

Sun, et al. (2011) found a peak in suicides in spring and early summer, and a dip in winter for both men and women in Shandong (**China**). This was more pronounced in rural areas, younger age groups and for non-violent methods (especially self-poisoning by pesticide).

Zhang, et al. (2011a) studied rural **Chinese** suicides aged 15-34 and found a summer peak. This peak was the same by sex, ever married, methods other than pesticides, work/school difficulties and legal issues. The summer peak was stronger in those who used pesticides and in those with higher suicidal intent scores. The predictors of the preferred season for the different groups differed considerably.

In **Taiwan** for 1991-2008, Tsai and Cho (2011b) found that the suicide rate peaked in April and May and had a trough in December and January for both sexes.

Toxoplasma gondii Seropositivity

In a study of female suicide rates in women in 20 European countries, Ling et al. (2011) found that national estimates of *Toxoplasma gondii* seropositivity was associated with the suicide rate of women over the age of 60 and, adjusting for GDP, also women 45 years and older.

Studies of Suicides

Theories of Suicide and Typologies

Logan, et al. (2011a) used latent class analysis to categorize a large sample (>28,000) of American suicides and identified nine types.

1. A history of mental health treatment with alcohol problems, other substance abuse and prior attempted suicide

2. A history of mental health treatment with recent crisis and an absence of alcohol and drug abuse
3. A history of mental health treatment only
4. Depressed mood and financial problems
5. Alcohol problems and life stress, and depressed mood
6. Medical problems and depressed mood
7. Recent crisis and criminal legal problems, relationship problems and perpetrating interpersonal violence
8. Intimate partner problems and recent crisis; also used alcohol at the time of the suicide
9. Alcohol dependence and used alcohol at the time of the suicide

Genetics

For the total Swedish population 1952-2003, Tidemalm, et al. (2011) found that suicide ran in families. For all of the suicides, the suicide rate was higher for siblings than for half-siblings, for monozygotic twins than for dizygotic twins, and for cousins versus controls. The closer the relative to the suicide, the greater the risk of suicide.

Suicide Notes

Olson, et al. (2011) compared suicide notes from Native Americans, Hispanics and whites. They found five categories: (i) alienation, (ii) failure or inadequacy, (iii) being psychologically overwhelmed; (iv) the desire to leave problems behind, and (v) reunification in an afterlife. The only difference by ethnicity was alienation was more common in Native Americans and Hispanics.

In a study of suicides in the United States Air Force, Cox, et al. (2011a) compared communications made verbally and in suicide notes. Thwarted belongingness and hopelessness was more often communicated in the suicide note, and loss of job satisfaction and missing friends verbally. Overall, both intrapsychic and interpersonal themes were more often found in the suicide notes than verbally. (Note: The percentages in the Table make no sense!)

Lester, et al. (2011a) found no differences for the IS PATH WARM suicide risks signs between genuine and simulated suicide notes, nor between suicide notes from completed suicide and attempted suicide.

In Tasmania (Australia), Haines, et al. (2011) found a large number of differences between those who left a suicide note and those who did not. For example, those leaving a suicide note were more involved in interpersonal conflicts (including divorce), were less often psychiatrically disturbed, more often living alone, less often had psychotic symptoms and were less likely to be under medical supervision.

Youth Suicides

In Taiwan, Lu, et al. (2011) studied 680 adolescents who died by suicide, twelve of whom had a parent who died by suicide. Lu, et al. found that those 12 suicides were more likely to use the same method as their parent than expected (compared to control suicides matched for gender, place of residence, and date of suicide).

Katz, et al. (2011a) compared children and adolescents (aged 5-17) in a Canadian welfare system with those not in care. Those in care were more to attempt and to complete suicide.

In rural China, Zhang, et al. (2011c) compared youth suicides with living controls (all aged 15-34) using informants for both groups. Religion/religiosity was stronger for the suicides. Psychological strains in the forms of relative deprivation, unrealized aspiration, and lack of coping skills were associated with suicide, even after accounting for the role of mental illness. Zhang, et al. (2011d) found that the suicides more often had mental disorders and high hopelessness negative life events, never married but dating, suicide history in family, lack of positive coping skills, lack of social support, dysfunctional impulsivity, and not being a Communist Party/League member.

Jia and Zhang (2011) studied suicides aged 15-34 in rural China. The suicides occurred most often in the summer and autumn, at nighttime and at home. Those using violent methods were more often depressed, less often had pesticides at home, and their suicides occurred more often in the winter and spring and outside the home.

In rural China, Zhang and Li (2011) found differences in the methods used for suicide in those aged 15-34 with and without mental disorders. Those with mental disorders used violent methods more often, especially hanging, and were less impulsive.

Zambon, et al (2011) followed cohort of Swedish people when they were aged 7-26 years. Suicide was associated with previously being hospitalized for self-inflicted injuries and also for unintentional injuries. The likelihood for suicide also varied with sex and parental country of birth. The method used for suicide varied with sex, age, income and whether receiving social benefits.

Adult Suicides

For Swedish birth cohorts between 1972 and 1981 followed up to 2006, Björkenstam, et al. (2011) found that suicide was more common in both boys and girls with lower grades even after adjusting for socio-demographic and parental morbidity variables (year of graduation, parental education, lone parenthood, household receiving social welfare or disability pension, place of schooling, adoption, maternal age and parent's mental illness).

Roškar, et al. (2011) compared suicides in Slovenia with community controls and found that the suicides more often had a marital status change (becoming widowed, getting divorced, getting married) in the prior five years compared with the controls (5.6%), especially in the prior year.

In a national Japanese survey and follow-up (6-10 years), Poudel-Tandukar, et al. (2011c) found that a higher intake of fish, eicosapentaenoic acid and docosahexaenoic acid (long chain n-3 fatty acids) protected against suicide in Japanese men and women

In a national study in Sweden, von Borczyskowski, et al. (2011) found that suicide and severe psychiatric disorder in the biological parents had similar effects on offspring suicide in the non-adopted and adopted children. Biological parents' alcohol abuse was a risk factor for suicide in only the non-adopted group. The adopted had a higher suicide rate for

both men and women. Growing up in a single parent household was the most important socio-economic risk factor for the non-adopted and living in an apartment (versus a house) for the adopted.

In a 10-15 year follow-up study of people aged 40-69 in Japan, Poudel-Tandukar, et al. (2011b) found that men living without a spouse (regardless of who else they lived with) and women living only with a parent or parents were at increased risk of suicide compared to those living only with a spouse. Women living with a spouse plus children had a decreased risk of suicide.

Guzder (2011) described cases of women in the Indian subcontinent who die by suicide by jumping into wells.

Lemogne, et al. (2011b) followed up for nine years those given a free medical exam (over 300,000 people). Suicide was associated with resting heart rate (but not blood pressure), depressive mood, perceived stress, low body mass index, male sex, current smoker, and taking a psychotropic medication.

In Denmark, Qin (2011) found that suicides more often had a psychiatric disorder than general population controls. The excess of different disorders varied by sex and age.

In Taiwan, Liu, et al. (2011) found a higher suicide rate in the Atayal aboriginal group but not in the Ami aboriginal group or the Han Chinese. The Atayal suicides also more often had substance dependence, emotionally unstable personality disorder, and a family history of suicidal behavior,

Chen, et al. (2011c) followed up attempted suicides in Taiwan for 4-7 years. Suicide during the follow-up was predicted by being male and older, but not by urban/rural residence, education or marital status.

Alaghebandan, et al. (2011) studied 130 attempted suicides by burns in one region of Iran, 80 of whom died. The rate of this type of suicide was higher in females, those single, those 20-29, and those in rural areas. The fatality rate was higher for men. The total body surface area burned was higher for men and for those who died.

Lemogne, et al. (2011a) followed a French national sample of gas and electric workers for a mean of 16 years. Suicide was predicted by depressive mood and cognitive hostility but not behavioral hostility as measured by the Buss and Durkee Hostility Inventory.

In a large community survey of Norwegians followed for 18-20 years, Bjørngaard, et al. (2011) found that suicide was predicted by sleeping problems at baseline for both men and women, even after controls for psychiatric disorder and alcohol use. The association was stronger for those <50 years old.

In a large German cohort followed up for 12 years, Schneider, et al. (2011a) found that suicide was associated with risky alcohol consumption and smoking.

In the Netherlands, Garssen, et al. (2011) found that both women and men whose fathers or mothers died by suicide had a higher rate of suicide than those whose fathers and mothers died of other causes. The likelihood of suicide increased with decreasing age at the

time of the suicide of the parent. Classifying the methods of suicide as violent and non-violent, there was a positive association between the method used by parent and child.

In a 28-33 year follow-up of two birth cohorts in Sweden, Gunnell, et al. (2011) found a negative association between school performance at age 16 and suicide for males but not for females, that is, a protective effect (but not for males who developed psychiatric disorders).

In Japan, Kameyama, et al. (2011) compared suicides with unmanageable debt with debt-free suicides. Those in debt were more often self-employed, divorced and diagnosed with adjustment disorder and less likely to have engaged in help-seeking behavior.

In Israel, Mirsky, et al. (2011) found that suicidal ideation, attempted suicide and suicide were more common in immigrants from the former Soviet Union than in Israeli-born individuals. The immigrants, however, differed in many socio-demographic variables. The suicide rate was highest in young adult immigrant men.

Séguin, et al. (2011) compared suicides with living community controls. In the prior year, the suicides more often had mood disorders, abuse and dependence disorders, and anxiety disorder and had been more often exposed to abuse, physical and/or sexual violence. Two suicide groups were identified, one with early adversity and the other with later-onset adversity.

Lundin, et al. (2011) studied Swedish military conscripts aged 18-20 and followed up for 36 years. Suicide was predicted by a diagnosis at baseline of neurosis or personality disorder as well as alcoholism and drug dependence. Attempted suicide was predicted by the same diagnoses, and also neurasthenia and psychosomatic disorders.

Samandari, et al. (2011) studied suicide in women in North Carolina and found lower suicide rates in pregnant women and in postpartum women compared to non-pregnant/non-postpartum women.

In a sample of American veterans who were medical or psychiatric inpatients or outpatients, Kleespies, et al. (2011a) found that attempted suicide with high suicidal intent were more often male, older, planning of self-injury, and, of course, with no wish to be saved and a negative feeling about having survived. Repeated attempters were more often female, separated, with an affective disorder and PTSD, but did not differ on Axis II disorders. The patients who died by suicide were significantly older than the attempted suicides and more likely to have experienced combat.

Brenner, et al. (2011b) studied veterans receiving care at VA facilities. Suicide was more common in those with traumatic brain injury, including concussion/cranial fracture and cerebral contusion/traumatic intracranial hemorrhage, independently of psychiatric disorders and demographic variables.

Black, et al. (2011) found that suicide rates for those in the U.S. Army rose after 2007 to the national suicide rate. The suicide rate was higher in men and those deployed (and of course in those with any psychiatric disorder) and lower in African American soldiers. There was no impact from rank or Reserve/National Guard versus active duty.

Lewis, et al. (2011) documented a higher rate of suicide in active duty American military who reported having seen wounded, dead or killed coalition personnel. The number of mental health visits was associated with a greater risk of suicide, as well as more inpatient mental health visits. A history of substance abuse was not associated with suicide.

Othman (2011) studied people who attempted suicide in Iraqi Kurdistan by self-burning (88% of whom died). The patients were more often female, aged 11-18, with poor education, from small families and in the spring. He did not present comparison data for their sample of accidental burn victims.

Wenzel, et al. (2011) followed up for 30-35 years patients hospitalized for suicidal ideation or attempt. Suicide during the follow-up period rather than death for any other reason was associated with younger age, completion of at least a high school degree, a diagnosis of a psychotic disorder, taking active precautions against discovery during the attempt, and a non-zero score on the suicide item of the Beck Depression Inventory. African Americans had a lower risk for suicide.

Comparing suicides with community controls in Germany, Schneider, et al. (2011b) found that unemployment (especially for more than six months), early retirement or homemaker status were associated with suicide, independently of psychiatric diagnosis. In addition, adverse psychosocial working conditions (monotonous work, increased responsibility and pronounced mental strain due to contact with work clients) were more common in the suicides. The suicides had less education and less professional training.

Im, et al. (2011) studied suicides in South Korea. They found that suicide rates increased with age, and the most common proximal risk factor for suicide was medical illness in both men and women. The most common proximal risk factor for subjects younger than 30 years was found to be a conflict in relationships with family members, partner or friends, while medical illness was found to increase in prevalence as a risk factor with age.

