



THEORIES OF SUICIDE

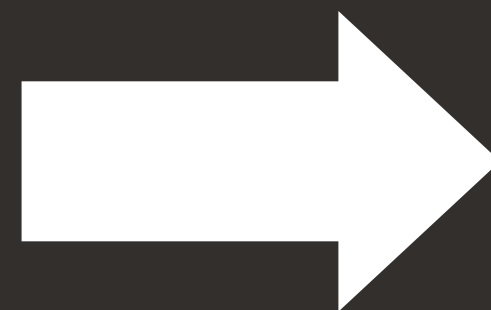
Understanding suicidal
thoughts, feelings and
behaviours



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UNDERSTANDING SUICIDE IS COMPLEX.

Many factors can contribute
to thoughts and feelings of
suicide, including:



Childhood: Events in our childhood such as abuse, neglect, abandonment, bullying, family conflict.

Life stressors: Stressful and/or traumatic life events like accidents, addiction, illness, unemployment, financial crisis.

Relationships: Challenges and conflict in our relationships, such as divorce, parental alienation, bereavement, or loneliness.



Biological: Factors like chemical imbalances that impact our moods or how we handle stress or control impulses.

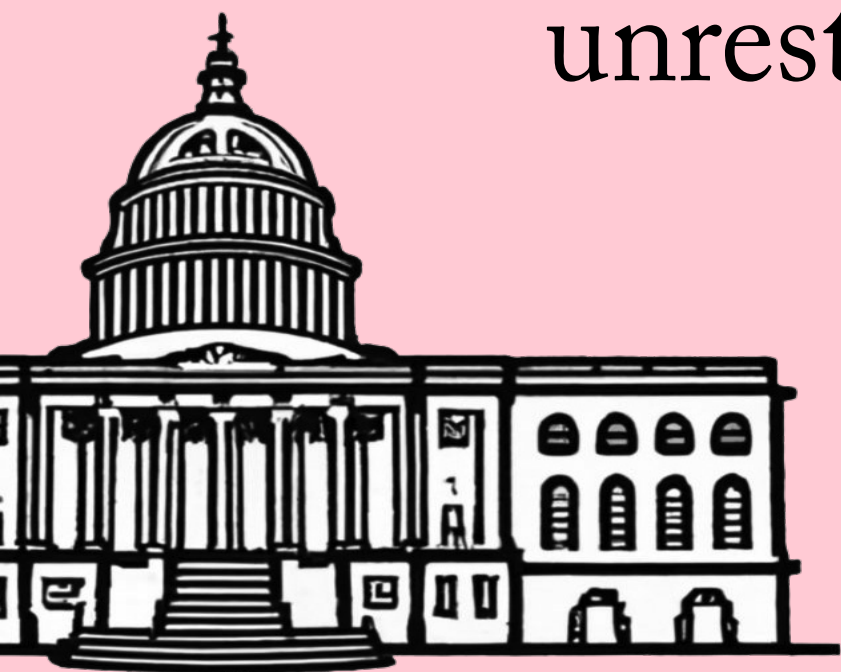


Psychological: Our self-esteem and how we feel about ourselves, personality traits, such as being a perfectionist, or our ability to regulate our emotions.



Cultural attitudes: Cultural ideas that discriminate against aspects of our identity such as our race, sexuality, religion, gender, mental health, and/or disability stigma.

Social, economic and political factors: The status of our legal rights, economic opportunities, poverty, social unrest, national security.



All these interconnected factors, and more, shape our psychology – how we think, feel, and behave – and uniquely impact the stress and worry each of us experiences.

Every suicide is an individual story of unique challenges and struggles that a person has faced.



Given this complexity, it is very difficult to establish universal risk factors for suicide, i.e., risk factors that apply to every person who is suicidal.

There's no one-size-fits-all answer to who might be at risk of suicide.

For instance, although suicide rates are higher among people who are unemployed, not everyone without a job takes their life.

Similarly, men with very successful careers can die by suicide.



Theories of suicide can help us make sense of the complexity of suicide by looking for **common patterns** across suicidal behaviours and identifying key psychological drivers of suicidal pain.



Common patterns





Although theories can't explain every reason why someone might consider suicide, they can **illuminate** some of the underlying factors that might make someone vulnerable to despair.

Theories can help us understand what might be going on inside someone's mind and life to make suicide more likely.

I want to share some of the psychological theories that have helped me in my work.

In this guide we will explore:



1.

THEORIES OF SUICIDE: PSYCHACHE

Unmet psychological needs



Edwin Shneidman, a clinical psychologist, proposed that suicide is driven by *psychache* – an intense psychological pain resulting from unmet psychological needs.

2.

THEORIES OF SUICIDE: ESCAPE FROM SELF

Painful feelings of self



Roy Baumeister's 'Escape from Self' theory takes the idea of psychological pain and suggests that it is mainly caused by painful thoughts and feelings we have about ourselves.

3.

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THEORIES OF SUICIDE: EVOLUTION OF PAIN



*Social pain and the need
to belong*

John Gunn II developed the ‘Social Pain Model’ of suicide that suggests suicide may be the result of our evolutionary need for connection and belonging.

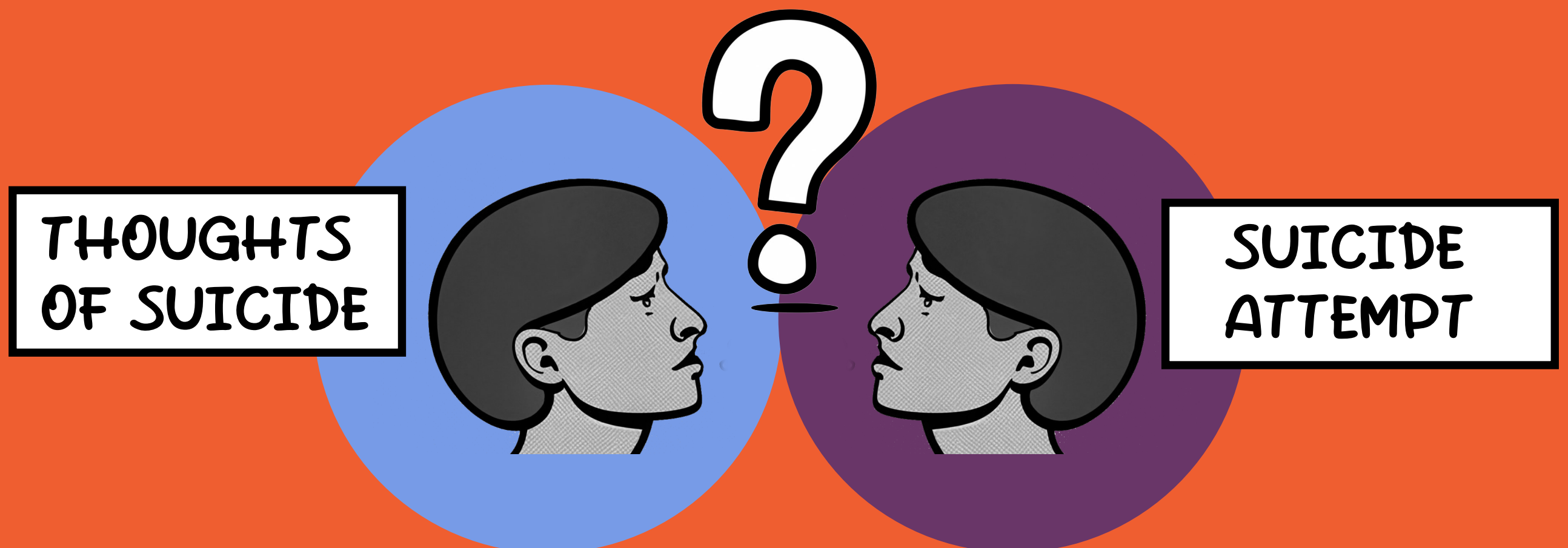
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THEORIES OF SUICIDE: USED TO PAIN

From thinking about suicide to attempting

Thomas Joiner's theory examines the psychological differences between people who think about suicide and those who attempt.



5.

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THEORIES OF SUICIDE:

DEFEAT & ENTRAPMENT

Three stages of risk



Rory O'Connor's theory outlines three stages of risk, from background factors like our childhoods, to experiencing thoughts of suicide, often characterized by feelings of hopelessness, to making an attempt.

**1. BACKGROUND
RISK**

**2. THOUGHTS
OF SUICIDE**

**3. SUICIDE
ATTEMPT**

6.

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THEORIES OF SUICIDE: SUICIDAL STORMS

Temporary storms of pain



David Rudd's '**Fluid Vulnerability Theory**' suggests that a suicidal crisis is a time-limited event – like a storm that comes and goes.

You may have multiple episodes of feeling suicidal but each is its own time-limited event that won't last forever.

MAKING SENSE OF SUICIDE.

Suicide is very complicated to understand

By looking at psychological theories of suicide, I hope we can build our knowledge: of why people might feel like ending their lives, and psychological areas where intervention and support, may help reduce our pain, or the pain of people we love.

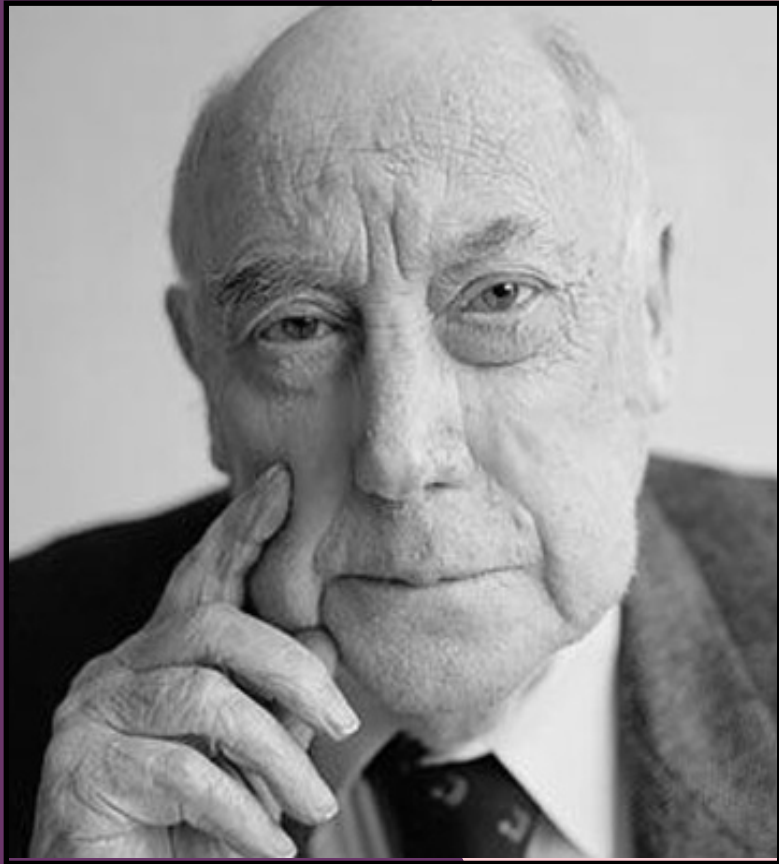
1.



