

## COMMENTARY

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### Suicide Prevention in Schools as Viewed Through the Interpersonal-Psychological Theory of Suicidal Behavior

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I have proposed a new theory of suicidal behavior—the interpersonal-psychological theory of suicidal behavior (Joiner, 2005)—which attempts to answer the question “Why do people die by suicide?” In this commentary, I briefly describe the theory, and then argue that the theory’s constructs may allow a new level of focus and specificity for suicide prevention in general and for school-based suicide prevention in particular. In so doing, I discuss my colleagues’ findings and concepts from this special series and suggest some avenues for future research.

#### **The Interpersonal-Psychological Theory of Suicidal Behavior**

Why do people die by suicide? The theory’s answer is, in a phrase, “because they can, and because they want to.” But what differentiates those who can from those who cannot die by suicide? Among those who want to die by suicide, what exactly are the ingredients of the desire for death?

In answer to the first question of who *can* die by suicide, the theory is influenced by the fact that humans (as well as other organisms) are not wired for self-destruction. On the

contrary, evolution has imbedded self-preservation within us as a deep and powerful force. In this context, the theory asserts that lethal self-injury is associated with so much fear and/or pain that few people are capable of the act, including even most of those who desire death. According to the theory, the only ones who are capable of death by suicide are those who have been through enough past pain and provocation (especially involving intentional self-injury, but not limited to it) to have habituated to the fear and pain of self-injury—habituated so much that the self-preservation urge can be overcome. In varying degrees, any experience that produces substantial pain and/or fear may further this habituation process, including injury, accidents, violence (either as victim, perpetrator, or witness), and daredevil behaviors, to list just a few examples.

These habituation experiences produce the *capacity to enact lethal self-injury*, a construct that is central to the theory. A crucial point of the theory, however, is that capacity does not necessarily entail desire. For instance, those who become expert in the martial

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arts have the capacity to inflict physical harm upon others, but except in self-defense situations, they do not desire to do so, and so do not. Similarly, there are many people who have become fearless and inured to pain to the degree that they have the capacity to inflict lethal self-harm, but they do not desire to do so, and so do not. Along with capacity, desire also is required.

What, then, constitutes suicidal desire? The theory's answer is the sustained co-occurrence of two interpersonally relevant states of mind: *perceived burdensomeness* and *failed belongingness*. Perceived burdensomeness is the view that one's existence burdens family, friends, and/or society. This view produces the idea that "my death will be worth more than my life to family, friends, society, etc."—a view, it is important to emphasize, that represents a potentially fatal *misperception*. Failed belongingness is the experience that one is alienated from others and not an integral part of a family, circle of friends, or other valued groups. When people simultaneously experience perceived burdensomeness and failed belongingness, the theory asserts that the desire for death develops because of the perception that there is nothing left to live for.

To summarize, why do people die by suicide? The three factors just noted are proposed as answers to this question. Who can? Those who, through habituation, have acquired the capability to enact lethal self-injury. Who wants to? Those who perceive that they are a burden on loved ones *and* that they do not belong to a valued group or relationship. Who dies by suicide? Those who both can and want to.

A full review of the evidence that bears on this theory is beyond the scope of this commentary, but abundant anecdotal and empirical evidence supports it. For example, a straightforward implication of the theory is that those with past suicide attempts will experience more serious forms of future suicidality as compared to other people, and that this association will not be accounted for by other variables. This implication has been repeatedly affirmed (e.g., Joiner et al., 2003, 2005).

For instance, in a study of psychotherapy outpatients, Van Orden, Lynam, Hollar, and Joiner (2006) found that a measure of perceived burdensomeness was a robust predictor of suicide attempt status and of current suicidal ideation, even when controlling for powerful suicide-related covariates like hopelessness. Van Orden, Witte, Gordon, Bender, and Joiner (2008) showed that an index of perceived burdensomeness interacted with scores on an acquired capability scale to predict clinician ratings of suicide risk. Conner, Britton, Sworts, and Joiner (2007) evaluated 131 methadone maintenance patients and demonstrated that low feelings of belongingness predicted lifetime history of suicide attempts. Consistent with the theory, this association was specific to intentional suicidal behavior; belongingness was unrelated to unintentional overdoses. Finally, Van Orden et al. (2008) reported that failed belonging interacted with perceived burdensomeness to predict a measure of suicidal desire among undergraduates; the interaction's form was as expected, and its association with suicidal desire remained even after controlling for several powerful covariates (e.g., depressive symptoms).

The interpersonal-psychological theory of suicidal behavior has many clinical and applied implications, which are discussed in detail elsewhere (Joiner, Van Orden, Witte, & Rudd, 2009). These include prevention implications, discussed next.

### Implications for Suicide Prevention

The logic of the theory is such that if at least one of the three factors is substantially reduced, so should the risk for suicidal behavior. Learned fearlessness is a fairly stable quality and not very malleable, so is probably not a promising prevention target. In contrast, perceived burdensomeness and failed belonging are more fluid, dynamic, and changeable, and thus represent potential leverage points for suicide prevention programs, including those in schools.