Zhang and Jia (2011) used the first six items of Suicide Intent Scale to classify young suicides in rural China as low or high in intent. Those with high intent were more often male with more education, suicide in the family, physical illness, mental disorder, and more hopeless, depressed and anxious, but less often with pesticide in the home and impulsive.

Gao, et al. (2011) compared suicides and community controls in China using informants for both groups. The suicides scored higher for dysfunctional impulsivity and lower for functional impulsivity.

Poudel-Tandukar, et al. (2011a) followed roughly 56,000 Japanese for 12 years. The suicides (n=180) had low levels of social support. Having four or more friends and esteem support (but not confidence support – sharing intimate thoughts and feelings) reduced the odds of suicide.

In Colorado, Betz, et al. (2011c) compared suicides by Hispanics and non-Hispanic whites. The Hispanic suicides less often had depressed mood and psychiatric problems, but more likely to be in jail. The groups did not differ in the method used for suicide, financial, relationship, job, or legal stressors.

In one American town, Branas, et al. (2011) found the gun suicides and attempted suicide with a gun were both associated with alcohol intake at the time of the act. The availability of neighborhood on-premise alcohol outlets (but not off premise alcohol outlets) was associated only with gun suicides.

In England, Vento, et al. (2011) compared suicides and accidental deaths from overdoses. More suicides had positive toxicological results for antidepressants, antipsychotics and barbiturates and fewer suicides had positive results for an illicit drug, alcohol and methadone. The suicides were older and less likely to be unemployed.

In a study of Australian suicides by hanging, Tse, et al. (2011) found that alcohol was more likely to be detected in the younger suicides.

In Denmark, Mathy, et al. (2011) found higher suicide rates in men (but not in women) in same-sex registered domestic partnerships than those who were in heterosexual marriages or never married.

Elderly Suicides

In a sample of elderly (>60) suicides, Voshaar, et al. (2011) compared suicides with early onset depression (<60) with those with late onset depression. Late onset cases were less likely to have a history of psychiatric admissions, alcohol misuse and self-harm, a lower prevalence of a psychiatric comorbid diagnosis, a lower prescription rate for psychotropic drugs other than antidepressants and a higher number of recent life-events, but no difference in the frequency of recent self-harm.

People with Psychopathology

In a 35-year follow-up study of former severe psychiatric patients, Sani, et al. (2011) suicide was equally common in men and women. Suicide was more common in bipolar patients than in unipolar patients and less common in those with anxiety disorders. Suicide was predicted by shorter-term treatment with lithium and anticonvulsants, longer-term treatment with antidepressants, a history of suicide attempts, suicidal thinking, and single status. Patients with cyclothymic temperament were less likely to die by suicide than those with other temperaments. Symptoms occurring in >10% of the suicides were inner tension, racing/crowded thoughts, aggressive behavior, guilt, psychomotor agitation, persecutory ideation, anxiety, and hallucinations.

For suicides over the age of 35 in Sydney (Australia), Snowden, et al. (2011) found that the psychiatric diagnoses varied by age.

In Denmark, Nordentoft, et al. (2011) followed up patients seen at mental health units for 36 years and calculated suicide rates for men and women based on their diagnosis, prior attempted suicide and comorbidity. The highest likelihood for suicide was bipolar disorder in men and schizophrenia in women.

In a sample of psychiatric patients with severe depression, Brådvik and Berglund (2011) compared those who died by suicide in the following 41-54 years with those who did not. They found that the risk of a first suicide attempt decreased throughout the later episodes of depression in both the suicide and control groups, while repeated attempts were more

common for the suicides, especially at the 11th episode. Brådvik and Berglund (2011) proposed that their result supported a behavioral sensitization hypothesis where every new episode gives rise to negative thinking patterns and the onset of depressive episodes becomes increasingly autonomous and less related to life-stressors.

Stevovic, et al. (2011) documented differences between male and female suicides in Podgoric (Montenegro) in their rates, age, methods used, marital status, education and employment status. The female suicides were older, more often single, less educated and not employed. The females more often had family problems and less often economic problems.

Psychosis

Dutta, et al. (2011) followed up patients with first episode psychosis (mean length 13 years). Suicide was predicted by being male, unemployed and manic symptoms. Alcohol or drug abuse did not predict suicide or deterioration from premorbid level of functioning.

Neuner, et al. (2011) compared schizophrenics who attempted or completed suicide with those with other diagnoses. The schizophrenics did not differ from the others in aggression prior to and during hospitalization, nor inpatient attempted suicide. Inpatient attempted suicide for the schizophrenics was predicted by disorganized subtype, high school graduation and pre-admission attempted suicide.

Focusing on patients with schizophrenia or schizoid-type psychosis, Tousignant, et al. (2011) compared suicides with living patients. The suicides more often had a recent severe event, usually of a humiliation nature, and had experienced more severe events associated with aggressive behavior or with psychiatric impairment. The suicides had better quality of care during childhood than the control patients.

Anxiety Disorders

Zonda, et al. (2011) followed up patients with panic disorder and no comorbid psychiatric disorder and found that the rates of suicide and non-lethal suicidal behavior matched those of the general population.

Substance Abusers

Kuo, et al. (2011) compared patients with methamphetamine dependence who died by suicide with those who did not do so. The suicides less often had financial independence and more often a depressive syndrome, anxiety disorder, visual hallucination and prior attempted suicide.

Prisoners

Jones, et al. (2011b) documented very high suicide rates for those in English high security hospitals. Women had the higher rates while resident, whereas men had higher rate after discharge.

Webb, et al. (2011b) followed up schizophrenic patients during a 32-year study period. Suicide was predicted by medium/high IQ, past violent offending (for males), being male, and age 15-19,

In England, Clarke, et al. (2011) followed up prisoners in a forensic psychiatric facility for up to 20 years. The prisoners had a higher rate of suicide compared to the general population, and also a higher rate of death for natural causes. Those who died by suicide during the follow-up were more often for those with a Mental Health Act classification of mental illness compared to psychopathic disorder.

Webb, et al. (2011b) compared Danish individuals with criminal justice system contact who died by suicide with living community controls, not a good comparison group. The results are poorly presented, but the authors concluded that:

More than a third of all male cases had a criminal justice history,⁶ but relative risk against the general population was higher for women than men. Independent effects linked with criminal justice exposure persisted with confounder adjustment. Suicide risk was markedly elevated with custodial sentencing, but the strongest effects were with sentencing to psychiatric treatment and with charges conditionally withdrawn. Risk was raised even in people with a criminal justice history but without custodial sentences or guilty verdicts. It was especially high with recent or frequent contact and in people charged with violent offenses. (p. 591)

Medical Problems

In a study of American veterans over the age of 60 with dementia, Seyfried, et al. (2011) found that those who died by suicide were more often white, with depression, a history of inpatient psychiatric hospitalizations, and prescription fills of antidepressants or anxiolytics, while nursing home admission was associated with lower suicide risk. The severity of medical comorbidity did not impact suicide risk.

Hamid, et al. (2011) followed up epileptics for five years after surgery and found a high suicide rate compared to the general population.

Kwon, et al. (2011) compared large samples of Canadians with epilepsy and community controls. Those with epilepsy were more like to be in motor vehicle accidents and to be assaulted but not to attempt/complete suicide after adjusting for comorbidity. (The epileptic patients were more likely to attempt/complete suicide before adjusting for comorbidity.)

Turaga, et al. (2011) found a high suicide rate in patients with pancreatic cancer (135 per 100,000 per year versus 12 for elderly people). Suicide rates were higher in men and, for men, in those undergoing surgery and in those who were not married.

Suicide-by-Cop

Mohandie and Meloy (2011) found that females constituted 3% of individuals shot by police, but 5% of suicide-by-cop incidents. They described the women, 43% of whom survived, but included no control group. Compared to males, the females were less often spontaneous and more often deliberate, but the sample size was too small to identify other differences.

⁶ I thought that all had criminal justice contact!

Murder-Suicide

Sillito and Salari (2011) compared murder-suicide in which a child was killed versus a being witness or not present. Being killed (versus being a witness) was associated with the murderer being a biological father, the parents estranged, the act mainly a suicidal act, and the act not taking place in the evening.

Studies of Attempted Suicides

In a sample of adolescent psychiatric patients (aged 13-18) who had attempted suicide, Cross, et al. (2011) used the Shedler-Westen Assessment Procedure 200-Item Q-Sort for Adolescents to identify types: externalizing, internalizing, emotionally dysregulated, high functioning, narcissistic and immature. The types differed in most variables: age, sex, psychiatric diagnosis, history of physical and sexual abuse, substance abuse and conduct disorder.

Adults

Burton, et al. (2011) compared psychiatric patients with suicidal ideation with those who had attempted suicide. The attempted suicides had poorer inhibition but better problem-solving ability than the suicide ideators on a variety of cognitive tasks, but not estimates of premorbid IQ. For example, the attempted suicides made more errors on the Wisconsin Card-Sorting Task.

RESEARCH OF NO USE FOR UNDERSTANDING SUICIDE

Studies of Attempted Suicide

Methodological Issues

In a study of attempted suicides in Hong Kong, Chan, et al. (2011a) had the attempters complete the Big 5 inventory (OCEAN) and had proxies complete the inventory on behalf of the attempters. The correlations between the two sets of scores ranged from 0.30 to 0.45, indicating moderate reliability for the use of proxies in suicide research.

Stirman, et al. (2011) compared attempted suicides who volunteered to participate in a clinical trial and those who refused. Those who participated were more often males and individuals with a diagnosis of substance abuse or dependence, suggesting that those who volunteer for research may be a biased sample.

Plöderl, et al. (2011) interviewed a large sample of people with detailed probing questions and found that 25% of self-reported suicide attempts were false positive, and there were also 0.8% false negatives.

Physiological Variables

Perez-Rodriguez, et al. (2011) found no differences between male attempted suicides and blood donors in testosterone levels.

Children and Youths

Holtmann, et al. (2011) followed up infants for 19 years, and found that a Child Behavior Checklist-Dysregulation Profile of biological and psychosocial risk factors predicted adult suicide ideation and attempted suicide, but not after controls for psychiatric disorder.

Christiansen, et al. (2011) compared attempted suicides to controls in a national Danish survey and found that parental suicide, suicide attempt, psychiatric illness and low level of income predicted attempted suicide in their offspring. The more risk factors, the greater the likelihood of attempted suicide. Jacobsen and Christiansen (2011) in the same sample found that attempted suicide was associated with losing one parent, and even more so with losing both parents.

In African American adolescents, Matlin, et al. (2011) found that attempted suicide was associated with depression and reasons for living scores, whereas suicidal ideation was associated only with depression.

Winterrowd, et al. (2011) compared Mexican American and European American youths in the community. Disconnection from school friends was associated with Mexican American girls' suicidal ideation, while friends' delinquency was associated with European American youth suicidal behavior. Friendship factors were not associated with suicidality after controlling for variables such as depression. Suicidal ideation and attempts were also associated with standard risk factors such as drug/alcohol abuse and physical and sexual abuse. The findings varied a little with sex and ethnicity.

In Mexican adolescents aged 12-17 living in Mexico City, Miller, et al. (2011) found that both suicidal ideation and attempted suicide were associated with the use of and dependence on tobacco as well as the abuse of alcohol and drugs. The associations with tobacco and alcohol were significant after controls for psychiatric disorder.

In adolescents aged 10-19 in rural Uganda, Kinyanda, et al. (2011) found that suicidal ideation/attempt was associated with being female, older, less educated, not living with parents, in poorer households, exposure to war trauma, and at least one DSM-IV disorder.

In a study of adolescent (aged 11-19) Latinas (girls) in New York City, Peña, et al. (2011) found three types of families: tight-knit, intermediate and loose knit. Tight-knit families (high cohesion and low conflict) were less likely to have teenagers who attempted suicide.

In a sample of high school youth, Borges, et al. (2011) found that suicidal ideation and deliberate self-harm was associated with experiencing ancestry-based discrimination in U.S. born youths, but not in immigrant youths. U.S. born youths, and immigrant youths did not differ in the frequency of suicidal ideation or deliberate self-harm.

In an American national sample of adolescents, Ali, et al. (2011) found that suicidal ideation and attempted suicide were more common if family members had attempted suicide and if peers had suicidal ideation or had attempted suicide, even after controls for demographic variables and many of the risk factor for suicidality.

In a national sample of adolescents aged 13-15 with major depression, Bossarte and Swahn (2011) found that attempting suicide was associated with being female, race (African-American), delinquency, medication use, mental health treatment, and any alcohol use. Teen alcohol use initiation, relative to non-drinkers, and preteen alcohol initiation, relative to teen initiation, were not associated with increased odds of a suicide attempt.