THEORIES OF SUICIDE: PSYCHACHE

Unmet psychological needs





“the author of suicide is pain”

**Edwin Shneidman, Clinical
Psychologist and Suicidologist,
Further Reflections on Suicide and
Psychache, 1998.**

PSYCHACHE & UNMET NEEDS.

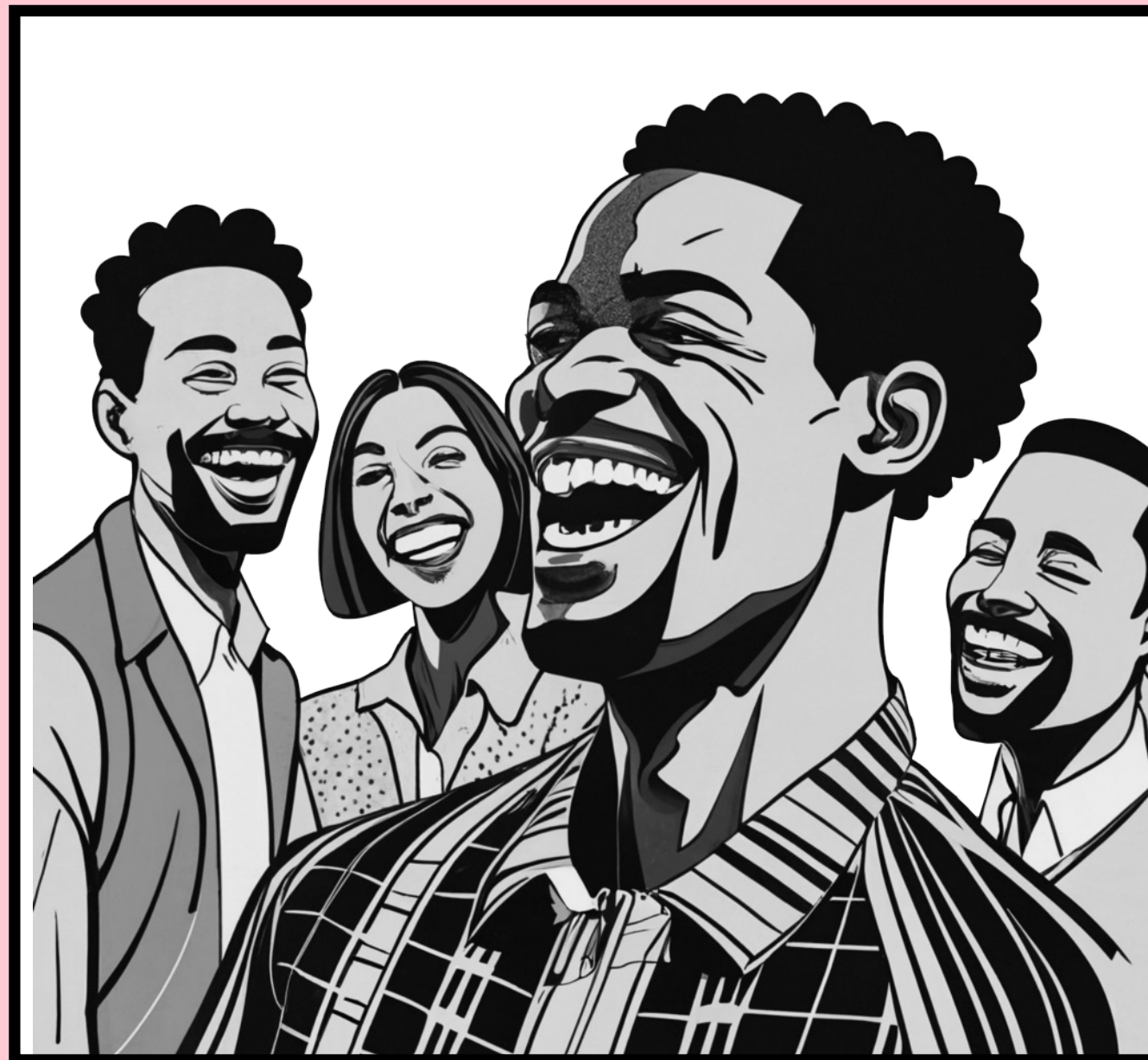
Edwin Shneidman, a clinical psychologist, proposed that suicide is driven by *psychache* - an intense psychological pain resulting from unmet psychological needs.

What are psychological needs?

Psychological needs are not physical like food or water but are related to our mental and emotional well-being and our need to feel **satisfied and fulfilled in our lives.**

For example, humans have a psychological need to feel connected to others and to hold some sense of self-worth.

When these psychological needs are met, individuals tend to experience greater levels of happiness, fulfilment, and mental health.





However, when these needs are not adequately fulfilled, it can lead to feelings of loneliness, low self-esteem, and dissatisfaction with life.



Imagine a person who has
always struggled to form close
relationships and has a history of
rejection and isolation.



They may have a deep longing for meaningful connection but have trouble establishing friendships or relationships. Their loneliness may undermine their self-esteem. They may feel tremendous *psychache* because of their unmet psychological needs for connection, belonging, and self-worth.



Shneidman suggests that when a person's psychache becomes too big, it can become unbearable, and people may think of suicide as a way to escape it.

MANAGING SUICIDAL PAIN.

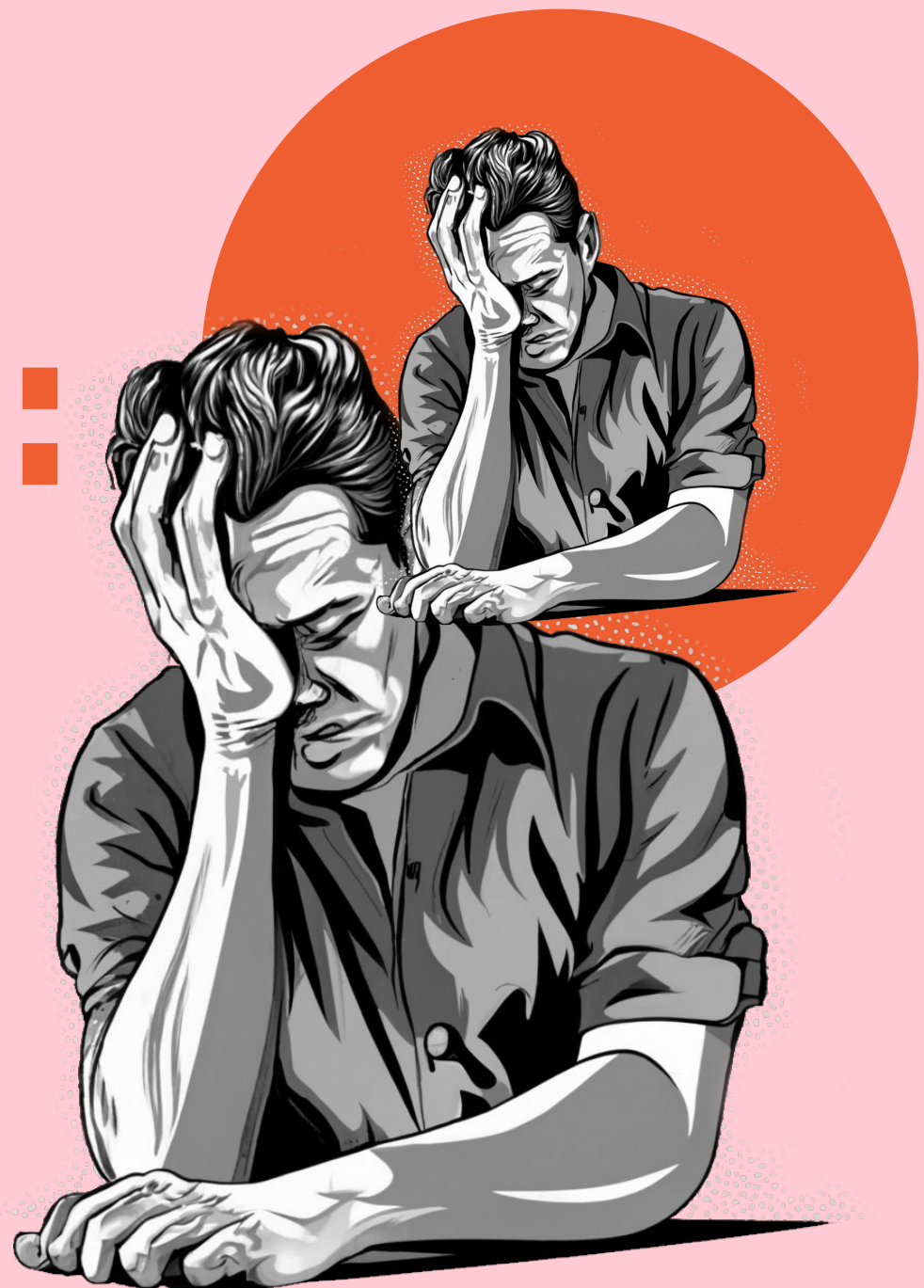
Shneidman believed that helping people to meet their psychological needs can help them regulate their psychological pain and prevent suicide.

