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On suicidal ideation: the need for inductive methodologies for advancing the field

Short title: Suicidal ideation: the need for inductive research

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Abstract

Recent scholarly investigation of suicidal ideation has been largely based on identifying associated factors and using ideation-to-action theories to explain its occurrence. However, this approach may not be sufficient, as many aspects of suicidal ideation fall beyond the reach of such conceptualizations. A significant factor in this insufficiency is the overemphasis on explaining rather than understanding this phenomenon. As such, it is argued that qualitative methods that use data to derive theories could offer a more nuanced understanding of suicidal ideation. By adopting bottom-up approaches, researchers can explore how individuals experience and understand suicidal ideation, and how it relates to their lives and experiences. Furthermore, the use of qualitative research methods could aid in the development of more accurate and inclusive definitions that are more firmly grounded on data.

Keywords: suicide, suicidal ideation, qualitative research
Suicidal ideation is a worldwide burden that is part of the mental health crisis, and current theories suggest that it is a crucial node in the path leading to suicide. Nevertheless, the term can be used in significantly different ways. For some authors, suicidal ideation includes passive thoughts of death, yet others define it by ideas of intentionally taking their own life. Similar controversies lie upon suicidal intention, with some considering it a separate step. In contrast, some classify plans and mental rehearsals within the scope of suicidal ideation, pose intention as a specifier of ideation, or state that it is not currently useful to distinguish between these constructs.

Such divergence could be attributable to the insufficient exploration of the subject. When scholars and clinicians consider suicidal ideation mainly through a diagnostic lens and attribute it to depressive symptomatology, phenomenological aspects, such as triggers or meanings, can be neglected. This is analogous in research, as most studies circumscribe ideation to a risk marker of suicide or merely inspect its associated factors. Many publications also deal with suicidal phenomena as manifestations of varying intensity within the same continuum, disregarding they could be categorically distinct. This way, there are questions on whether many risk factors described for suicide could refer to suicidal ideation, and indeed studies have not been able to predict which individuals with ideation incur into attempts.

Notwithstanding such difficulties, conceptual models of suicide do distinguish ideation as a separate step at the beginning of a process that may lead to enaction. This was first proposed in the Interpersonal Theory of Suicide, which claims that suicidal ideation results from “thwarted belongingness” and “perceived burdensomeness”, progressing to an attempt in the presence of “acquired capacity”. Subsequent theories emerged within the ideation-to-action framework, usually explaining the genesis and progression of suicidal ideation by a combination of factors. The Integrated Motivational-Volitional Model proposes suicidal ideation and intention to result from defeat, humiliation, and entrapment, whilst the Three-Step Theory attributes suicidal ideation to pain (usually psychological) and hopelessness, having its intensity moderated by the sense of belonging.

Regardless of the accuracy when proposing a determined set of factors to give raise to suicidal ideation, such dominant models may end up oversimplifying the phenomenon. They fail to capture aspects of suicidal ideation that are brought up in other pieces of work. For instance, when elaborating Dialectical-Behavior Therapy,
Linehan\textsuperscript{20} proposed that “suicide ideation, suicide planning, and imagining dying from suicide, when accompanied with a belief that pain will end with death, can bring an intense sense of relief. Finally, planning suicide, imagining suicide, and engaging in a self-injurious act (and its aftereffects if it becomes public) can reduce painful emotions by providing a compelling distraction”. Thereby, a function is proposed for suicidal ideation, a feature that is unmentioned by current models that limits their scope to its emergence and progression. Indeed, a few quantitative endorses that suicidal cognition is a source of relief.\textsuperscript{21-23} Another instance of phenomenological aspects of suicidal ideation that are not contemplated in the dominant models of suicide is the presence of detailed mental imagery of suicide that may be more prominent than verbal thoughts.\textsuperscript{22,23}

The reason for the insufficiency of these models may lie in the over-reliance on explaining a phenomenon that ought first to be understood. Indeed, the dominant paradigm for such models is hypothetical-deductive, in which researchers first formulate factors and then look for empirical corroboration in data,\textsuperscript{2} usually through scales that measure the levels of the proposed components among suicidal ideators.\textsuperscript{24} Similarly, the underperformance of predictive models of suicidal behavior has been attributed to applying statistical modelling to a limited set of variables of a phenomenon that still warrants understanding.\textsuperscript{25,26} Indeed, suicidology authors have called attention to the necessity of stepping back, avoiding reductionism, and broadening the range of methodologies for researching suicidal ideation.\textsuperscript{12,27,28}

The opposite road would involve inspecting data and then deriving a theory, in a bottom-up process that inquiries ideators and uses their report to understand, characterize, and conceptualize suicidal ideation.\textsuperscript{29,30} Such an inductive approach is usually associated with qualitative research, a recommended approach to deepen the comprehension of phenomena that are insufficiently explored,\textsuperscript{31} traditionally placing the lived experience of individuals as a departure point for knowledge building.\textsuperscript{27,32} Indeed, the extant inductive inquiries on suicidal ideation proved quite fruitful, coming to novel findings that escape the reach of current theories in the field. For instance, Denneson et al.\textsuperscript{33} interviewed 50 people in the US and came to several novel insights on the nature of suicidal ideation. It revealed that suicidal ideation is a chronic symptom, usually perceived to be always present over the course of years, considered to be beyond the control of the individuals experiencing it and often unpredictable.
Similar research was conducted with Taiwanese older adults, endorsing that suicidal ideation can linger on over many years, also bringing attention to religion as an important factor to impede attempts. Another qualitative piece investigated how psychotherapy helped Canadian adolescents through content analysis of their interviews, and framed suicidal ideation as a way of coping with distress in the context of an undeveloped repertoire of other strategies. Similarly, work on suicidal ideation was conducted with LGBTQIA+ men in New York that had been recently diagnosed with HIV. It concluded that suicidality provoked a process of coping with the diagnosis by enhancing one's sense of control over life, which ultimately led to a positive reattribution of meanings associated with HIV and acceptance.

There are many possible advancements in the comprehension of suicidal ideation to be expected by the employment of bottom-up methodologies. Previous research has revealed that inductive methods can gain novel insights into the constitution of suicidal ideation as a symptom. In this direction, this venture could reach a deeper understanding of the manifestation, course, triggers, function, and coping strategies for suicidal ideation, also informing treatment. This approach is reminiscent of phenomenology's emphasis on the observation of subjective experience, which has yielded rich descriptions of psychopathology that significantly contributed to our knowledge of mental health disorders such as schizophrenia. A more comprehensive understanding of suicidal ideation could also arrive at a definition that is more firmly grounded in data, as the term currently strives with top-down (and often incompatible) definitions that strictly define boundaries. Moreover, this exploration could reveal important aspects of the relation of suicidal ideation to suicide, which would better situate the phenomenon within current theoretical models. Finally, critical suicidology has long argued against reducing the highly contextual phenomenon of suicidal ideation to a static panel of risk factors. Methodologies that account for the lived experience can embrace this complexity and shed new light on the ways in which contextual factors shape and interplay with the symptom.

References