In a sample of adolescents (aged 12-15) in Puerto Rico, Reyes, et al. (2011) found that past attempted suicide was associated with depression, alcohol drinking and polydrug use and with depressed mothers.

Kokkevi, et al. (2011a) compared Greek adolescents in 1984 and 2007. They found that:

Female gender, smoking, illicit drug use, low socio-economic status, not living with both parents, dissatisfaction with relationship with parents, visits to a doctor for psychological problems, reported attempted suicide by adolescents in both surveys. Significant interaction terms showed that the effects of gender and illicit drug use were smaller in 2007 than in 1984. However, low self-esteem became significantly more important. (p. 694)

In a survey of Greek adolescents, Kokkevi, et al. (2011b) found that attempted suicide was associated with being female gender, older age (17-18 versus 14-16), living in a single parent family, lower paternal education and living in a major city.

In German adolescents (mean age 15), Plener, et al. (2011) found that a history of suicide attempts was associated with reported sexual abuse six months before their suicidal behavior (but not physical abuse) more often than students with only suicidal ideation. Traumatic events were reported significantly more often by students with suicidal ideation than those with suicide attempts, but the attempted suicides reported a greater number of traumatic events.

In a national sample of adolescents in grades 7-12, Thompson and Light (2011) followed them up for one and then seven years. Attempted suicide one year later was predicted by being female, a younger age, depressive symptoms, suicidal ideation, somatic symptoms, physical disability, low self-esteem, alcohol misuse, marijuana use, delinquency and also having a friend with a past history of completed or attempted suicide, a family with a history of attempted suicide, experiencing physical and/or sexual abuse during childhood, low connectedness with parents and parental loss. The predictors were similar for the 7-year follow-up, and the results differed slightly for girls and boys.

Javdani, et al. (2011) studied a mixed sample of 11-17 year-olds seeking treatment versus community controls. Attempting suicide was positively associated with impulsivity while callous-unemotional was negatively associated with attempting suicide for girls.

In Cambodian adolescents aged 15-18, Jegannathan and Kullgren (2011) found that boys more often made plans for suicide whereas girls more often attempted suicide. They did not differ in suicidal ideation. Girls, but not boys, more often had suicidal expressions (means what?) if exposed to suicidal behavior in partners/friends.

In a survey of adolescents in seven sub-Saharan African countries, Page and West (2011) found that suicidal ideation (and also making plans) was associated with being female,

older than 11, variables indicating psychosocial distress (e.g., feeling lonely and sad, with no close friends, drug and alcohol use, smoking, and had engaged in sex and physical fights).

In a study of adolescents in secondary school in New Zealand, Lucassen, et al. (2011) found that suicidal ideation and past attempted suicide was more common in those reporting sexual attraction to the same sex individuals or both sexes, for both boys and girls. The associations were higher for those attracted to both sexes.

In a study of 11th-grade students in 34 counties in Oregon (USA), Hatzenbuehler (2011) found that attempted suicide in the past year was more common in lesbian, gay and bisexual youths. The counties were scored for supportiveness (e.g., the proportion of registered Democrats and the presence of gay-straight alliances in schools), and this was associated with a lower rate of attempted suicide for the whole sample and possibly the LGB individuals (the author is not clear in their report), after controlling for sociodemographic variables, depressive symptoms, binge drinking, peer victimization and physical abuse by an adult.

In a sample of adolescents, Langhinrichsen-Rohling, et al. (2011b) found that adolescents attracted to both sexes more often reported recent and lifetime suicidal ideation, and past suicide attempts than those with exclusively opposite-sex attractions, as well as higher scores for hopelessness, depression and abuse history and lower scores for social support.

In a study of high school students, Chabrol, et al. (2011) found that suicidality (ideation plus attempts) was associated with self-reported sadistic traits for both boys and girls after controlling for a large number of familial and psychopathological variables.

In a national sample of high school students, May and Klonsky (2011) found that past year and lifetime suicidal ideation and attempted suicide were both associated with loneliness, anxiety disorder, depressive disorder, alcohol abuse and (with the exception of lifetime ideation) cigarette use and drug use.

In a national sample of teenagers, Messias, et al. (2011) found that suicidal ideation and attempted suicide were associated with five hours or more of video games/Internet daily use.

In a sample of adolescents, Rodgers, et al. (2011) found that suicidal ideation/attempt was positively associated with depression, borderline traits, dissociation, substance use and life events and negatively with parental attachment for both boys and girls. They suggested that: "One interpretation of this finding would be that suicidal ideation is paradoxically associated with the defense mechanisms relied upon in the face of depressive affects, which thus appear dysfunctional" (p. 248).

In a national sample of American 12-17 year-olds, Kim, et al. (2011b) past year attempted suicide and suicidal ideation were associated with the use of ecstasy, being female, aged 14-15, conduct problems and not being able to talk to parents.

In a follow-up study of youths aged 10 until they were 25, Kasen, et al. (2011) found that those who attempted suicide had higher impulsivity levels (e.g., poor control, quick

provocation, and disregard for external constraints) with less age-related decline, and lower capability levels (self-esteem and mastery) with less age-related increase.

In a sample of adolescents at mental health agencies, Verona and Javdani (2011) found that scores for an internalizing factor (including depression and generalized anxiety) were associated with both suicidal ideation and behaviors (threats/attempts), while scores for an externalizing factor (conduct, oppositional, and attention deficit disorders) were negatively related only to suicidal ideation. Scores for a substance use factor (alcohol and cannabis use) were related only to the suicidal behaviors of threats/attempts.

In a sample of Canadian adolescents aged 15-19, Rasic, et al. (2011a) found that suicidal ideation was associated negatively with the personal importance of religion and religious attendance, and positively with not living with both parents, family not well off, seeing people at school as untrustworthy and low grades. Attempted suicide was associated only with family not well off, seeing people at school as untrustworthy and low grades.

Mazza, et al. (2011) studied elementary school children (mean age 6) and for the next 12 years had them answer an annual questionnaire. Those who reported attempting suicide had higher scores for depression and those who attempted suicide had higher depression scores in the year of their attempt than in other years. Toward the end of the study period, the percentage of those reporting a past suicide attempt in one year who also reported a past attempt one year later was 71%, which the authors judge to be reliable, but which seems to me to be unreliable.

In a sample of Chinese adolescents aged 11-17, Cui, et al. (2011) found that past-year suicidal ideation and attempted suicide were both associated with being female, age >14, being bullied, having no close friends, feeling lonely, and engaged in physical fighting.

In Chinese adolescents 12-19, Pan, et al. (2011) found that both suicidal ideation and attempts were associated with the amount of consumption of soft drinks per day and with the consumption of sweet foods (and alcohol).

Fidan, et al. (2011) compared attempted suicides and community controls aged 14-22. The attempters more often had a psychiatric disorder and also psychiatric disorders in their families, and scored high for depression but not for state or trait anxiety. The groups also differed on some subscales of the Coping Strategies Inventory (e.g., the attempters lower scores for positive reframing) and the Family Assessment Device (e.g., communication and solving problems).

In a national American sample of middle and high school students, Van Tilburg, et al. (2011) found that chronic pain from stomachache, headache and muscle ache was associated with suicidal ideation and with attempts, and with suicidal ideation after controls for depression.

In a sample of adolescents who had attempted suicide, Hysinger, et al. (2011) found that the younger group (aged 10-14 versus 15-18) more often had used hanging (although the majority used ingestion of a medication), more often had a history of sexual abuse, a psychotic disorder and hallucinations before the attempt, and less often to have a history of substance abuse.

In a sample of adolescents followed up from grades 3-6 to age 15, Jones, et al. (2011a) found that attempted suicide and self-harm at age 15 was predicted in multiple regressions by depression and externalizing problems, and not by sex, race, income or changes in loneliness (although changes in loneliness was apparently correlated with ideation and attempts [not reported], but did not make it in the multiple regression).

In a community sample of high school students, Brausch, et al. (2011) found that suicidal behavior (ideation and attempts) was associated with engaging in non-suicidal self-injury and self-asphyxial risk-taking behaviors (known as the “choking game”).

Klomek, et al. (2011) studied adolescents (aged 13-18) who experienced bullying as victim or bully and followed them up for two to four years. Those with bullying only and not judged to be a suicide risk (past suicidality or current ideation) did not develop suicidal ideation or depression. Those who experienced bullying plus depression or suicidality were more impaired four years later than those who had only reported depression or suicidality.

In a study of 6th grade adolescents, Stoep, et al. (2011) found that: “Compared to adolescents with depression symptoms only, conduct problem symptoms only, or low psychopathology, those with co-occurring depression and conduct problem symptoms had the highest risk for subsequent suicidal ideation, recurrent suicidal behaviors, and suicide attempts (p. 316).

In a national sample of Asian American adolescents (mean age 16), Wong and Maffini (2011) found that suicidal ideation and attempts were both associated positively with depression and peer relationships and negatively with sex and both family and school relationships. Acculturation was associated positively only with suicidal ideation. They used a latent class analysis to identify three subgroups which they labeled protective relationships, non-protective relationships and mixed relationships. Attempted suicide during a one-year follow-up was highest in those in the non-protective relationships group (which had a greater proportion of girls and somewhat higher acculturation).

In a sample of adolescent (aged 15-18) in Nicaragua, Medina, et al. (2011) found that suicidality (ideation plus attempts) was associated with being anxious/depressed, somatic complaints and exposure to suicidal behavior in significant others, as well as having social problems, thought problems, attention problems, delinquent behavior, aggressive behavior and internalizing and externalizing symptoms for both boys and girls.

In a sample of Flemish (Belgium) adolescents aged 12-18, Baetens, et al. (2011) compared those with NSSI and those with suicidal self-harm (attempted suicide?). The groups did not differ in sex, age or family composition, but the attempters more often had experienced physical abuse, death of a friend, suicidal behavior in their family or friends, and worries about sexual identity, as well as more often in technical and vocational education.

Jakobsen, et al. (2011) studied adolescents (mean age 17) who had attempted suicide followed up for 4.5 years. A repeat attempt was positively associated with being female and having a psychiatric disorder (personality disorders, neurotic disorders and other psychiatric illnesses) and negatively with parents having a psychiatric disorder. The report of this research is confusing because some of the youths had attempted suicide prior to the current attempt while others attempted suicide during the follow-up. They should have predicted a

prior attempt, and then predicted a future attempt separately for the first-time and repeat attempters.

In a sample of high school students, Jacobson, et al. (2011) found that attempted suicide and suicidal ideation were associated with restrictive emotionality for boys and girls, even after controls for depression.

In a poorly designed study, Wong, et al. (2011b) combined adolescents aged 12-14, 75% of whom had an alcoholic parent and 25% who did not. At age 15-17, suicidal ideation was predicted by trouble sleeping at age 12-14 and parental suicidal ideation/attempt. At age 15-17, attempted suicide was predicted by trouble sleeping at age 12-14 and maternal suicidal ideation/attempt. Depression and aggression at age 12-14 did not predict later suicidality.

Young Psychiatric Patients

In a sample of adolescent girls (aged 13-17) who were psychiatric inpatients, Mathias, et al. (2011) found that those who had made multiple suicide attempts (versus zero or one) more often used cutting/stabbing and less often overdoses, but did not differ in age, education, SES, IQ, ethnicity, psychiatric diagnosis, suicidal intent, or sexual or physical abuse, or childhood neglect. The multiple attempters scored higher for lifetime aggression and depression and performed more impulsively on measures of delayed reward.

Muehlenkamp, et al. (2011) studied depressed or suicidal psychiatric outpatient adolescents with NSSI or attempted suicide and both. Those with NSSI+attempt did not differ from those with attempt only. On a Life Problems Inventory, the attempters scored higher for self-confusion, impulsivity, emotional dysregulation and interpersonal chaos and for BPD criteria.

In a sample of psychiatric inpatients (mean age 15), Pettit, et al. (2011) found that suicidal ideation was predicted by chronic stress in family relationships and close friendships, and physical health after controlling for demographics, diagnostic status, past history of attempt, and life event stress. None of the variables predicted attempted suicide.

Using a national survey of female 9-12 grade students, Eaton, et al. (2011) found that 19 or 21 risky behaviors were associated with suicidal ideation and past attempted suicide. The risky behavior associations varied by ethnicity.

Adults

In a sample of over 55,000 people from 21 countries, Gureje, et al. (2011) found that:

parental disorder examined increased the risk of suicide ideation among offspring, parental generalized anxiety and depression emerged as the only predictors of the onset and persistence (respectively) of suicide plans among offspring with ideation, whereas parental antisocial personality and anxiety disorders emerged as the only predictors of the onset and persistence of suicide attempts among ideators. (p. 1221)

Parental suicide was a strong predictor of attempted suicide in their offspring.