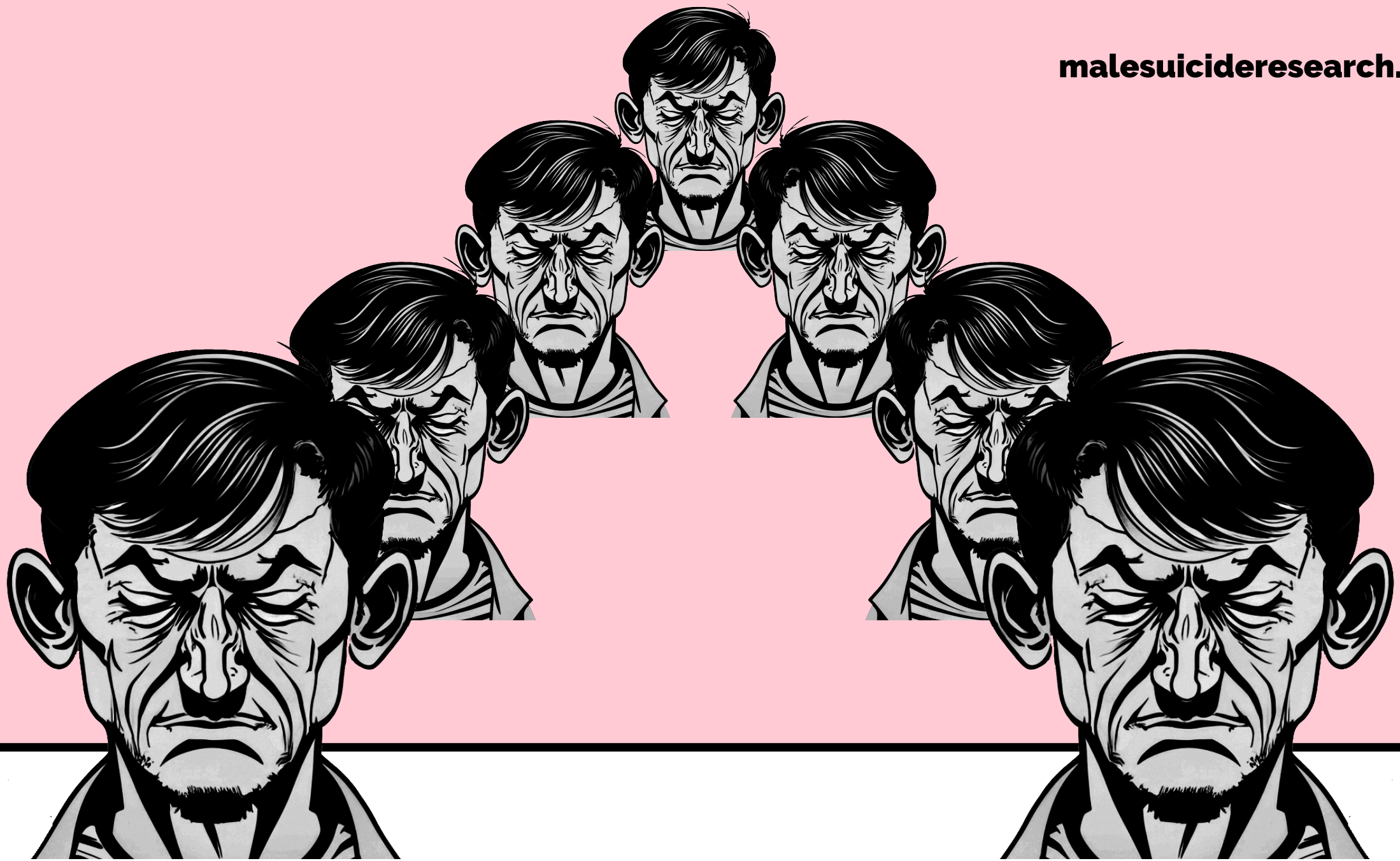
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THEORIES OF SUICIDE: ESCAPE FROM SELF

Painful feelings of self





Baumeister's 'Escape from Self' theory takes the idea of **psychological pain** and suggests that it is mainly caused by painful thoughts and feelings we have about ourselves.

Baumeister believes suicidal feelings begin when we feel our lives are going worse than we expected.



We may have faced serious problems, or had very high expectations for how life should be.

This disappointment creates a feeling of discontent about the state of our lives.

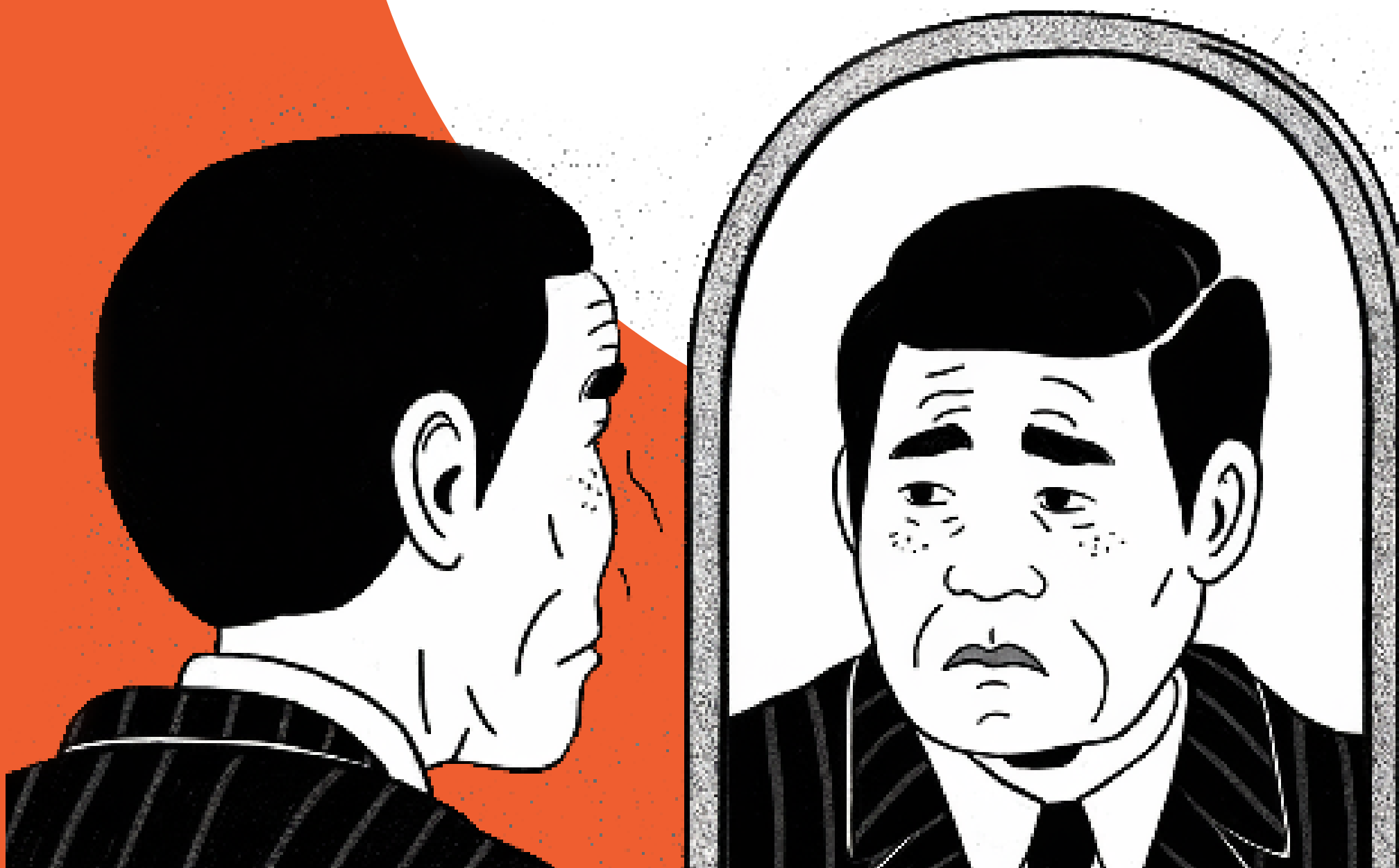
Instead of blaming external factors for these disappointing outcomes, we might start **blaming ourselves**.

This **self-blame** can make us feel really bad about ourselves and undermine our self-esteem.

We may compare ourselves harshly to others and what we think our lives should be like.

This can lead to very painful feelings about ourselves and low self-esteem.

We might feel inadequate,
incompetent, unattractive,
rejected, abandoned, a burden, a
failure.



To escape these intense negative feelings we might try to shut down our thoughts or feelings. This shutting down can lead to a state where we are less inhibited, and might do things we wouldn't normally.

In some cases, this might include thinking about or attempting suicide as a way to escape from the pain and stress we are feeling.

A person who is suicidal often feels that they are failing compared to others.