In this context, a crucial fact is that only two interventions have been shown to have an

effect on preventing deaths by suicide in randomized, controlled trials. Both can be viewed as indicated or tertiary prevention programs, and both, in a sense, target belongingness. One is rather explicitly described by its creators as a belongingness intervention; it involved mailing letters expressing concern to high-risk individuals who refused further treatment after hospitalization (Motto & Bostrom, 2001). A matched control group received no letters. The “caring letters” received by the first group were not lengthy or involved; on the contrary, they consisted of quite brief expressions of concern and reminders that the treatment agency was accessible when patients needed it. The other study compared treatment-as-usual to a follow-up intervention that included several contacts between at-risk patients and clinical staff (Fleischmann et al., 2008). The emphasis of these interventions on interpersonal contact (including, of course, treatment access)—as well as the compelling results regarding the outcome of maximal interest, death by suicide—has the potential to inform future work on school-based prevention research and practice.

This is an important point, because more work is clearly needed in this domain, as made evident by Miller, Eckert, and Mazza’s (2009) review of school-based suicide prevention programs. This review showed not only that there are relatively few empirical evaluations of such programs, but also that few have rigorous methodologies or demonstrate clear effectiveness of the program in question. One exception regarding effectiveness is the work of Zenere and Lazarus (2009), which Miller and Eckert (2009) rightly characterize as “especially valuable because it provides one of the few examples in the professional literature of a school-based prevention program demonstrating long-term reductions in actual suicidal behavior” (p. XX). The program is very comprehensive, and it is intriguing how many of its elements refer explicitly to belonging.

For selected/targeted interventions, identification of who should receive the intervention is of course crucial, and Gutierrez and Osman (2009) provide useful data regarding

sound measures of relevant constructs (suicidal ideation, depression). A promising direction for future research is to combine symptom-based screening (as described by Gutierrez and Osman) with theory-based screening (e.g., a measure of belongingness; see, e.g., Van Orden et al., 2008).

Nickerson’s and Slater’s (2009) study points the way to other directions for both screening and prevention. They showed that carrying a weapon, being threatened or injured at school, having property stolen or damaged at school, and getting in a fight were predictors of suicidal behavior for both boys and girls. I believe this is because each of these are observed or manifest indicators of the latent variable of acquired capacity for lethal self-injury, as laid out in my theory of suicidal behavior (Joiner, 2005). Both the theory and these results identify these behaviors as a screening focus and as potential points of leverage for prevention work.

Future work might also consider including in prevention protocols websites that are geared toward suicide prevention. For example, the federally funded National Suicide Prevention Lifeline has created profiles on the popular social networking sites Facebook and MySpace (the URLs for each are easily obtainable by searching for National Suicide Prevention Lifeline at each site). The sites provide information about suicide warning signs and the 24-hr National Suicide Prevention Lifeline suicide crisis line (1-800-273-TALK), and are online communities of thousands of people who believe in suicide prevention (which has the potential to foster feelings of belonging).

Material on warning signs should be considered for prevention protocols (and are included in some existing ones; e.g., Zenere & Lazarus, 2009). Such material is readily available at the American Association of Suicidology’s website ([www.suicidology.org](http://www.suicidology.org)). One benefit of these kinds of sites, incidentally, is that they provide hope and vetted information, as opposed to many other sites on the web (e.g., presuicide sites).

Regarding warning signs, Rudd et al. (2006) conducted an experimental study in which college students were either presented with warning signs for suicide or warning signs for a heart attack. Students who read the warning signs about suicide did not have significantly higher depression, anxiety, hopelessness, or suicidal ideation scores. If anything, the participants who had been presented with information about warning signs for heart attacks had slightly higher scores on emotional distress. Van Orden, Joiner et al. (2006) reported a similar study to examine whether a list of suicide warning signs had an effect on attitudes and beliefs about suicide as well as the participants' ability to recognize warning signs in others. Participants assigned to read the suicide warning signs reported significantly greater ability to recognize these signs in others, as compared to those who read warning signs about heart attacks. Notably, reading the list of suicide warning signs did not significantly increase negative beliefs about suicidal people (although they did not decrease these beliefs either). Taken together, and consistent with findings from other studies reported by Miller and Eckert (2009), these studies provide compelling evidence that presenting information about suicide warning signs is unlikely to be harmful, increases people's knowledge and awareness, and potentially could prove effective in preventing deaths by suicide.

### Conclusions

We lose 1 million people worldwide every year to suicide, including thousands of children and adolescents. It is a massive public health problem that cries out for more innovation, research, and funding. Given their structure, schools represent a promising setting for prevention work, yet we have much to learn about this topic. The overarching value of this special series is its identification of ways forward for such learning. An additional potential avenue for progress, emphasized in this commentary, is theory-based approaches to suicide prevention. The dialectic between theory and

research may lead to increasingly effective prevention efforts, the ultimate point of our work.

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