In Taiwan, Fang, et al. (2011) found that Christians more often had suicidal ideation and past attempted suicide than Buddhists, Catholics and Taoists. Past attempted suicide was predicted by older age, being female, attempted or complete suicide in family members/friends, and depression.

In a national English sample, Hassiotis, et al. (2011) found that people with borderline intellectual functioning were more likely to report past attempted suicide, but not after controls for income and age (and probably depression score). Note, income is probably less in those with borderline intellectual functioning and so a dubious variable to control for.

Kölves, et al. (2011) studied those who were separated from their spouse and in support groups and found that suicidal ideation/attempt was associated with internalized shame, state shame, depression, anxiety and substance abuse for both men and women.

Kerr and Capaldi (2011) followed boys from high crime regions aged 9-10 until they were 25, restricting the sample to those who had a romantic partner. They found that “those who attempted suicide before age 18 years were more likely in their young-adult years to be aggressive toward their romantic partners, to injure them and to experience more jealousy and relationship break-ups than were others.” (p. 766)

Delgado-Gomez, et al. (2011) compared attempted suicide, healthy controls and psychiatric patients on two psychological tests item by item: Barratt’s impulsiveness scale (BIS-11) and international personality disorder evaluation screening questionnaire (IPDESQ). They concluded that the IPDESQ items have better discriminative abilities than the BIS-11 and boosting and support vector machines (SVM) outperformed other techniques.

In a sample of adolescents and young adults (age not specified), Dour, et al. (2011) found that emotion reactivity was strongly associated with past-year attempted suicide among those with poor problem-solving skills, moderately associated among those with average problem-solving skills, and not associated among those with good problem-solving skills.

In a study of adult women (aged 15-49) in nine countries, Devries, et al. (2011) found that attempted suicide was associated with intimate partner violence, non-partner physical violence, ever being divorced, separated or widowed, childhood sexual abuse and having a mother who had experienced intimate partner violence, after adjusting for psychiatric disorders.

Kovess-Masfety, et al. (2011) compared attempted suicides in France and Spain using national surveys. French (but not Spanish) women reported suicide attempt more often with authoritarian mothers. Spanish men reported suicide attempt more often with overprotecting mothers as did to a lesser extent French men. General practitioner use was protective for suicide attempt for Spanish women but not for French women. No significant differences in the effect of marital status, any lifetime antidepressant use, mental disorders, or religiosity on suicide attempt were observed between France and Spain

In a national sample of adults in Mexico, Roth, et al (2011) found that scores for depression and antisocial behavior predicted suicidal ideation and attempted suicide.

Alberdi-Sudupe, et al. (2011) compared attempted suicides with other patients admitted to an emergency department of a general hospital (excluding those referred to the

psychiatry department). The attempted suicides were younger, more often single, unemployed and with a history of attempted suicide and a psychiatric disorder.

Alaghebandan, et al. (2011) studied attempted suicide by burns in one region of Iran. The rate of this was higher in females, those single, those 20-29, and those in rural areas.

In a sample of adults in a study of childhood trauma, Bedi, et al. (2011) found that suicidal ideation and attempted suicide were associated both for men and women with childhood sexual abuse, major depressive disorder, PTSD and being female.

In a American national sample, Bolton and Sareen (2011) found that homosexuality and bisexuality were associated with an increased rate of attempted suicide, along with higher rates of psychiatric disorders (e.g., substance abuse, schizophrenia and anxiety disorders) in both men and women.

House, et al. (2011) studied a sample of gay, lesbian, bisexual and transgender adults. Attempted suicide (and also NSSI) was positively associated with discrimination and interpersonal trauma and with being female (and negatively with age, income and education).

In a sample of lesbian, gay and bisexual individuals in New York City, O'Donnell, et al. (2011) found a higher incidence of past attempted suicide in Latino and Black Americans compared to white Americans. This result held up after controlling for major depression and for substance abuse.

In a study of Arab family members (ages 15-55) in Israel, Hamdan, et al. (2011) found that attempted suicide was associated with unemployment, old age, psychiatric disorder, aggression, depression, hopelessness, anxiety, impulsivity, physical abuse and attempted suicide in relatives.

Quevedo, et al. (2011) found that attempted suicide/suicidal ideation was associated with depression in post-partum **men**.

In a study of women after giving birth, Girardi, et al. (2011) identified two clusters. Cluster 1 had low scores for depression, cyclothymia, anxiety and irritability. Cluster 2 had dysphoric-dysregulated temperament. Cluster 2 more often had a history of attempted suicide/suicidal ideation.

In a sample of American university students aged 18-25, Gomez, et al. (2011) found that past attempted suicide was positively associated with familial acculturative stress but negatively with environmental acculturative stress, as well as older age, being female, depression and perceived discrimination. The results varied by ethnic group.

In a large American national sample, Yaworski, et al. (2011) found that attempted suicide (past year and lifetime) was associated with lifetime and past-year nicotine dependence, even after adjusting for socio-demographic factors, other mental disorders and physical disease. Nicotine dependence cessation was associated with a decreased likelihood of suicide attempt compared with people currently dependent on nicotine.

In an American national sample, Brower, et al. (2011) found that prescription sedative-hypnotic use in the past year was significantly associated with suicidal ideation and

suicide attempts, as was insomnia, age, marital status and also chronic health conditions, anxiety disorders, mood disorders and substance abuse.

In a sample of American university students, Hirsch and Barton (2011) found that suicidal ideation/attempted suicide was associated positively with negative social exchanges and positively with social support, particularly tangible support.

Tsai, et al. (2011) compared attempted suicides in Taiwan using charcoal burning versus self-poisoning. Those using charcoal burning were less likely to have a pre-existing physical illness, contact with psychiatric services prior to the attempt and act impulsively, and more likely to be employed, have higher levels of suicide intent and to report that their choice of method was influenced by the media, particularly the portrayal of the method as a peaceful way of dying.

Nielssen and Large (2011) documented that psychosis was associated with potentially lethal suicide attempts using sharp objects, especially in patients who have never received treatment for psychosis

In a national survey of Americans, Betz, et al. (2011b) found that suicidal ideation and attempted suicide were not associated with owning a firearm. Those with plans for suicide were more likely to own a firearm.

In a sample of deployed American active duty soldiers, Bryan and Cukrowicz (2011) found that the acquired capability for self-harm, a variable in Joiner's interpersonal theory of suicide, was associated with suicidality, being male, PTSD, experience of injury and death, the mission duty (e.g., disarming civilians, contact with traumatized civilians), and combat events marked by aggression and violence.

Brenner, et al. (2011a) compared veterans with past attempted suicides with veterans with psychiatric disorders but no history of suicide. The attempted suicides more often had PTSD but not traumatic brain injury.

In a sample of university students who were veterans, Rudd, et al. (2011) found that past attempted suicide was associated with depression and PTSD symptoms,

In a sample of American men, White, et al. (2011) found that having served in the U.S. military was not associated with past-year suicidal ideation or attempted suicide.

In National Guard troops deployed to Iraq, Kline, et al. (2011) found that suicidal ideation was associated with psychiatric disorders (depression, PTSD and alcohol abuse) and also with the number of readjustment stressors, but not with combat exposure.

In a study of Swiss men drafted into the army around the age of 20, Staubli and Killias (2011) found that recent attempted suicide was associated with being bullied at ages 6-11 and being victimized and victimizing others at age 18-19.

In university students, Anestis, et al. (2011c) found that the acquired capability for self-harm was associated with being male, distress tolerance and sensation seeking.

Taylor, et al. (2011b) compared correlates of suicidal ideation and attempted suicide in adult African Americans and Black Caribbeans. The results were complex.

Looking to God for strength, comfort, and guidance was protective against suicidal attempts and ideation, whereas stating that prayer is important in stressful situations was associated with higher levels of ideation for both groups and higher attempts among Black Caribbeans. For African Americans, reading religious materials was positively associated with suicidal ideation. Among Black Caribbeans, subjective religiosity was negatively associated with ideation, and being Catholic was inversely associated with attempts, whereas being Pentecostal was inversely associated with ideation. (p. 478)

In a study of South African adults, Khasakhala, et al. (2011) found that attempting suicide was associated with most psychiatric disorders and, especially, if there was comorbidity.

In a national sample of adult Nigerians, Oladeji and Gureje (2011) found that parental panic disorder and substance abuse were associated with suicide ideation in offspring, while only parental panic disorder was linked to suicide attempts.

In a sample of Finnish adults aged 20-34, Suokas, et al. (2011) found that lifetime attempted suicide was associated with mental disorders and poor educational and occupational functioning, current psychological distress, problems related to substance use and other psychiatric disorders, especially psychotic disorders.

In a study of attempted suicides by self-poisoning in South Korea, Kim, et al. (2011d) found that those over the age of 65 more often had medical illnesses, used pesticides, and had more suicidal intent on a risk-rescue scale.

In poorly reported study of a sample of college students with high scores on the Beck Depression Inventory, Hirsch, et al. (2011) found that suicidal ideation/attempt was associated with depression, forgiveness of self and forgiveness of others (but not forgiveness by God).

Blasco-Fontecilla, et al. (2011) compared attempted suicides and psychiatric inpatients. The attempters more often had major depressive disorders, alcohol abuse and bulimia and less often had panic disorder and anxiety disorders. The attempters more often had short sleep (<5 hours). Those with short sleep were less impulsive in their attempt and more often regretted not dying.

In a national survey of African Americans and Black Caribbeans, Chatters, et al. (2011) found that suicidal ideation was predicted by not feeling close to other church members, younger age, and psychiatric disorder, while attempted suicide was predicted by frequency of interaction with church members (what is cause and effect here?), less education, being Black Caribbean, and psychiatric disorder.

In a sample of middle and high school students, Dempsey, et al. (2011) found that suicidal ideation and attempted suicide were associated with overt victimization (e.g., threat of physical harm) but not relational victimization (e.g., gossip).

In a study of attempted suicides seen at an emergency room, Lejoyeux, et al. (2011) found that those with alcohol use disorders were more often men, living alone, older, dependent on nicotine and smoked more cannabis joints, more often had taken alcohol before the attempt, had made more previous suicide attempts, had higher scores for sensation seeking and more often had borderline or antisocial personality disorder.

In a national survey in Australia, Saha, et al. (2011) found that those reporting delusional-like experiences were more likely to report suicidal ideation and attempted suicide.

In an American national sample of people who had ever smoked and had depressed mood in the past, Berlin, et al. (2011) found that suicidal ideation and attempts were associated positively with being female, being widowed/divorced/separated and having a major psychiatric disorders (dysthymia, major depression, generalized anxiety disorders, antisocial personality disorder, nicotine dependence, and alcohol abuse/dependence) and negatively with age and household income. Non-smoking for more than a year was associated with reduced suicidal ideation and attempts compared to less than 24 hours abstinence but not after adjustment for lifetime psychiatric disorders.

In a large sample of American undergraduate and graduate students, Brownson, et al. (2011) claimed to find suicidal ideation and attempts more often in females and with different precipitating circumstances. However, for all statistically significant differences for precipitating circumstances, the women more often said yes, leaving the reader wondering what precipitated suicidality in the men.

Timmons, et al. (2011) studied young adults 18-23 years of age (whom they label as adolescents!). Past year attempted suicide was associated with perceived social support and parental displacement (involving a physical separation between the adolescent and parent or a disruption in the relationship between the adolescent and parent), although the correlations were very low. In a study of adolescents (mean age 16), those who experienced both parental displacement and low levels of belonging had the highest risk for attempted suicide.

Toprak, et al. (2011) studied self-harm (NSSI?), suicidal ideation and attempted suicide in Turkish undergraduate students. Attempted suicide was more common in rural regions, in families with low income and not having a good family relationship, but not associated with age and maternal and paternal educational levels. Self-mutilation was associated with suicidal ideation and attempted suicide.

In a national survey in America, Spiwak, et al. (2011) found that those who had experienced the suicide or the attempted of a caregiver were more likely to attempt suicide, even after controlling for demographics, Axis I and II disorders and childhood adversity.

In Seattle (USA), Kidger, et al. (2011) found that attempted suicide was more likely in individuals in the two years after bankruptcy for both men and women, and to a lesser extent in the two years prior to bankruptcy.

Baca-Garcia, et al. (2011b) found that rates of attempted suicide and suicidal ideation in America varied with the Hispanic subgroup, age and sex.

In a sample of American women who were victims on interpersonal violence, Cavanaugh, et al. (2011) found that attempting or threatening suicide was predicted by being in high danger of being murdered, with a chronic or disabling disease, younger and Latina rather than African American.