Negative
comparison of
self to others

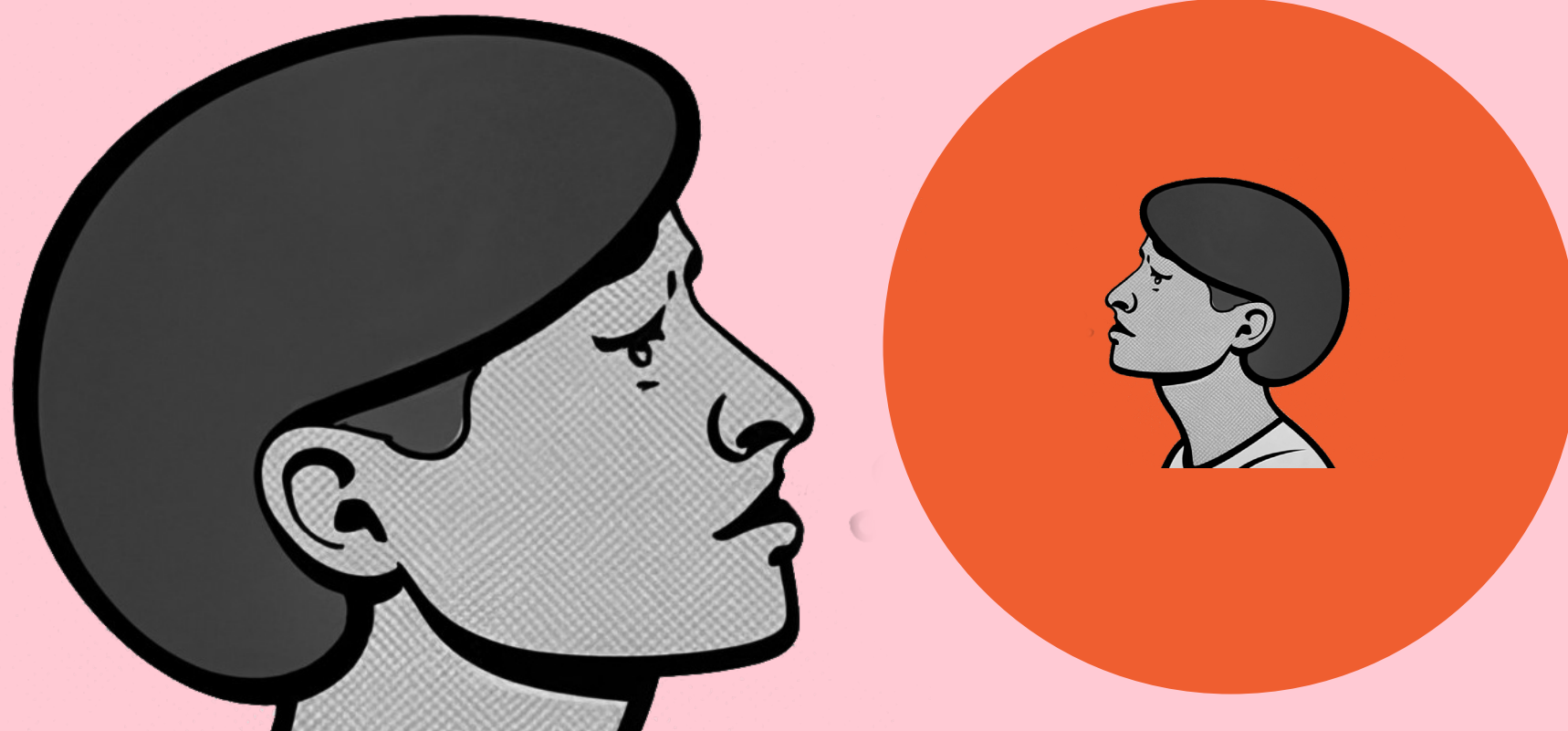
Painful
feelings of
failure and
self-blame



Suicide is driven by a desire to escape these painful thoughts of failure and inadequacy.

MANAGING SUICIDAL PAIN.

Baumeister believes that learning to see and think about ourselves in more compassionate and forgiving ways can help reduce suicidal pain.



If someone learns not to blame themselves, can find healthier ways to handle feeling sad, and find meaning in different parts of their lives, it can reduce feelings of suicide.

Learning to manage suicidal pain can be a long and complex journey.

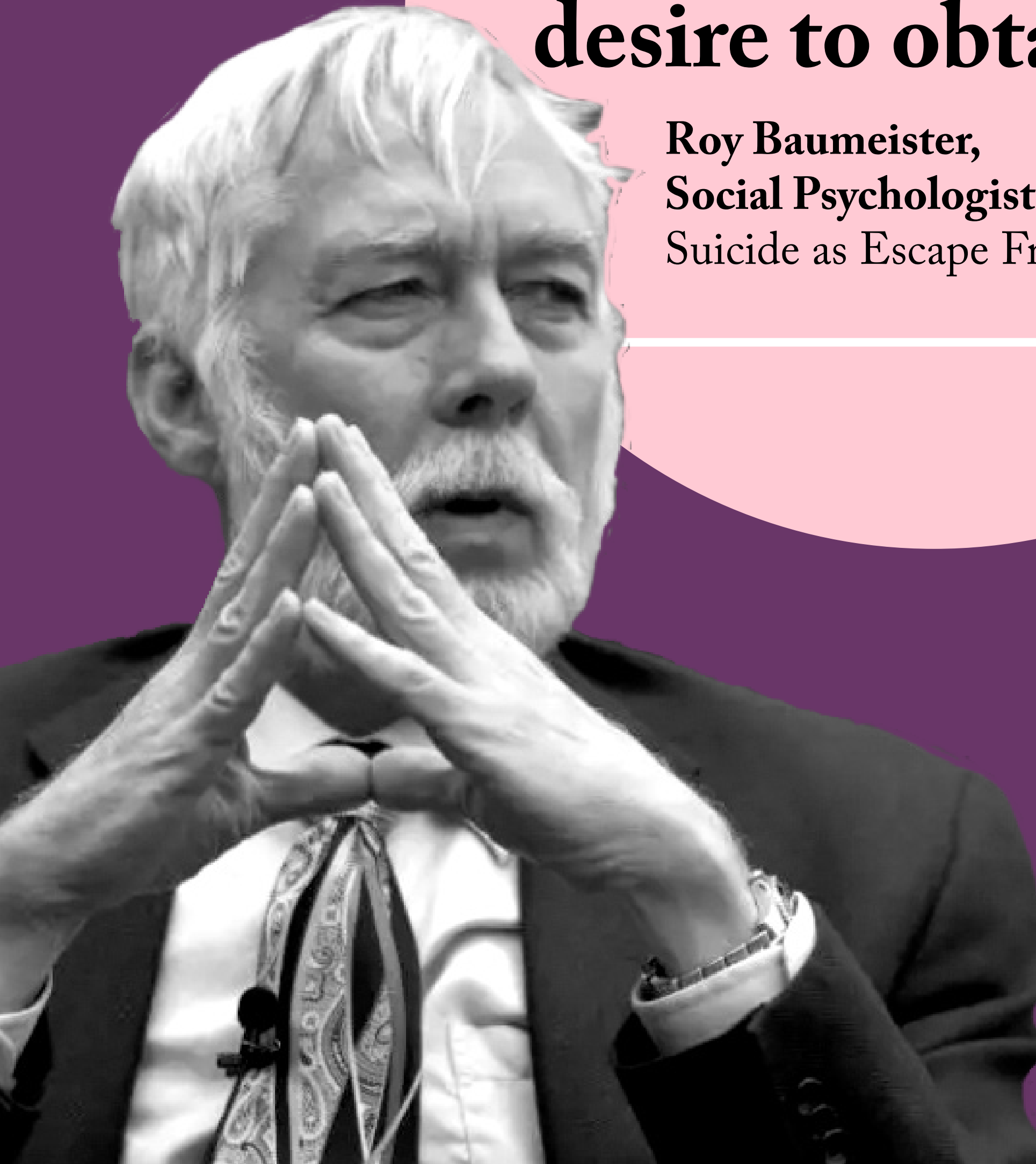
Baumeister understands that a person who is suicidal can hold both a **desire for death** and a **desire to live**.

We have to learn to understand and manage our desire for death whilst learning to nurture and strengthen our desire to live.



**“the desire to die”
can “coexist with the
desire to obtain help.”**

**Roy Baumeister,
Social Psychologist and Suicidologist,
Suicide as Escape From Self, 1990.**



3.



THEORIES OF SUICIDE: SOCIAL PAIN



The evolution of social pain and our
need to belong

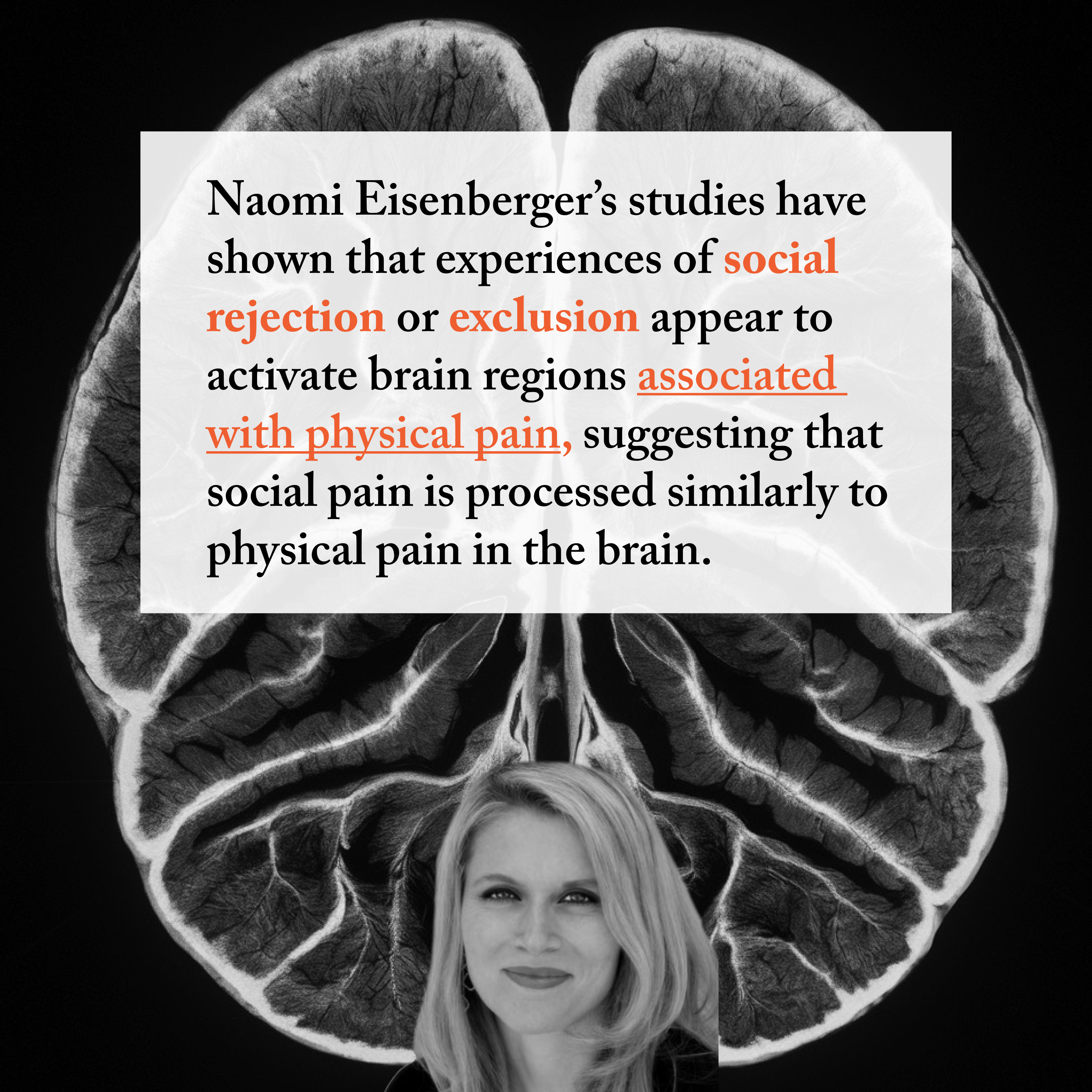
Humans have pain systems that act like an **alarm bell** ringing to tell us when we are in danger. For example, when we touch something hot and the pain tells us to draw our hand away.