Selvi, et al. (2011) classified a sample of attempted suicides using Morningness-Eveningness Questionnaire. Evening persons were more impulsive than morning and neither-morning/evening persons. Those using violent methods were more impulsive and more often evening persons.

Scheel, et al. (2011) studied Native American university students and found no association of suicidality (attempts or ideation) and cultural commitment (to Native American culture), but men obtained higher scores than women for suicidality.

In a national sample in South Africa, Sorsdahl, et al. (2011) found that suicidal ideation and attempted suicide were associated with the number of traumatic events experienced. For attempted suicide, the only traumatic events reaching statistical significance were sexual violence and witnessing violence. For suicidal ideation the traumatic events reaching statistical significance were combat, accidents, interpersonal violence, sexual violence and witnessing violence.

Pompili, et al. (2011b) compared first time attempters, repeat attempters and clinical controls. Compared to controls, the first-time attempters more often had stressful life events in the last 6 months, life events during age 0–15 years, and low social support. These results were found also for the repeat attempters.

In a national survey, Baca-Garcia, et al. (2011a) found that: “The risk for lifetime suicide attempt was similar among those with lifetime desire for death with no suicidal ideation and those with lifetime suicidal ideation with no desire for death. Respondents with both lifetime desire for death and suicidal ideation had the highest risk for lifetime suicide attempts” (p. 327). However, I could not find a statement in this paper of how they assessed the desire for death although the title of their paper defines it as passive suicidal ideation. They report asking about lifetime suicidal ideation, and that is all.

Zhang and Zhou (2011) studied the impact of a suicide by a family or friend by comparing these survivors with community controls. The incidence of suicidal ideation and attempts was greater in the survivors than in the controls and, for the survivors, higher if the suicide was of a family member rather than of a friend. The incidence was higher for parents or spouse of the suicide, being female, low education level, and being never married.

In a sample of rural Chinese aged 16-34, Dai, et al. (2011) found that suicidal ideation was associated with female gender, less education, poorer financial perception, greater rurality of residence, and marital status of “never married” or “others”. Attempted suicide was associated with being female, less education and a marital status of “others”.

In an American national survey, Goodwin and Marusic (2011) found that perception of poor health was associated with suicidal ideation and suicide attempt, even after adjusting for differences in socio-demographic characteristics, mental disorders, and self-reported physical illnesses.

In low income African American women, Leone (2011) found that threatened/attempted suicide was predicted by intimate terrorism (extreme physical violence), depression, PTSD symptoms, a history of drug abuse and a history of alcohol abuse.

Using data from a national survey, Gunn, et al. (2011) tested six of the IS PATH WARM signs of suicidality (substance abuse, anger, hopelessness, withdrawal, recklessness and anxiety). Ideators differed from non-suicidal persons in the signs except for substance abuse and anxiety in the past year. The ideators were more often female. Those who had attempted suicide differed from ideators in only in anger of the six signs, but also in depression and marital status (attempters less often married).

In a survey in Martinique, Slama, et al. (2011) found that past attempted suicide was associated with younger age, lifetime diagnoses of major mood disorder, and panic disorder and alcohol dependence.

In a national sample of the homeless, Dietz (2011) found that past year suicidal ideation was predicted by adolescence, being female, white, having an infectious disease, physical illness, victim of theft while homeless, physical and sexual abuse in childhood, and drug and alcohol problems. Attempted suicide was predicted by being an adolescent, receiving government assistance, chronic illness, physically assaulted while homeless, physical abuse in childhood and drug problems.

In Ukraine, Rozanov and Mid'ko (2011) compared attempted suicides with healthy controls and claimed to find differences in scores on the Big Five personality traits (OCEAN) but declined to provide means and standard deviations. The attempters apparently scored higher on N and lower on C, E and O.

In a study of Chinese students aged 10-24, Tang, et al. (2011) found that NSSI was associated with past attempted suicide, especially in those not reporting suicidal ideation.

Anestis and Joiner (2011) studied psychiatric outpatient patients and found that the number of past suicide attempts was associated with burdensomeness and the acquired capability of self harm and thwarted belonging (Joiner's theory) and depression. On a scale to measure components of impulsivity, the number of past attempts was associated only with negative urgency.

In a sample of British adults, Meltzer, et al. (2011b) found that past attempted suicide was associated with experience of bullying in childhood (including several victimization experiences such as sexual abuse and severe beatings and with running away from home) which is more than bullying!

In a 15-year follow-up study of an American national sample (aged 17-39), Shah, et al. (2011a) found that those with a history of attempted suicide had an increased chance of dying from ischemic heart disease.

Skopp, et al. (2011) studied military active duty service members seen at a outpatient behavioral health clinic. Suicidal ideation was predicted by childhood adversity even after controlling for legal, work, financial, and relationship problems, and psychiatric disorders (alcohol abuse, depression, and posttraumatic stress disorder) and negatively with having an intimate partner. Lifetime attempted suicide was also predicted by childhood adversity. The

more childhood adverse events, the greater the probability of suicide ideation and past attempted suicide

In Swedish 20-year-old women, Sundin, et al. (2011) found that suicidal ideation was associated with drug use/abuse, but not alcohol use disorder after controls for depression while past attempted suicide was associated with alcohol use disorder and drug use/abuse.

Blasczyk-Schiep, et al. (2011) identified Rorschach scores that distinguished suicidal ideators and less serious and more serious attempted suicides.

Titelman, et al. (2011) compared attempted suicides with community controls on a Percept-Genetic Object-Relation Test (PORT) which assesses subliminal perception of object relation pictures. The groups differed on two PORT signs (lack of attachment relationships and motor activity).

In a ten-year follow-up of a large American community sample, Rasic, et al. (2011b) found that those who attended religious services at least once per year were less likely to attempt suicide. Those who reported seeking spiritual comfort at baseline were less likely to report suicidal ideation, independently of comorbid mental disorders, social supports and chronic physical conditions at baseline.

In samples of attempted suicides in France and Spain, Lopez-Castroman, et al. (2011) compared one-time attempted suicides with repeaters. Repeating was most common among middle-aged subjects, and diminished progressively with advancing age of onset at first attempt, and was associated with anxiety disorders and alcohol and substance abuse disorders.

In a national sample in Nigeria, Uwakwe and Gureje (2011) found that lifetime attempted suicide was associated with having a psychiatric disorder and also comorbidity, especially with anxiety disorders and substance use disorders.

Castle, et al. (2011) studied African American community residents aged 18-24. Perceived acculturation was associated with suicidal ideation (but not attempted suicide), whereas perceived racism and perceive discrimination were not.

Elderly

Wiktorsson, et al. (2011) followed up elderly (>70) attempted suicides for one year. Non-remission of major depression ($MADRS \geq 10$) was associated with higher baseline depression and anxiety scores, higher suicide intent and lower Sense of Coherence.

In a national survey, Agosti, et al. (2011) found that attempted suicides were less likely to have completed high school, or be married, but more likely to have conduct disorder, oppositional defiant disorder, bipolar disorders, substance use disorders, and anxiety disorders (but not more likely to have major depression or dysthymia). Having ADHD also increased the risk of attempted suicide, but the statistical analyses presented for this were poor.

Richard-Devantoy, et al. (2011) compared two small groups of depressed elderly patients with major depression. Those who had attempted suicide in the prior ten days had

worse cognitive inhibition performance, especially on the motor component, on tests such as the Trail Making Test and the Stroop Test.

Patients with Psychopathology

In a sample of people receiving mental health treatment, Yamokoski, et al. (2011) found that suicidal ideation and past attempted suicide were associated with hopelessness and scores on the Positive and Negative Affect Scale (PANAS). In multiple regressions, only hopelessness and negative affect (and not positive affect) predicted suicidal ideation and past attempted suicide

In a sample of treatment-resistant depressed adolescents, Asarnow, et al. (2011) found that NSSI and hopelessness predicted attempted suicide during treatment.

In a sample of adolescents with major depression under treatment, Wilkinson, et al. (2011) found that attempted suicide in a 28-week follow-up was predicted by prior NSSI and family functioning. In the multiple regression, depression, hopelessness, age, sex and suicidal ideation did not contribute to the prediction.

In a sample of psychiatric inpatients, Innamorati, et al. (2011b) found that a suicide attempt in the past 48 hours was predicted by scores on the Gotland Scale for Male Depression and hopelessness, but not by sex.

In a sample of patients, some with borderline personality disorder, some with substance abuse and some with both (it is unclear what the sample consists of exactly, Anestis, et al. (2011a) found that attempted suicide was positively associated with depression, impulsivity, affective lability, affective intensity and self-injury (as well as income and employment status). However, they also reported that: “When accompanied by high levels of self-injury, low levels of affective vulnerabilities may paradoxically become a risk factor for suicidal behavior (p. 291).

In psychiatric outpatients, de Klerk, et al. (2011) found that *deliberate self-harm and suicidal ideation* was associated with being unmarried, low education, a higher number of psychiatric diagnoses, lower anxiety scores, higher depression scores and the personality trait of emotional dysregulation.

In elderly (>65) acute psychiatric patients, Levy, et al. (2011) found that prior attempted suicide was associated with scores on a cumulative illness rating scale, especially the vascular and respiratory subscale scores.

In a sample of psychiatric inpatients, Innamorati, et al. (2011c) found that suicidal ideation/attempted suicide was associated with scores for hopelessness and male depression.

Affective Disorder

In a sample of patients with bipolar disorder, Gilbert, et al. (2011) found that those who had attempted suicide in the past had lower trait impulsivity scores. For the attempters, lower trait impulsivity score was associated with higher scores of lethality of prior attempts. They did not differ on Hamilton Depression Rating Scale (HDRS-17), the Clinician-Administered Rating Scale for Mania (CARS-M), the Childhood Trauma Questionnaire,

Aggression Questionnaire, Reasons for Living Inventory, cognitive domains [attention (Wechsler Adult Intelligence Scale-Revised [WAIS-R]: Digit Span), processing speed (WAIS-R Digit Symbol, Trail Making Test-Parts A and B, Letter Fluency, and Category Fluency), verbal learning and memory (Hopkins Verbal Learning Test), executive function (Wisconsin Card Sorting Test, Stroop Color Word Test), the premorbid intellectual functioning (IQ) using the Wide Range Achievement Test reading subscale], or the Iowa Gambling Task.

In patients with bipolar disorder, Bellivier, et al. (2011) found that past attempted suicide was predicted by being female, alcohol abuse, substance abuse, younger age at first treatment for a mood episode, longer disease duration, greater depressive symptom severity, and higher overall symptom severity.

In patients with major depressive disorder, Lizardi, et al. (2011) found that past attempted suicide was associated with the anxious attachment style (but not with the avoidant attachment style), and not with overall social adjustment (but significantly with the work adjustment component)

In a sample of American depressed bipolar patients, Dervic, et al. (2011) found that past attempted suicide was more common in those with no religious affiliation and lower scores on the moral or religious objections to suicide on the Reasons for Living scale, but not associated with parental status or social network variables, depression, hopelessness or other clinical variables. Higher lifetime aggression scores on an aggression inventory predicted past attempted suicide. The report of this paper has several logical errors and poor statistical analyses which makes understanding the results difficult.

Perroud, et al. (2011) compared patients with major depressive disorders and bipolar disorder.

Whereas impulsivity helped to distinguish MDD subjects without a history of SA from those with such a history, this was not the case in BD subjects where no difference in impulsive traits was observed between BD without and with history of SA (57.2 vs. 63.2 for BIS-10; $p=0.259$). Impulsive and aggressive traits were strongly correlated in suicide attempters (independently of the diagnosis) but not in non-suicide attempters. (p. 112)

Malloy-Diniz, et al. (2011) found that euthymic bipolar patients were more impulsive than healthy controls in all impulsivity dimensions. Bipolar patients with past attempted suicide had greater cognitive impulsivity compared to bipolar patients without a past attempt (but not on other subscales of the tests used).

In patients with depressive disorders, Kim, et al. (2011c) found that those who had a history of a suicide attempt had an earlier age of onset, longer duration of illness, a greater number of depressive episodes and higher levels of depression and anxiety.

In a sample of depressed inpatients given a delayed discounting test, Dombrovski, et al. (2011) found that those who had made low-lethality attempts displayed an exaggerated preference for immediate rewards compared with nonsuicidal depressed and healthy control subjects. Those who had carried out high-lethality suicide attempts were more willing to

delay future rewards, as were those with better planned attempts. Age at first attempt and method used were not related to delayed discounting.

Clark, et al. (2011) found that depressed elderly attempted suicides differed from non-suicidal depressed elderly on the Social Problem Solving Inventory-Revised (Total score, the Negative Problem Orientation subscale, the Impulsive/Careless subscale, and the Avoidance subscale). The attempted suicides also made worse quality decisions on the Cambridge Gamble Task.

Algorta, et al. (2011) studied adolescents (aged 5-18) with bipolar disorder. Suicide ideation and attempts were linked to more depressive symptoms and in meeting criteria for mixed bipolar I and II disorder. Both suicide ideation and attempts were associated with lower quality of life scores and worse family functioning. Attempters were older than nonattempters.

In patients with bipolar disorder, Cassidy (2011) found that white race, family suicide history, and history of cocaine abuse predicted past attempted suicide, while gender, nicotine use, medical comorbidity, and history of alcohol and other drug abuse were not.

In a sample of patients with mood disorders admitted to an emergency department, Pompili, et al. (2011c) found that those admitted for attempted suicide less often had delusions, thoughts disorders, insomnia and bipolar disorder but were more often female and with suicidal ideation.

In a sample of Malaysian depressed psychiatric inpatients, Chan, et al. (2011c) found that attempted suicide prior to admission was associated with Chinese race, Buddhist or Christian religion, recent marital separation, current alcohol dependence, major mortgage or loans, and being newly diagnosed with depression.

Schizophrenia

In a sample of schizophrenics, Okusaga, et al. (2011b) found that those who had attempted suicide had higher scores on PANSS positive and negative symptom scores, had a longer duration of the illness, and for those <38 years old seropositivity for *Toxoplasma gondii* (but not for seropositivity for Citomegalovirus, Herpes Simplex Virus Type 1 or gliadin [wheat protein]).

In a sample of patients with schizophrenia and substance and alcohol abuse, Tarrier and Picken (2011) found that suicidal behavior (ideation and/or attempts) was associated with depression, hopelessness, the number of traumatic events and PTSD.

In a sample of patients aged 15-24 with first-episode psychosis, Fedyszyn, et al. (2011) found that those who attempted suicide during the 18 months of treatment were more often outpatients. The attempts were impulsive and triggered by interpersonal conflict or distress over their psychotic symptoms. They did not compare the attempters and non-attempters.

In patients with schizophrenia spectrum disorders, Barrett, et al. (2011) found no differences in any neurocognitive domains (e.g., IQ and the Delis Kaplan Executive Functioning Scale) between lifetime suicide attempters and nonattempters, or between

patients with different rates of suicide attempts. Currently suicidal patients were significantly more impulsive (had worse inhibitory control).

Andriopoulos, et al. (2011) studied recent onset schizophrenics. Suicidal ideation during the prodromal phases was predicted by depressive mood, marked impairment in role functioning, and smoking (after controlling for impairment in concentration, sleep disturbance, lack of appetite, and mood swings). There were fewer predictors of attempted suicide (only depression and impairment in role functioning). Patients with suicide ideation during the prodromal phase was associated with lifetime suicidality after the onset of frank psychosis. Attempted suicides had more less-specific and total prodromal symptoms.

In psychiatric patients with schizophrenia spectrum disorders, Kao and Liu (2011) found that current suicidal ideation was predicted by depression, lifetime attempted suicide and insight into the need for treatment. Lifetime attempted suicide was predicted by hopelessness, prior hospitalization and insight into the need for treatment after controls for depression and current suicidal ideation.

Nakagawa, et al. (2011) compared attempted suicides with schizophrenic spectrum disorders and mood disorders. Those with schizophrenic spectrum disorders had a lower incidence of previous self-harm (but not attempted suicide), a higher incidence of a subsequent suicide attempt after one year and a higher lethality of the index suicide attempt. The most common motive for the suicide attempt in patients with schizophrenia spectrum disorders was having a mental problem. The schizophrenic patients more often used jumping from a height and used alcohol/drugs just before the attempt.

Anxiety Disorders

In a large community sample, Katz, et al. (2011b) found that panic disorder was associated with suicidal ideation and attempted suicide. The specific symptoms associated with suicidality varied for ideation and attempt.

Seo, et al. (2011) compared psychiatric patients with anxious depression and non-anxious depression. Those with anxious depression more often reported suicidal ideation and past suicide attempts.

PTSD

In a sample of civilians with PTSD, Panagioti, et al. (2011) identified two pathways to suicidal behavior (ideation or attempts): (1) suicidal behavior was directly associated with greater life impairment, which in turn was associated with poorer occupational and social functioning; and (2) suicidal behavior was directly associated with depressive symptoms, which in turn were associated with more severe PTSD symptoms.

Substance Abuse

Roy (2011) studied substance dependent patients. Attempted suicide (and in addition, attempting suicide earlier in life, and making more attempts) was found more often in those with both a family history of suicidal behavior and childhood trauma.

In a sample of patients who abused substances, Roy, et al. (2011) matched attempted suicides and non-attempters on a childhood trauma score. The non-attempters had higher resilience scores. In a sample of prisoners, the same difference was found.

In a Canadian sample of methamphetamine injection drug users, Marshall, et al. (2011) found that those who had attempted suicide were younger and more often female, LGBT and Aboriginal.

In a sample of patients entering treatment for addictions, Bohnert, et al. (2011) compared patients attempting suicide (by their own admission) with those with non-fatal overdoses, creating four groups (neither, both or one or the other) making their results complex. Apparently, attempted suicide was associated with sexual and physical victimization before age 18 and depression, but the four groups differed on many variables (including sex, race, age, ethnicity).

In a sample of male substance-dependent inpatients, Evren, et al. (2011) found that attempted suicide was associated with younger age and a younger age at onset, but not employment status, marital status or education. The attempted suicides had higher scores for borderline personality disorder, aggression (anger, hostility and physical/verbal aggression), depression and state/trait anxiety.

In a sample of inpatients with drug or alcohol abuse, Bornovalova, et al. (2011) found that attempted suicide was associated with childhood emotional, physical and sexual abuse, PTSD and impulsivity. Some of these variables were also associated with deliberate self-harm.

In a group of veteran patients with comorbid depression and substance dependence, Mrnak-Meyer, et al. (2011) found that hospitalization for suicidality in the following six month and one year was predicted by negative mood regulation and prior attempted suicide.

In a sample of injection drug users, Backmund, et al. (2011) found that attempted suicide was predicted by being female, older age, drug abuse treatment, lack of drug user counseling, and emergency treatment.

In a study of calls involving attempted suicide to a poison control center in Illinois (USA), Liang and Friedman (2011) found that calls were less frequent during periods of holidays (e.g., Christmas), peaked on Sundays and declined steadily on the following days and also declined during the summer. Compared to accidental poisonings, the attempted suicides were older, more often female, more often with injuries, and more often fatal. There were also more pregnant women among the attempted suicides.

Lynam, et al. (2011) studied inpatient residents in a drug and alcohol abuse treatment unit. Past suicidal ideation was associated with borderline personality traits and, on an impulsive behavior scale, negative urgency, lack of premeditation and lack of perseverance (but not sensation seeking). Past attempted suicide was associated with borderline personality traits and negative urgency and lack of perseverance.

In a sample of patients in treatment for substance use, You, et al. (2011a) found that interpersonal conflict and thwarted belongingness were predictors of past suicidal ideation,

while thwarted belongingness, perceived social support, and living alone were predictors of past suicide attempt.

Personality disorders

Yen, et al. (2011) followed up patients with personality disorders for eight years. Attempted suicide was predicted by the self-harm subscale of the Schedule for Nonadaptive and Adaptive Personality (SNAP) and was consistent across borderline personality disorder, MDD and substance use disorder diagnoses.

Torres, et al. (2011) studied patients with obsessive-compulsive disorders. They found that suicidal ideation and attempted suicide were associated with lifetime major depressive disorder, PTSD, impulse-control disorders, scores for depression and anxiety, substance abuse disorders, and sexual/religious obsessions.

Eating Disorders

Guillaume, et al. (2011) studied attempted suicides (mainly female) with anorexia, bulimia and neither. Those with anorexia made the more lethal attempts with higher suicidal intent. The groups did not differ in comorbid psychiatric disorders, tobacco smoking, or drug or alcohol use. The bulimic patients had the lowest BMI.

Forcano, et al. (2011) studied patients with anorexia nervosa. Attempted suicide was more common in the purging group than in the restricting group. The attempted suicides had higher depression scores. For the restricting group, the attempted suicides scored higher for phobic anxiety.

Medical Problems

de Oliveira, et al. (2011) found that suicidality (attempted suicide plus suicide risk[?]) in patients with epilepsy was associated with current major depression, frequency of seizures and motor impulsivity.

In a national American sample, Goodwin (2011) found that COPD was associated with both suicidal ideation and attempted suicide even after controlling for demographics, depression, panic disorder, substance use and nicotine dependence.

In a sample of patients at a pain center, Okifuji and Benham (2011) found that past attempted suicide was associated with domestic violence, substance abuse, anxiety disorder, depressive disorder and childhood physical abuse (but not sexual abuse). Current suicidal ideation was predicted by depressive disorder, anxiety disorder, childhood sexual abuse and physical abuse.

In patients with unipolar and bipolar affective disorder versus healthy controls, Okusaga, et al. (2011a) found that patients with past attempted suicide and those with major depression without attempted suicide more often had seropositivity for influenza B, influenza A, and coronavirus than the normal controls. However, for the patients with affective disorder, the attempted suicides differed only in higher seropositivity for influenza B.

In a German sample, MacLean, et al. (2011) found that suicidal ideation/attempt in those with mood disorders was associated with anxiety and substance abuse disorders. After adjusting for these disorders and socio-demographic variables, suicidality was associated with respiratory illness, hypertension, and the number of physical disorders

Prisoners

In a sample of prisoners, Gunter, et al. (2011) found that suicidal ideation was predicted by drug dependence, an elevated psychopathy subscale score and Caucasian race. Suicidal ideation and attempt were both predicted by fractures (from physical trauma), depression, and childhood trauma.

In a sample of criminal offenders, Swogger, et al. (2011) found that lifetime attempted suicides were older and more often female. Lifetime attempted suicide was associated with childhood physical abuse and a history of aggression after the age of 13, even after controlling for age, gender, marital status and education.

In a sample of male prisoners, Mandelli, et al. (2011) found that past attempted suicide was associated with childhood trauma, while repeated attempts were predicted only by sexual abuse. Early suicidal behavior was associated with younger age, psychiatric disorder, aggressive traits and violent behavior.

In a sample of adolescents (10-18 years old) enrolled in a juvenile justice diversion program for children with mental or behavioral health problems, Kretschmar and Flannery (2011) found that those who had been in an out-of-home placement in the year prior to enrollment in the program had less suicidal ideation but did not differ in prior attempted suicide.

In the Swedish prison and probation system, Hakansson, et al. (2011) compared first-time and repeated attempted suicides (presumably prior to entry into the criminal justice system, but not actually noted). Repetition was predicted by younger age, use of opioid analgesics, somatic medication and overdose, maternal psychiatric problems, delirium tremens, cognitive problems, and violent behavior.

In a study of French male prisoners, Godet-Mardirossian, et al. (2011) found that attempted suicide was associated with younger age, a family history of imprisonment, adult disability allowance, previous incarceration, disciplinary measures, an unstable work history, and adverse childhood experiences (ill treatment, placement, separation from one parent) and, on personality tests, low self-directedness, cooperativeness, transcendence, and affective stability and high novelty seeking and harm avoidance.

Marzano, et al. (2011) found that, for English female prisoners, making near-lethal suicide attempts was associated with being on remand, in single cell accommodation, reporting negative experiences of imprisonment, recent life events, past trauma (e.g., childhood abuse), a family history of suicide, high scores on measures of depression, aggression, impulsivity and hostility, and low scores for self-esteem and social support.

In a sample of Italian male prisoners, Carli, et al. (2011) found that past attempted suicide was associated with insomnia and depression, but not anxiety. Incidentally, Axis-I

psychiatric disorder, childhood trauma, neuroticism, low resilience, and anger were significantly associated with insomnia.

Studies of Suicidal Ideation

Methodological Issues

Heisel, et al. (2011) compared reports of suicidal ideation of a clinically depressed elderly sample (>50 years of age) by social supports and by themselves. Overall there was 77% agreement.

Theoretical Consideration

Anestis, et al. (2011b) proposed that emotion dysregulation could play a role in Joiner's interpersonal theory of suicide. In a sample of college students, they found that suicidal ideation was associated with two of the three components of the theory (perceived burdensomeness and thwarted belonging, but not the acquired capacity for self-harm or pain tolerance), and also distress intolerance (a measure of emotion dysregulation) and acting rashly (impulsivity).