Our pain systems are critical to human survival.



Scientists believe that over our evolutionary history, our pain system may have started responding to situations of **social pain** as well.



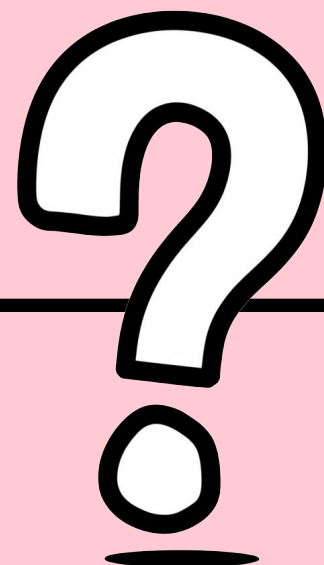


Naomi Eisenberger's studies have shown that experiences of **social rejection** or **exclusion** appear to activate brain regions associated with physical pain, suggesting that social pain is processed similarly to physical pain in the brain.

These findings suggest it may *actually hurt* when we feel social pain, like when we are excluded, rejected or feel we don't belong.

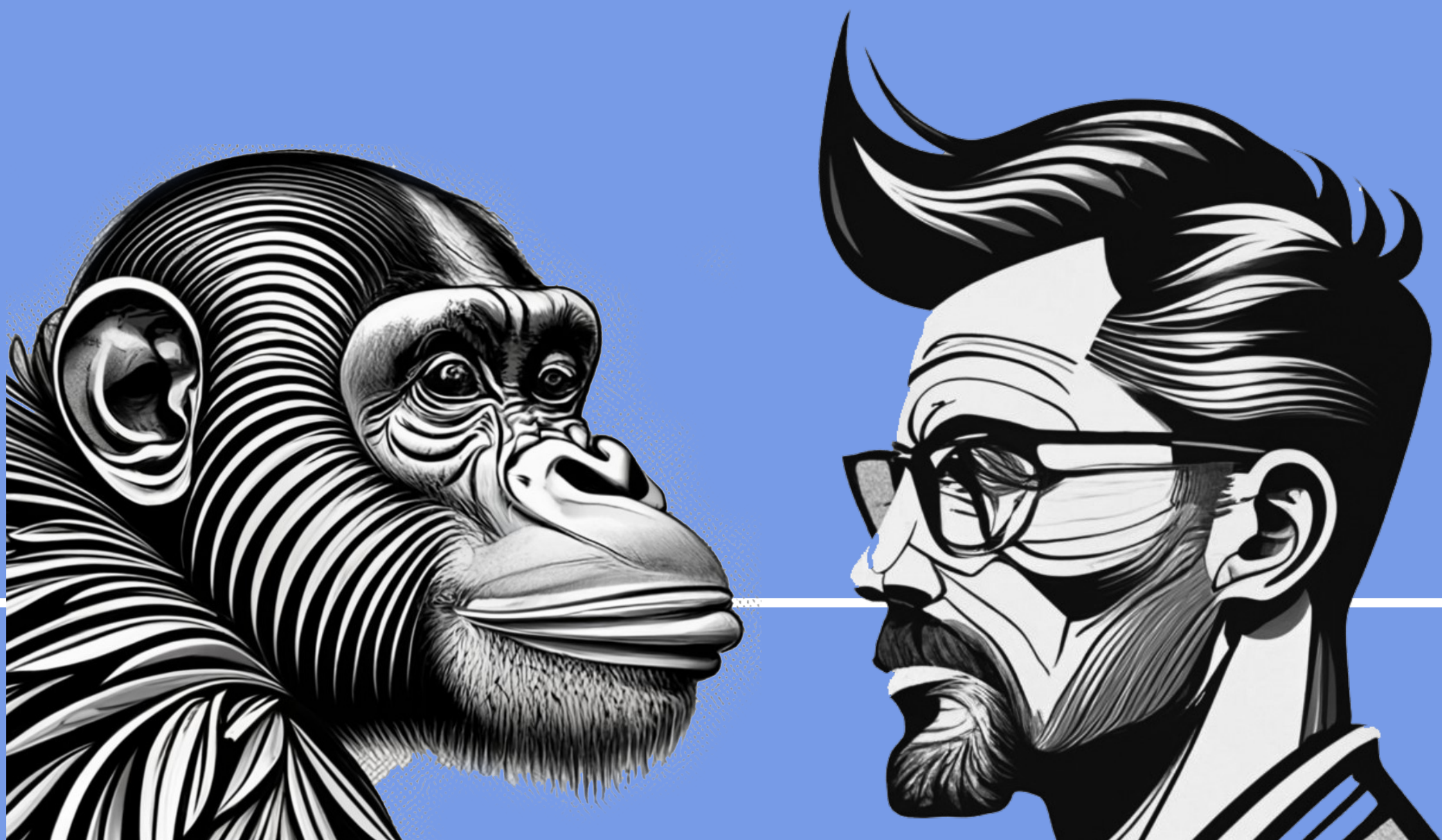
These are potentially physically painful experiences - our bodies seem to be registering pain in response to them.

But why might social challenges be painful?



Humans are a deeply social species -
we need other people to survive.

Over our evolutionary past, our survival
probably depended on our ability to
successfully belong to a group and access
things like food, care, and support.



Scientists think that social safety was so important to human survival that our bodies may have evolved to use the physical pain system to also respond to social danger such as rejection or isolation.



John Gunn III created the ‘Social Pain Model’ of suicide to build on this research.

He proposes that suicide may be the result of our evolutionary need for human belonging.

If a person has challenges in meeting their human need for connection they may experience terrible levels of social pain.



John Gunn III, Suicidologist,
The Social Pain Model, 2017.



The purpose of pain is to motivate humans to find solutions to stop what is hurting.

If social pain builds with no release, we may start to think about suicide as a way to end the pain.

That's why peer support groups like **Talk Club** and **Andy's Club**, that help men build meaningful connections, may help protect some men from suicide.

MANAGING SUICIDAL PAIN.



Finding like-minded community, learning to build positive thoughts and feelings about social situations, and seeing ourselves as people who can be liked and matter to others – may all help reduce suicidal feeling.

4.



THEORIES OF SUICIDE: USED TO PAIN

From thinking about suicide to making
an attempt

THOUGHTS
OF SUICIDE

SUICIDE
ATTEMPT



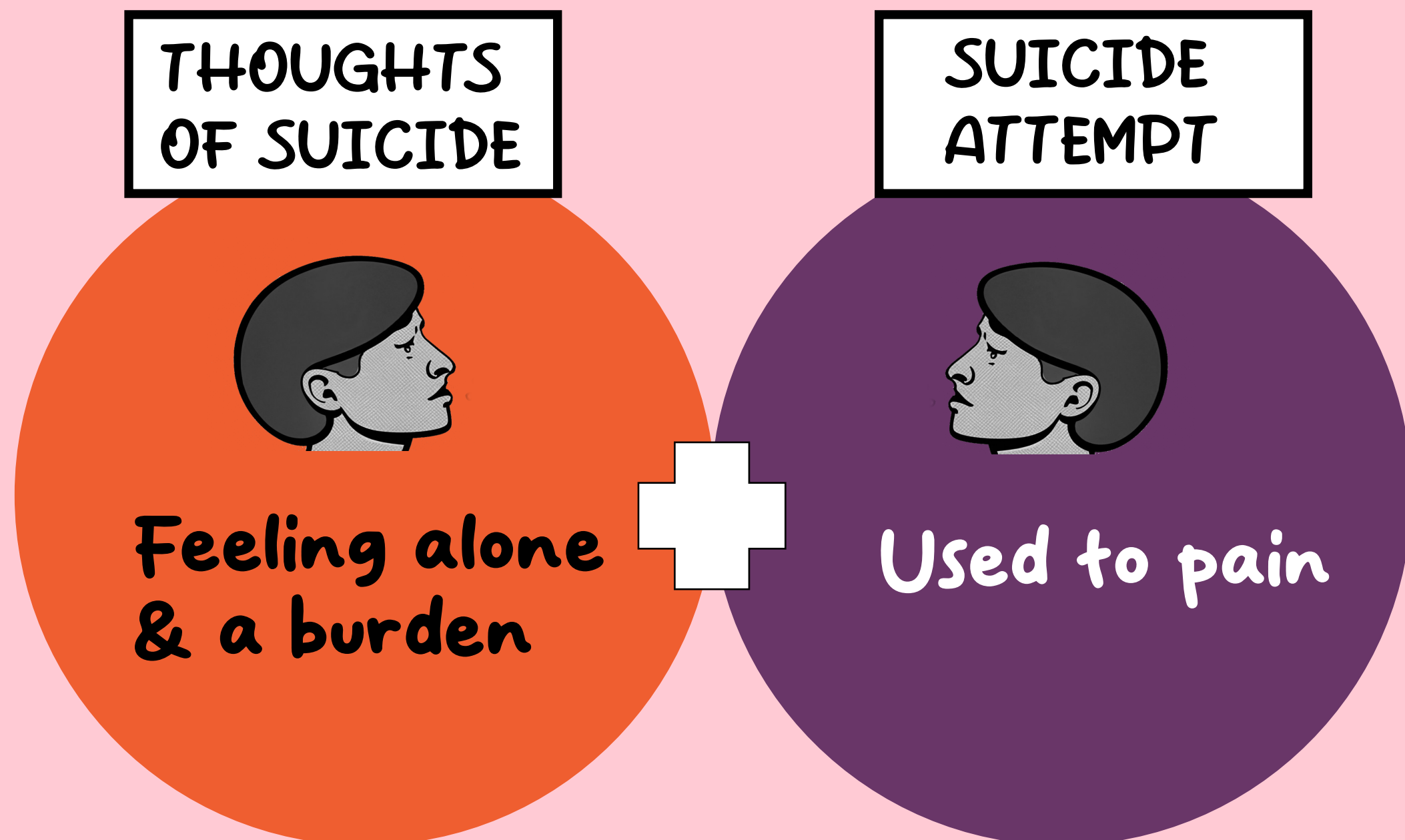
MORE PEOPLE THINK ABOUT SUICIDE THAN MAKE A SUICIDE ATTEMPT.