Youths

In a study of 12-15 year-old children in nine countries, Innamorati, et al. (2011a) found that suicidal ideation was associated with smoking tobacco even after controlling for drug and alcohol misuse (which was also more common in those with suicidal ideation). The association appeared to hold for each country.

In a sample of adolescents and young adults (14-21) seeking abortion, Ely, et al. (2011) found that suicidal ideation was associated with depression, self-esteem, personal stress, family relationship problems, partner abuse, dating violence, and problems with aggression.

In a Croatian sample of 12-year-old adolescents, Franić, et al. (2011) found that suicide ideation in boys was associated with maternal education, crowded families, birth order, parental war participation, physical fighting, being bullied, and substance use, and in girls with lower parental educational level, number of brothers, lower perception of the relationship with parents, parental relationship, family cohesion and parental control, negative attitude toward school, rare church attendance, fighting, and being bully or bullied. There was no sex difference.

In a sample of adolescents (aged 13-17) presenting with medical emergencies, Horwitz, et al. (2011) found that suicidal ideation was associated with being female, and scores for depression, substance use, self-blame and, on a coping styles scale, with emotion-focused coping and avoidant coping and negatively with problem-focused coping and emotional support.

In a sample of high risk adolescents (i.e., poverty, unemployment, single-parent households, and serious crimes), Logan, et al. (2011b) found that:

After adjusting for demographic factors and mental distress, suicidal ideation was positively associated with having delinquent friends; however, after factoring in illicit substance use and violence victimization, this association was negative for males. After adjusting for all factors, suicidal ideation was negatively associated with school connectedness and all parenting styles; however, the association between suicidal ideation and having parental caring with supervision was stronger for females. (p. 299)

In a sample of Lebanese adolescents (7th to 9th grades), Mahfoud, et al. (2011) found that suicidal ideation was predicted by mental health problems (felt lonely, felt worried, felt sad or hopeless), substance use (got drunk, used drugs), victimization (was bullied, was sexually harassed), and lack of parental understanding.

In South Korean high school students, Lee (2011) found that suicidal ideation was associated with depression scores and the score for family alliance on the Reason for Living Scale.

In Chinese and Philippine adolescents aged 11-17, Page et al. (2011) found that suicidal ideation was associated with being female and substance use, physical activity, feelings of loneliness, hopelessness/sadness, and worrying. Overweight status and sedentary behaviors were associated positively with suicide ideation for Chinese adolescents, but negatively for Philippine adolescents.

In a poorly designed and poorly presented research report on 6th-12th grade Canadian adolescents in the evangelical Christian faith, Ji, et al. (2011) found that suicidal ideation/depression was negatively associated with intrinsic religiosity, vertical faith (one's linkage with God), and doctrinal orthodoxy and positively with horizontal faith (one's relationship with others, including behavioral manifestations of social service and justice) and extrinsic religiosity.

In a study of 17-19 year-old navy recruits, Shimshock, et al. (2011) found that suicidal ideation was predicted by not having a sense of belonging, emotional/verbal abuse in childhood (but not physical abuse), sexual abuse in childhood and mental/emotional problems, but not by mental/emotional problems or drug use/abuse in the family.

In a study of individuals aged 14-24, Dunlap, et al. (2011) found that exposure to material on suicide in a variety of sources (e.g., newspaper versus social networking site, etc.) was not associated with suicidal ideation with the exception of online forums/discussion board/self-help websites for which use of these was positively associated with suicidal ideation.

In a national sample of American adolescents in grades 9-12, Kim, et al. (2011a) found that suicidal ideation was associated with being female, in a higher grade, depression, substance use, body image, weight control behaviors, and risky sexual behaviors, but not with ethnicity.

In a sample of Jewish high school students (aged 13-18) in New York City one year after the 9/11 terror attacked, Chemtob, et al. (2011a) found that suicidal ideation was associated with PTSD and trauma from the attack (primarily, knowing someone who was

injured but not killed). The association was impacted by the time period (past year versus past month) and the type of trauma (knowing someone who was injured versus killed).

In Israeli adolescents (aged 12-18), Chemtob, et al. (2011b) found that suicidal ideation was associated with older age and exposure to trauma due to terrorism, but only marginally to PTSD.

Anderson (2011) studied children aged >7 who entered the American child welfare system. Suicidal ideation was associated with prior out-of-home placement and depression.

Hur, et al. (2011) studied South Korean middle and high school students and found that suicidal ideation (measured in a strange way) was associated positively with depression, state anxiety and stressful life events and negatively with self-esteem and social support.

In a sample of Taiwanese adolescents (aged 15-19), Wang, et al. (2011) found that suicidal ideation was associated positively with being female, life stress, depression, suicidal ideation in peers, suicidal ideation in mothers (but not fathers) and bullying victimization and negatively with self-esteem and emotional adaptation.

In a small sample of homeless youth (aged 15-21), Cleverley and Kidd (2011) found that suicidal ideation was associated positively with psychological distress and being more than six months homeless and negatively with resiliency and self-esteem.

In an American national sample of female high school students, Le, et al. (2011) found that suicidal ideation was associated with alcohol use and forced sexual intercourse, with the results found for girls of each ethnicity.

In a sample of American adolescents (aged 13-17), Garland, et al. (2011) found that, in multivariate analyses, younger participants, boys, youth residing in small towns, and respondents with higher levels of suicidal ideation were significantly more likely to be lifetime gasoline abusers than their counterparts.

In a sample of high school students, Lasgaard, et al. (2011) found that suicidal ideation was associated with loneliness, depression, anxiety, perceived stress and poor social support. Suicidal ideation one year later was also associated with loneliness and depression at baseline.

Adults

Fishbain, et al. (2011) asked a community sample whether, if they were going to die by suicide, they would first kill someone else. This ideation was more common for those in chronic pain and those with anger and violence issues. The results differed slightly for those in acute pain and those in chronic pain.

In university students, Hess, et al. (2011) found that the moods of hopelessness and anger predicted stronger suicidal ideation while anxiety/worry predicted weaker ideation.

In a sample of university students, Sargalska, et al. (2011) found that being “as certain as one can be” when anticipating an absence of positive future outcomes (Certainty-AP), but not certainty about negative outcomes (Certainty-N), predicted concurrent suicidal ideation,

beyond the effects of simple pessimism about positive and negative outcomes. Hopelessness partially mediated this relationship.

In the USA, Sit, et al. (2011) found that the incidence of post-partum depression was highest in December, but there was no monthly variation in suicidal ideation. Suicidal ideation was associated with post-partum depression.

Steinberg, et al. (2011) found that suicidal ideation (and depression) was more common in women pre-pregnancy and also after the pregnancy for those having an abortion than for those who gave birth. However, it is unclear to me when the women were asked about their suicidal ideation, and this may have been asked many years later (how many?).

In a sample of American Hispanics, Garza and Cramer (2011) found that suicidal ideation was associated with age, depression and some of the subscale scores from the Reason for Living scale.

In a sample of university students in Hong Kong, Kwok (2011) found that suicidal ideation was associated with hopelessness and poor family functioning (mutuality, communication, conflict and harmony, parental concern and parental control).

In American undergraduate students, Rasmussen and Wingate (2011) found that suicidal ideation was associated positively with depression, thwarted belonging and perceived burdensomeness and negatively with optimism but not with the acquired capability for self-harm.

In a national sample in England, Meltzer, et al. (2011a) found that suicidal ideation was associated with being in debt (difficulty in making credit card purchases or mail order repayments and paying off credit card debt, in addition to housing-related debt [rent and mortgage payments]) after controlling for socio-demographic, economic, social and lifestyle factors. It was suggested that hopelessness mediated this association.

Franklin, et al. (2011) tested aspects of Joiner's theory of suicide in undergraduates. The acquired capability for self-harm was associated with measures of painful/provocative experiences and measures of actual pain threshold and tolerance.

Gordon, et al. (2011) studied undergraduates in North Dakota after a river flooded there. The more hours spent volunteering in help was associated with lower scores for thwarted belonging and perceived burdensomeness and higher scores for the acquired capability for self-harm.

In a sample of undergraduate students, Davidson, et al. (2011) found that suicidal ideation was probably associated with depression, social anxiety, thwarted belonging and perceived burdensomeness, but they reported a path analysis rather than correlations or a multiple regression.

In a large sample of Asian American undergraduate students, Wong, et al (2011a) found that serious suicidal ideation was predicted by being on medication, being an undergraduate (versus graduate student), participating in student organizations and negatively by living with a family member (and not by use of tobacco, binge drinking, GPA or gender). The associations for having morbid thoughts were slightly different.

Taylor, et al. (2011a) tested college students at baseline and one year later. At baseline, suicidal ideation was associated with measures of defeat, entrapment and depression. Measures of suicidal ideation and defeat (but not entrapment) predicted suicidal ideation one year later. People higher in defeat became more suicidal over time.

In a sample of male migrant workers in the United Arab Emirates, Al-Maskari, et al. (2011) found that suicidal ideation was associated with physical illness, earning less than 1,000 UAE Dirham per month, and work for more than 8 hours a day.

In a sample of young men in Finland exempted from military or civil service, Appelqvist-Schmidlechner, et al. (2011) found that suicidal ideation was associated with maternal alcohol-related problems, changes in the family, discord with the boss over the past year, and lack of social support.

In a sample of college students, Davidson and Wingate (2011) found that suicidal ideation in the prior two weeks was apparently associated with sex, ethnicity and parental income, but they failed to report correlations for the many psychological variables (e.g., hopelessness, perceived burdensomeness) for the total sample and for whites and blacks separately!

In three studies of college students, Cukrowicz, et al. (2011a) found that suicidal ideation was associated with depression scores.

In a sample of college students, Nadorff, et al. (2011) found that suicidal ideation was associated with nightmares and insomnia symptoms. Nightmares, but not insomnia symptoms, remained related to suicidal ideation after controlling for the symptoms of anxiety, depression, and PTSD.

In a sample of college students using a poor measure of suicidal ideation, Klibert, et al. (2011) found that suicidal ideation was associated positively with procrastination and depression and negatively with achievement motivation and self-esteem.

In a study of college students seeking primary care, Mackenzie, et al. (2011) found that suicidal ideation was associated with depression.

In a study of Asian American college students, Wong, et al (2011c) found that suicidal ideation was positively associated with depression, perceived burdensomeness and thwarted belonging, and negatively with both independent self-construal and interdependent self-construal.

In a sample of university students, Lamis and Malone (2011) found that suicide proneness (means what?) was associated with alcohol-related problems, perceived burdensomeness and thwarted belongingness.

In a sample of adults in Hong Kong, Zhang, et al (2011b) found that past-year suicidal ideation was associated with anxiety, lack of reasons for living, life distress, lack of hope, depression, impulsiveness and irrational beliefs. Anxiety and reasons for living predicted current suicidal ideation whereas life distress and lack of hope predicted persistent suicidal ideation one year later.

In women in rural China, Yanqui, et al. (2011) found that suicidal ideation was predicted by older age (>40) and experience of past-year intimate partner physical assault/abuse.

In a sample of Indian undergraduate students, Hazra and Dasgupta (2011) found that suicidal ideation was associated with lower scores on a test of emotional intelligence. (as well as older age and lower family income)

In a community sample, Soumani, et al. (2011) found that suicide risk (?) was associated with measures of mental pain (especially loss of control), tolerance for mental pain (especially containing the pain) and depression.

In a sample of low-income African American women, West, et al. (2011) found that Reason for Living scores were associated with optimism, spiritual well-being and family social support.

In Japanese adults, Aiba, et al. (2011) found that those with suicidal ideation were more likely to access suicide sites online. Stress in the past month, emotional support sources, and instrumental support sources were *greater* for those without suicide ideation than for those with suicidal ideation. Suicidal ideation was associated with depression. Age and sex impacted these associations.

In a sample of men in India who have sex with men, Sivasubramanian, et al. (2011) found that suicidal ideation was negatively associated with self-esteem and satisfaction with the social support they receive from family and friends after controlling for age, education, income and sexual identity.

In a study of Indian college students, Aleem and Jaan (2011) found that suicidal ideation was associated with depression but not with religious background or behavior.

Also in Indian university students, Dogra, et al. (2011) found that suicidal ideation was associated with neuroticism, past year stressful life events, poor coping, and lack of meaning in life, as well as reasons for living subscale scores.

In a national Canadian sample, Fuller-Thomson and Dalton (2011) found that, for men, suicidal ideation was associated with their parents having divorced (before the age of 18), even after controlling for childhood stressors, socioeconomic factors, adult health behaviors and stressors, marital status, and a history of mood and/or anxiety disorders. The association for women disappeared after controls.