Statistics suggest 9.2% of people have thought about suicide but only 2.7% have made an attempt.*

Thomas Joiner's theory explores what is psychologically different between people who think about suicide and those who make an attempt.

* Nock M., et al. Cross-national prevalence and risk factors for suicidal ideation, plans and attempts, 2008

Joiner's theory suggests that thoughts of suicide happen when a person feels alone and a burden, and that people who make an attempt are those who have also gotten used to pain.



THOUGHTS OF SUICIDE: FEELING ALONE

Joiner says humans have a deep need to belong and form bonds and connections.

When individuals feel isolated or disconnected they can experience *deep loneliness*.

Loneliness can contribute significantly to thoughts of suicide.



THOUGHTS OF SUICIDE: FEELING LIKE A BURDEN

When we feel we are contributing positively to other people it can feel good and purposeful.

Conversely, people who see themselves as a *burden* often feel bad about themselves - like their problems are affecting others.

If we feel we can't do anything right it can make life feel difficult and out of control.

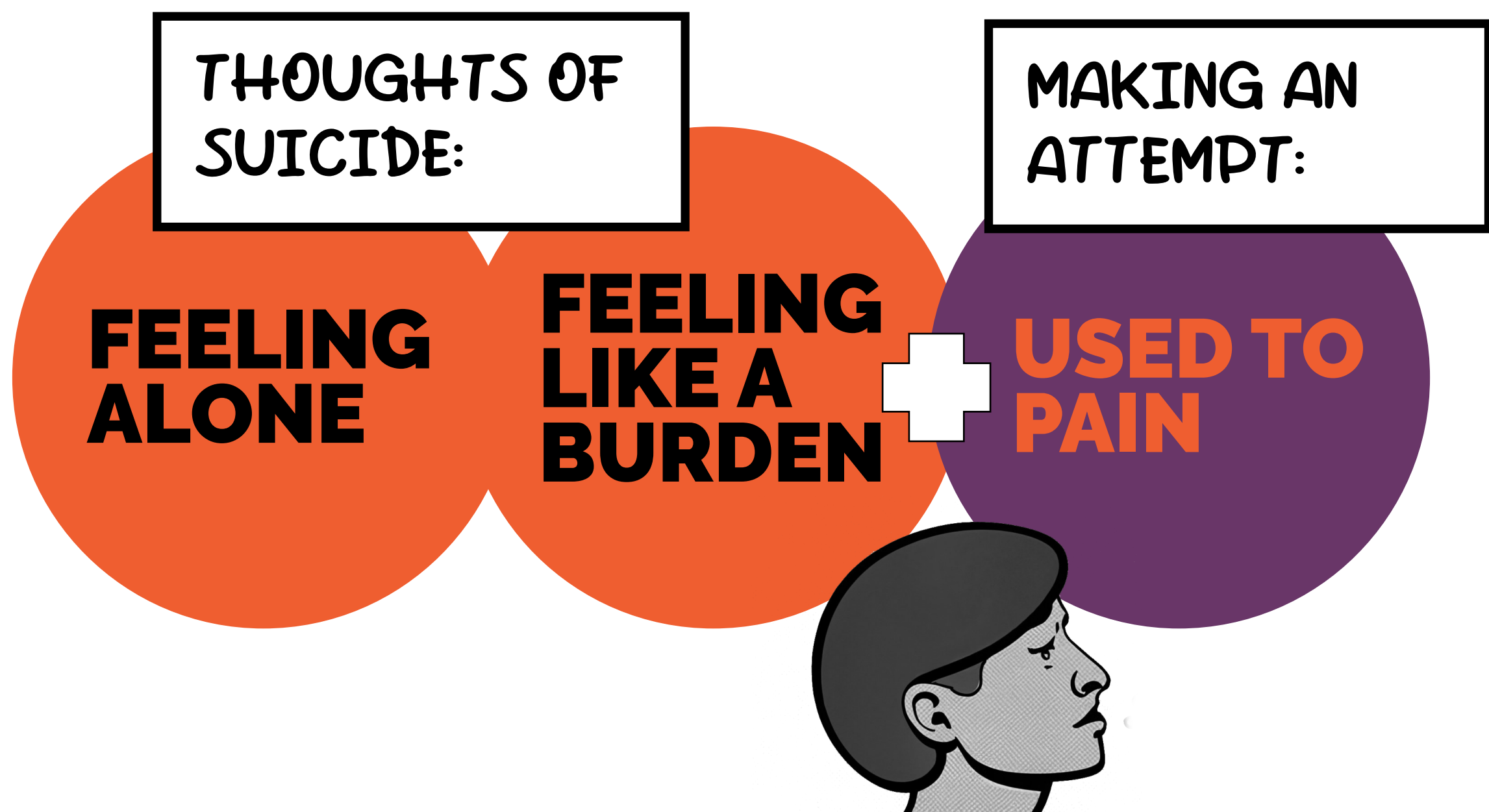
MAKING AN ATTEMPT: USED TO PAIN

Joiner suggests that of the people who feel alone and a burden, those most at risk of suicide are people who have also developed *a fearlessness about pain and death.*

People exposed to painful experiences - such as conflict or abuse - may have gotten used to pain and are potentially more capable of attempting suicide.



Joiner's theory pinpoints a high-risk area for suicide at the overlap of three factors: feeling like a burden, feeling alone, and having a reduced fear of pain and death.



MANAGING SUICIDAL PAIN.

To manage suicidal pain, Joiner suggests, addressing the drivers of suicidal thoughts by:

Building Social Connections: For example, joining community groups, engaging in social activities, or seeking support from like-minded others.



Changing Perceptions of Being a Burden:
For example, talking with a therapist can help us to recognise our strengths and the good things we bring to others. Or, volunteering and helping others can make us feel purposeful, useful and appreciated.



“The need to belong and to contribute in some way to society seems to be an essential part of what it means to be human.”

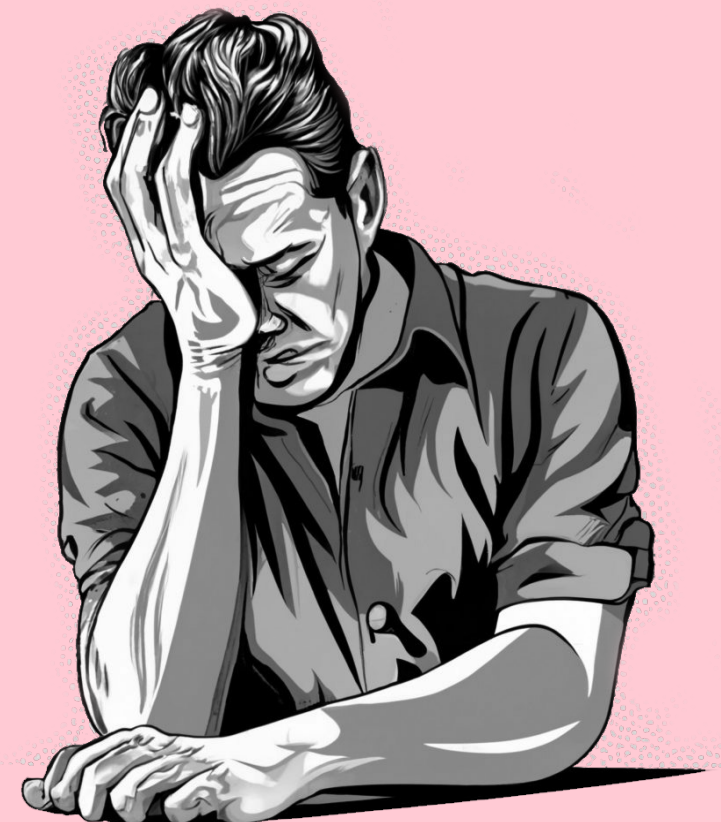
Thomas Joiner,
Professor of Psychology and
Suicidologist,
Why People Die by Suicide,
2005.



5.



THEORIES OF SUICIDE: DEFEAT & ENTRAPMENT



Three stages of risk: From background factors to making an attempt

THREE STAGES OF RISK.

O'Connor's theory of suicide outlines three critical stages as a suicidal crisis intensifies:



**1. BACK-
GROUND
RISK**

**2. THOUGHTS
OF SUICIDE**

**3. MAKING
A SUICIDE
ATTEMPT**

A. BACKGROUND RISK

O'Connor suggests background risk factors (biological, genetic and environmental) can increase the chances of a person becoming suicidal by increasing their exposure to stress.

BIOLOGICAL / GENETIC FACTORS

For example low serotonin* levels could be a background risk factor.



**serotonin* is a chemical in the brain that can help regulate things like our mood and sleep.

PERSONALITY FACTORS

Personality traits like being a perfectionist can also be a background risk factor. Trying to have things be 'perfect' can make someone more sensitive to failure and emotional pain.

SOCIAL / ECONOMIC FACTORS

Living in poverty, political unrest, or having a social identity that is discriminated against, could also increase someone's underlying risk.



CHILDHOOD CHALLENGES

Childhood challenges are also a potential background risk factor.

Men who are suicidal have often experienced profound early-life challenges, from being bullied, to abuse, neglect, abandonment, having an unstable caregiver or one struggling with their mental health or addictions.

Enduring a difficult early-life can expose us to a lot of pain and have long-term effects on well-being.



B. THOUGHTS OF SUICIDE: DEFEAT AND ENTRAPMENT

In the second stage of his theory, O'Connor focuses on experiences of **defeat and entrapment** which he believes drives thoughts of suicide.

When life events cause someone to feel overwhelmed by failure, loss, or humiliation (defeat), they might also feel trapped with no way out (entrapment).

Certain factors can protect against these feelings, like having supportive relationships, positive future plans, and strong personal goals.

On the other hand, feeling isolated, unsupported, or like a burden can make things worse.



C. MAKING AN ATTEMPT

The final phase explores factors that increase the chances someone may move from thinking about suicide to attempting. These factors include:

- Fearlessness about death and higher pain tolerance
- History of self-harm, previous suicide attempt, or being bereaved by suicide
- Having detailed plans for how to carry out an attempt and access to the means to do so
- Impulsivity
- Exposure to media that glamorises suicide

MANAGING SUICIDAL RISK.

O'Connor says **safety plans** can be an important tool for managing risk.

A safety plan is a personalised plan to help you cope during moments of crisis.

It includes specific steps and resources to use to stay safe, such as personal warning signs that indicate a crisis is developing, activities or distractions that help you calm down, and steps to keep your environment safe, e.g., removing the access to means.

“My ultimate hope is that, as a society, if we are kinder and more compassionate, both to ourselves and to those around us, then we will go some distance in protecting all of us from the devastation of suicide.”

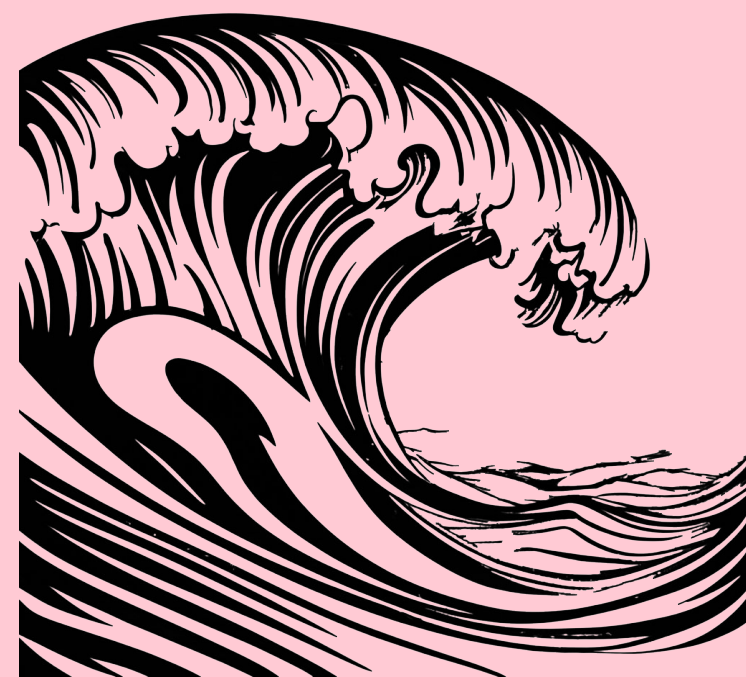
Rory O'Connor,
Professor of Psychology and Suicidologist,
When it is darkest, 2021.



6.



THEORIES OF SUICIDE: SUICIDAL STORMS



Temporary storms of pain

TIME-LIMITED SUICIDAL STORMS

Rudd's 'Fluid Vulnerability Theory' suggests that a suicidal crisis is a time-limited event - like a storm that comes and goes.

You may have multiple episodes of feeling suicidal but each is its own time-limited event that won't last forever.



A. BASELINE RISK

Rudd believes we all carry a **baseline risk** for suicide because we all experience painful events in life.

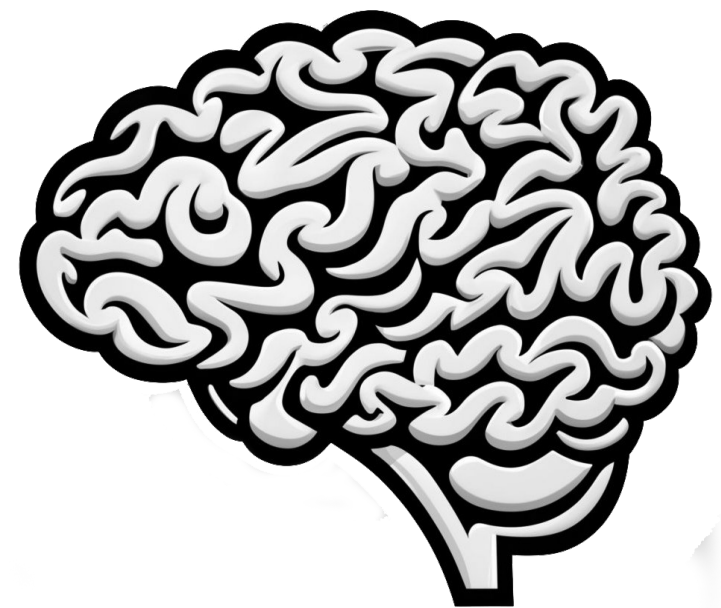


Our baseline risk is shaped by long-term factors such as genetics, early life experiences, and personality traits.

These factors can create an underlying vulnerability to suicidal thoughts and behaviours.



**Our childhoods and
our genetics can
contribute to our
baseline suicide risk**



B. ACUTE RISK

Acute risk factors are short-term factors that can temporarily increase our risk of suicide.

They include current stressors in our lives, such as relationship problems, financial difficulties, accidents, or bereavements.

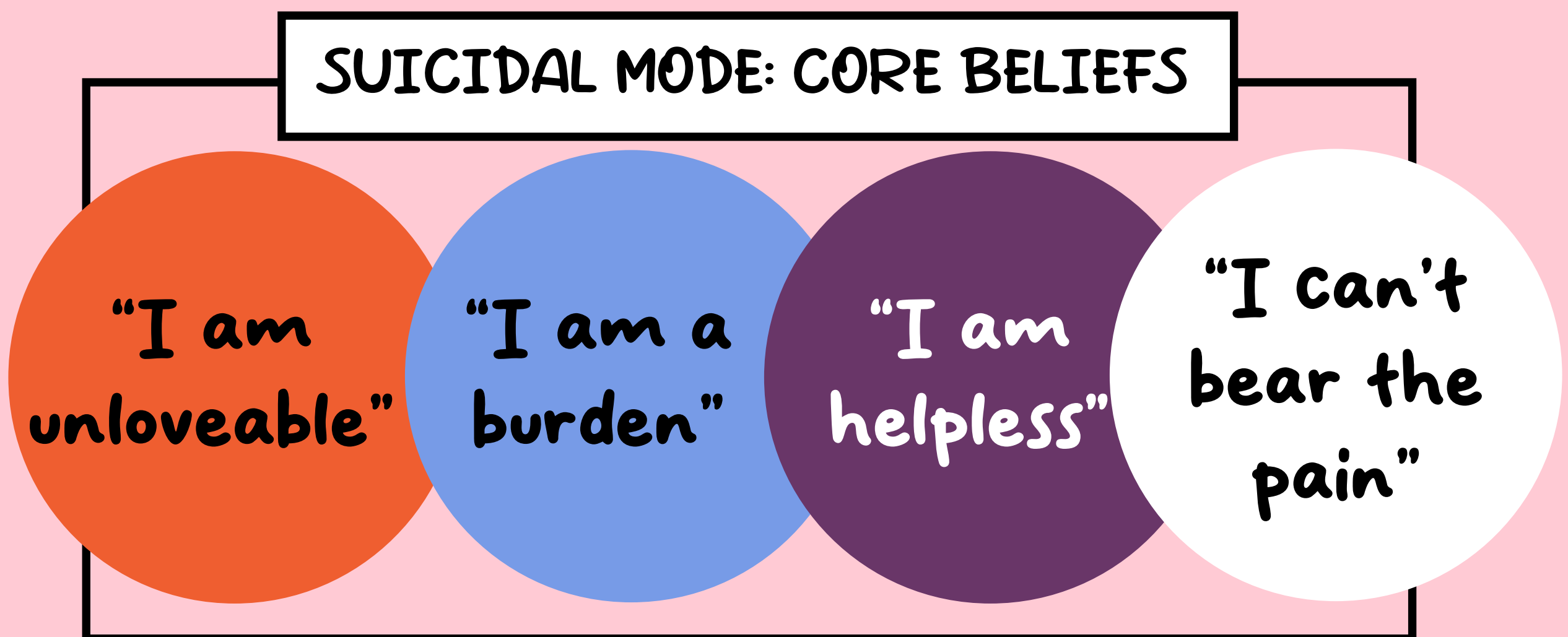
When acute risk factors interact with our baseline vulnerability, we may become overwhelmed with pain and a **suicidal mode** activated.



C. SUICIDAL MODE

The **suicidal mode** refers to someone's state of mind when they are actively thinking about suicide and at risk of harm.

Rudd believes the suicidal mode consists of four core beliefs:



Importantly, Rudd believes the emotions involved during an active suicidal crisis are so intense that **they cannot be sustained indefinitely.**

Like someone lifting a very heavy weight, you cannot hold the weight forever.

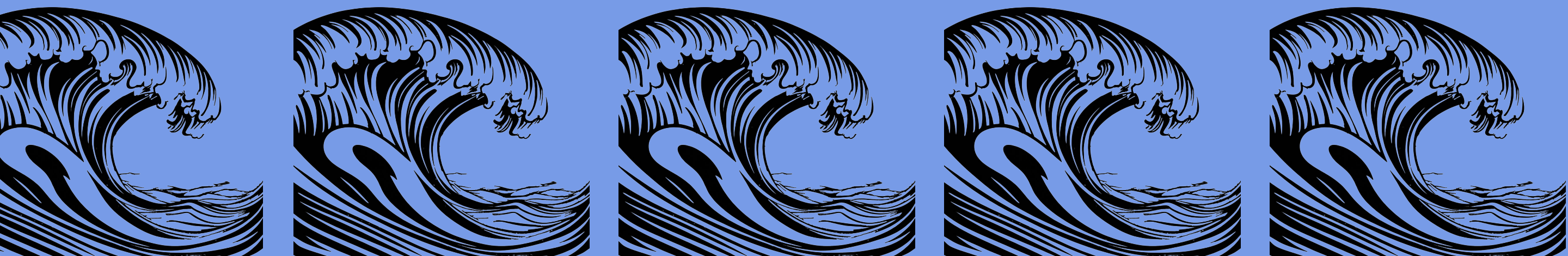


Eventually, you have to put it down and rest.

The same is true of feelings of suicide. You can not feel the intensity of the emotions indefinitely. Eventually, the feelings diminish, like a storm that comes and goes.

According to Rudd a person's suicide risk is not constant but changes over time. Someone with a high baseline vulnerability might not be at high risk all the time.

Their risk may spike during periods of acute stress but decrease when the stress is resolved or managed.



MANAGING SUICIDAL RISK.

Rudd's theory suggests two strategies for managing suicide risk:

1. **Support to reduce baseline risk**, such as therapy to address underlying vulnerabilities.
2. **Tools to keep yourself safe when in the suicidal mode**. This can include short-term measures like calling a crisis helpline or having a safety plan.