In a sample of German adults, Hardt, et al. (2011) found that suicidal ideation was positively associated with depression, paternal control, and early experience with violence, negatively with both maternal and paternal love, but not with alcohol abuse.

Bender, et al. (2011) studied the acquired capability for self-harm (ACSH), a component of Joiner's interpersonal theory of suicide. In undergraduate students, ACSH was associated with painful and provocative events and pain tolerance (measured with a pressure algometer). In a sample of mental health outpatients, ACSH was positively associated with

sensation-seeking, painful and provocative events, and the subscales of impulsivity of urgency and persistence and negatively with the subscale of premeditation.

Military Personnel

In a study of American Air Force personnel, Langhinrichsen-Rohling, et al. (2011a) found that suicidal ideation was predicted by individual variables (depressive symptoms and alcohol problems), family variables (relationship satisfaction and intimate partner victimization), workplace variables (hours worked), and community variables (social support) for both men and women, with a few sex differences (for men dissatisfaction with Air Force life and for women workplace relationship satisfaction and financial stressors).

In a sample of veterans who were deployed to Iraq during the war there (Operations Enduring Freedom and Iraqi Freedom), Pietrzak, et al. (2011) found that suicidal ideation was more common in those who were older, positive for depression and posttraumatic stress disorder with a deployment-related pain condition or complaint, and scored higher for worry, self-punishment, and cognitive-behavioral avoidance strategies, and scored lower on measures of psychological resilience and post-deployment social support.

In a similar sample of veterans, Lemaire and Graham (2011) found that suicidal ideation was associated with prior physical and sexual abuse and prior attempted suicide, a diagnosis of a psychotic disorder, a depressive disorder or posttraumatic stress disorder, and also training concerns, the deployment environment, family concerns, deployment concerns, post-deployment support (protective), and post-deployment stressors. Suicidal ideation was more common if there was comorbid PTSD and depression, and the PTSD avoidance symptom-cluster (versus either the re-experiencing or hyper-arousal symptom clusters).

In a sample of men and women in the United States Military, Cox, et al. (2011b) found that men more often had no documented lifetime traumas while women more often had two or more trauma types, and especially childhood sexual abuse, adulthood sexual assault, adulthood physical assault, and pregnancy loss, even after adjusting for demographic variables, psychiatric diagnoses, and other comorbid trauma types.

In a sample of active duty veterans in primary care, Bryan and Corso (2011) found that suicidal ideation was associated with depression and PTSD, but not gender, race or age.

In a sample of the Ohio National Guard (USA), Calabrese, et al. (2011) found that suicidal ideation was associated with PTSD and even more so if there was comorbidity with other psychiatric disorders.

In a sample of Iraqi and Afghanistan veterans, Jakupcak, et al. (2011) found that suicidal ideation was associated with PTSD symptoms (as well as alcohol abuse and depression). In a similar sample, Guerra, et al. (2011) found that suicidal ideation was associated with PTSD with and without comorbidity with major depressive and alcohol abuse disorders.

In a sample of the Canadian national forces, but in a poorly reported study, Nelson, et al. (2011) found that suicidal ideation was associated with lack of social support and the number of lifetime traumatic experiences. (No matrix of correlations was presented.)

In a sample of American soldiers with war zone or combat experience, Bush, et al. (2011) found that suicidal ideation was predicted by positively by gender (not specified), depression, substance abuse, and PTSD, and negatively by emotional lability, combat exposure and post-traumatic growth.

In a sample of American Iraqi war veterans, Maguen, et al. (2011) found that suicidal ideation was associated with prior attempted suicide and depression. The authors claim that PTSD symptoms and having killed in combat impacted suicidal ideation, but their tables of results do not show this.

In Navy and Marine veterans adjusting to civilian life, Mansfield, et al. (2011) found that suicidal ideation was associated with depression, combat exposure, substance abuse, PTSD symptoms and resilience.

In a sample of deployed American military personnel seen at a mental health unit, Bryan (2011) found that brief measures of perceived burdensomeness and thwarted belongingness were associated with suicidal ideation.

The Elderly

Cukrowicz, et al. (2011b) found that suicidal ideation was associated with depression, loneliness and perceived burdensomeness, but not with age or sex. These associations were replicated in a second sample of elderly together with hopelessness and poor physical health.

In a sample of elderly people (>70 years of age), Jahn and Cukrowicz (2011) found that suicidal ideation was associated with hopelessness, depression and perceived burdensomeness. The results seemed to be impacted by the type of persons that they felt a burden too (e.g., a burden to younger people).

In a sample of Hong Kong adults, Chan, et al. (2011b) found that suicidal ideation was associated with childhood sexual abuse, drug abuse, childhood witnessing of parental psychological aggression, and low self-esteem.

In a poorly analyzed and reported sample of Taiwanese geriatric veterans of the war with China, Chen, et al. (2011b) seem to have found that suicidal ideation was associated with depression and the quality of life.

Jahn, et al. (2011) found that suicidal ideation was associated with depression, hopelessness and perceived burdensomeness in a sample of elderly (>60 years of age) living in the community.

In a sample of community-dwelling elderly (>65), Bossé, et al. (2011) found that suicidal ideation was associated with psychological distress symptoms, the level of daily hassles, chronic illnesses, and marital status, as well as long-term use and a high dose of benzodiazepines.

In a sample of elderly nursing home residents in China, Yan (2011) found that suicidal ideation was associated with depression, life satisfaction and satisfaction with nursing home services.

Patients with Psychopathology

In a sample of child psychiatric inpatients (aged 6-12), Fite, et al. (2011) found that suicidal ideation was associated with depression and relational aggression (a subscale on an aggression questionnaire), overt aggression, history of abuse, and social problems.

In a sample of adolescent psychiatric inpatients aged 12-19, Freudenstein, et al. (2011) found that suicide potential (!) was associated positively with depression, perfectionism and maternal control/overprotection and negatively with maternal care and narcissism.

In a study of psychiatric outpatients, Naragon-Gainey and Watson (2011) found that suicidal ideation was associated with all psychiatric disorders but, in structural equation modeling, only depression and PTSD predicted suicidal ideation (and not anxiety disorders).

In a sample of psychiatric patients, Shrivastava, et al. (2011) found that suicidal ideation was associated with scores on scales to assess comorbidities, family history, medical factors, clinical ratings of psychiatric diagnosis, psychosocial/environmental factors, and protective factors

Affective Disorder

In a sample of patients with major depression, Bowen, et al. (2011) found that suicidal ideation was associated with scores for depression, affective lability, mood disorder, perceived stress, neuroticism and mood swings.

In a sample of psychiatric outpatients with major depression, Bahk, et al. (2011) found that suicidal ideation was associated with painful physical symptoms.

In India, Sindhu, et al. (2011) found that “suicide risk” was higher in patients with severe depression and than in those with alcohol dependence.

In a sample of bipolar and unipolar patients, Hales, et al. (2011) found that worst ever suicidal ideation was higher in the bipolar patients. The bipolar patients also more often reported having suicidal images at the time that were compelling, but the results on this are not presented in a clear manner (eg., ideation versus images versus thoughts). The bipolar patients scored higher on scales to measure spontaneous use of imagery and impact of future events.

In a sample of depressed psychiatric patients, Baetz and Bowen (2011) found that suicidal ideation was associated positively with depression and affective lability and negatively with religion/spirituality.

In a sample of depressed patients, Matsumoto, et al. (2011) found that suicidal risk (?) was associated with problem-drinking for women but not for men.

Goldstein, et al. (2011) studied the young offspring (mean age 12) of individuals with bipolar disorder. Suicidal ideation of the offspring was associated with offspring mood disorder, hostility, recent sexual abuse, and family conflict.

In a sample of older adolescents and young adults with unipolar depressive episodes, Vrshek-Schallhorn, et al. (2011) found that baseline extraversion inversely predicted suicidal ideation in only males, while baseline interpersonal problems in one's social circle predicted suicidal ideation during depressive episodes for males and females.

In patients with major depressive disorder without psychotic features, Kaviani, et al. (2011) found that suicidal ideation was associated with hopelessness and a tendency to retrieve less specific memories (positive, negative and neutral) to cue words and less effective problem-solving.

PTSD

In a sample of military veterans with PTSD after sexual abuse trauma, Suris, et al. (2011) found that suicidal ideation was associated with depression and the severity of PTSD symptoms.

Substance Abuse

In a sample of female cocaine users in the community, Vaszari, et al. (2011) found that suicidal ideation was predicted by childhood physical abuse, childhood sexual abuse, rape after the age of 15 years, posttraumatic stress disorder, and the number of depression criteria. Suicidal ideation was also associated with being homeless and ever being married.

In male injection drug users in Delhi (India), Sarin, et al. (2011) found that suicidal ideation was associated with being subjected to human rights abuses including being arrested by the police, being fired from a job, being forced to go without food and shelter, being refused needles and syringes, being threatened with violence, and being physically abused.

In a poorly present analysis using a sample of patients with alcohol use disorders, Conner, et al. (2011) found that suicidal ideation was associated positively with number of drinks per day and depression, and negatively with percentage of days abstinent. The role of anger in mentioned obscurely. (A correlation matrix would have been useful.)

Gender Identity Disorder

In Japan, Terada, et al. (2011) found a high incidence of suicidal ideation in those with gender identity disorder but the presence of suicidal ideation was not associated with sex, age, age at onset or education.

Offenders

In female offenders, Kroner, et al. (2011) found that suicidal ideation was associated with depression and hopelessness.

In a sample of criminal offenders in a pretrial jail diversion program in the United States, You, et al. (2011b) found that current suicidal ideation was associated with past-year interpersonal violence victimization even after controls for Axis-I psychiatric disorders and demographic variables.

Medical Issues

In a sample of medical inpatients, Furlanetto and Stefanello (2011) found that suicidal ideation was associated with prior attempted suicide, depressive symptoms, severe anxiety symptoms and poor social support.

In patients with renal failure undergoing hemodialysis, Keskin and Engin (2011) found that suicidal ideation was associated with older age (but not sex), depression, and less education, the first 5 years of dialysis (versus >5 years), and with dysfunctional coping strategies, and negatively with task-oriented coping strategies emotion-oriented coping strategies.

In patients undergoing hemodialysis, Martiny, et al. (2011) found that suicide risk (undefined) was associated with major depressive disorder and agoraphobia without panic disorder, and atheism.

In patients with Huntington disease, Wetzel, et al. (2011) found that suicidal ideation was association with depression/anxiety, aggression/irritability, and alcohol and drug abuse, but not tobacco misuse or obsessive-compulsion or performance on a Symbol Digit Modalities Test.

Bryan and Anestis (2011) studied deployed military personnel being reviewed for traumatic brain injury (TBI) and found that the acquired capability for self-injury was associated with PTSD symptoms but not with perceived burdensomeness or thwarted belonging.

In a sample of people living in the community with TBI, Tsaousides, et al. (2011) found that suicidal ideation was associated with psychiatric diagnoses of depression, anxiety and posttraumatic stress disorder, and lower psychosocial functioning, but not with sex, age, race, income, education, injury severity or length of time since injury.

In a sample of pregnant women, Gavin, et al. (2011) found that antenatal suicidal ideation was associated positively with major depression and psychosocial stress, but not education, not living with spouse/partner, smoking, domestic violence or chronic health problems. Non-Hispanic whites reported suicidal ideation less often.

In patients at a sleep center, Krakow, et al. (2011) found that suicidal ideation was associated with a greater frequency or severity of sleep problems for insomnia, nightmares and other parasomnia behaviors (e.g., acting out dreams and making disruptive noises during sleep), poor sleep quality, and sleep-related psychophysiologic conditioning (i.e., time monitoring behavior, losing sleep over losing sleep, and failing to create a positive sleep environment) as well as worse sleep-related impairment and quality of life.

In a sample of obese patients, Lester, et al. (2011c) found that 32% had severe depression and 23% suicidality. Depression and suicidality were associated.

Personal Comments and Criticisms

The research continues to annoy me with the use of terms such as “suicide risk” and when combining suicidal ideation and attempts. Just because a scale such as the SBQ exists

does not mean that it is good research to use it. The term *self-harm* has no useful meaning in suicide research. NSSI and attempted suicide have specific meanings.

There is little new in this year of research, but checking my page on ResearchGate.net every morning indicates to me that there is little new in the field of suicide research even in 2026. Yes, statistical analyses do get more complex, but they use the same variables as have been used for decades. For the present review for 2011, I found the first meta-analysis of meta-analyses!

Many of the studies report associations after *controlling for some variables*. As I continually advise, factor-analyzing all of the variables in the study to identify which variables are associated is a more meaningful approach (which hardly any researchers use).

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