“A person can be suicidal on Tuesday (i.e., an activated suicidal mode) and at low risk on Wednesday if the mode is effectively deactivated.”

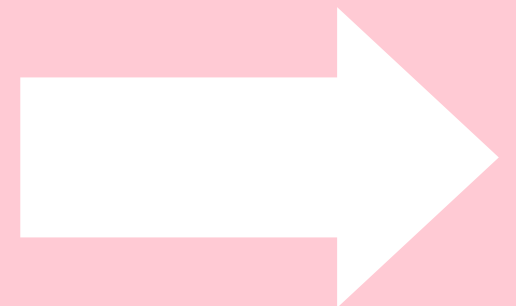
David Rudd,
Professor of Psychology and Suicidologist,
Fluid Vulnerability Theory, 2006.





THEORIES OF SUICIDE

SUMMARY

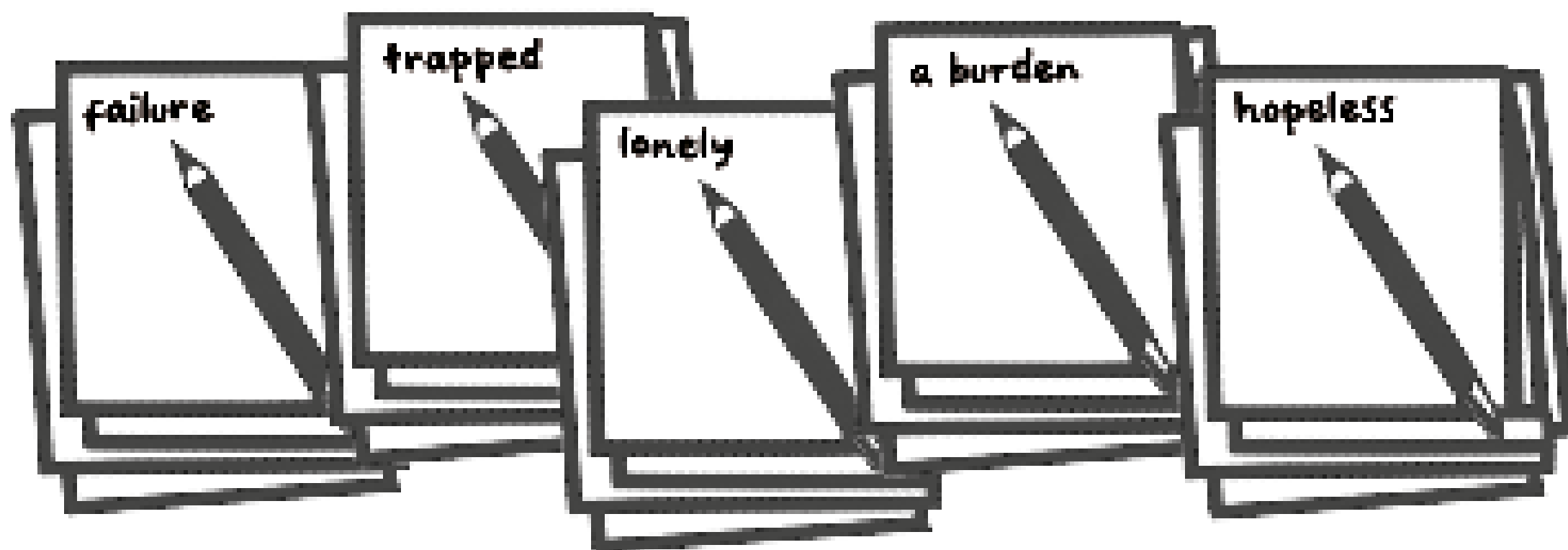


RISK
FACTORS

KEY IDEAS.

Different psychologists have suggested different ways of understanding suicide.

From feelings of failure, to feeling trapped, lonely, like a burden, or hopeless, and more.



Let's bring these ideas together and see what they help us understand about suicide.

SUICIDE & PAIN.

Theories of suicide tend to agree that suicide is driven by overwhelming psychological pain.



**“the author of
suicide is pain”**

Edwin Shneidman,
Clinical Psychologist
and Suicidologist



What psychologists disagree on is
what causes this pain.

SOURCES OF SUICIDAL PAIN.

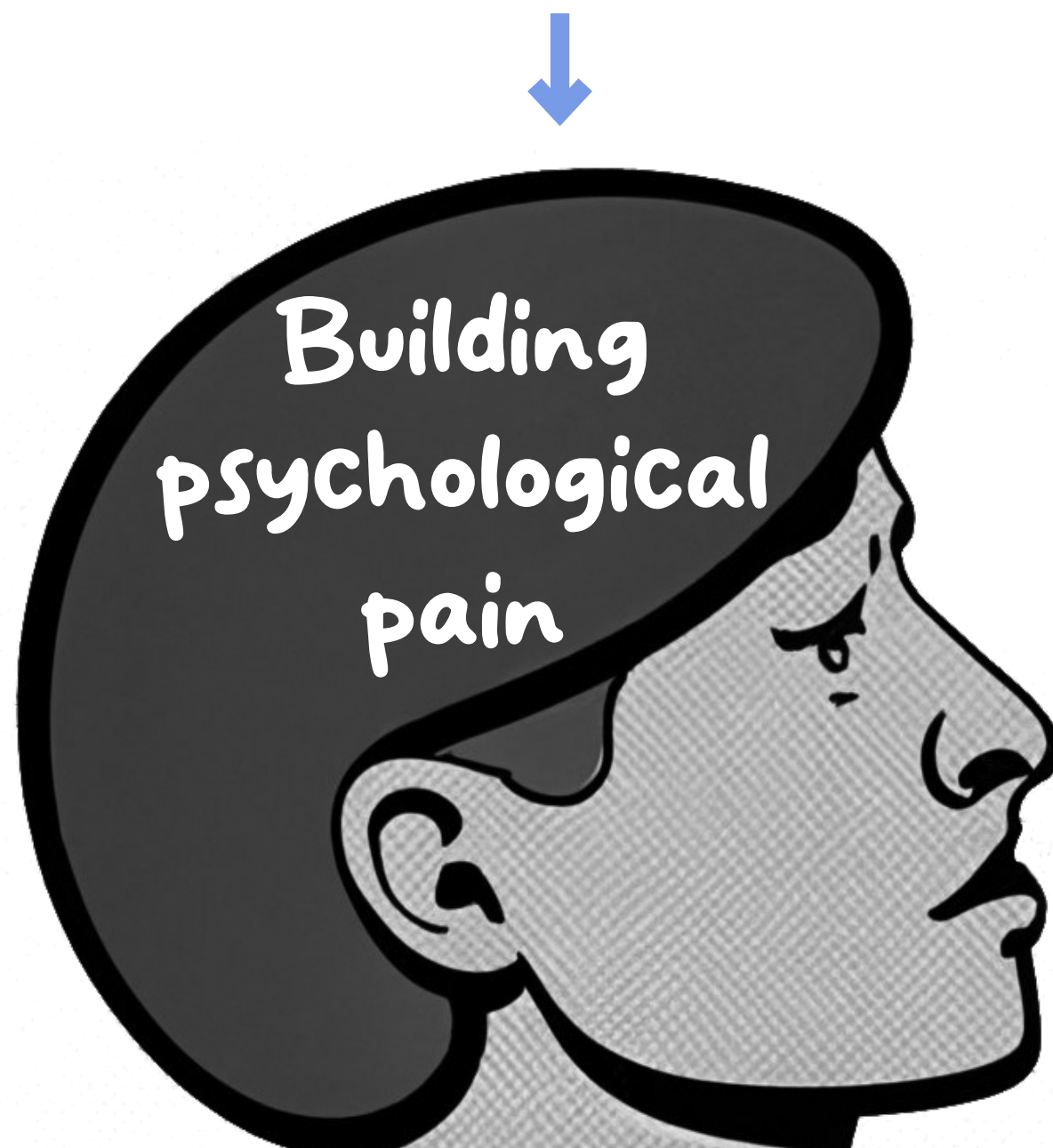
By looking at the various theories, we can group their ideas into three main causes of suicidal pain:



1. PAINFUL FEELINGS ABOUT SELF

For example:

- > Feeling like a failure
- > Feeling like a burden
- > Feeling unloveable



2. RELATIONSHIPS CHALLENGES

For example:

- > Feeling lonely
- > Feeling an absence of caring relationships
- > Feeling like you don't belong
- > Feeling like you don't matter to others



3. PAINFUL EMOTIONS

For example:

- > Feeling defeated
- > Feeling trapped
- > Feeling hopeless / helpless
- > Feeling used to pain



OVERWHELMING SUICIDAL PAIN.

Psychologists suggest if suicidal pain builds without proper release, it can reach a **threshold** where the pain becomes unbearable.

We may then move from **thinking** about suicide to making an **attempt** - especially if we have had experiences where we have become used to pain.



putting it altogether...

Potential sources of suicidal pain:

FEELINGS ABOUT SELF

- > Feeling like a failure
- > Feeling like a burden
- > Feeling unloveable

RELATIONSHIPS

- > Feeling lonely
- > Feeling an absence of caring relationships
- > Feeling like you don't belong
- > Feeling like you don't matter to others

EMOTIONS

- > Feeling defeated
- > Feeling trapped
- > Feeling hopeless
- > Feeling helpless



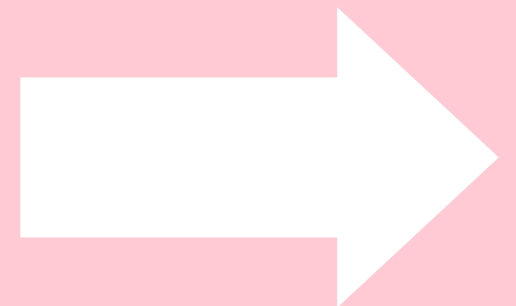
Emergence of unbearable psychological pain and suicidal action

- > Higher risk if we have become used to pain, lost someone to suicide, or attempted suicide in the past



THEORIES OF SUICIDE

SUMMARY



RECOVERY
FACTORS

MANAGING SUICIDAL PAIN.

Suicide is a complex behaviour with multiple factors contributing to a person's distress.

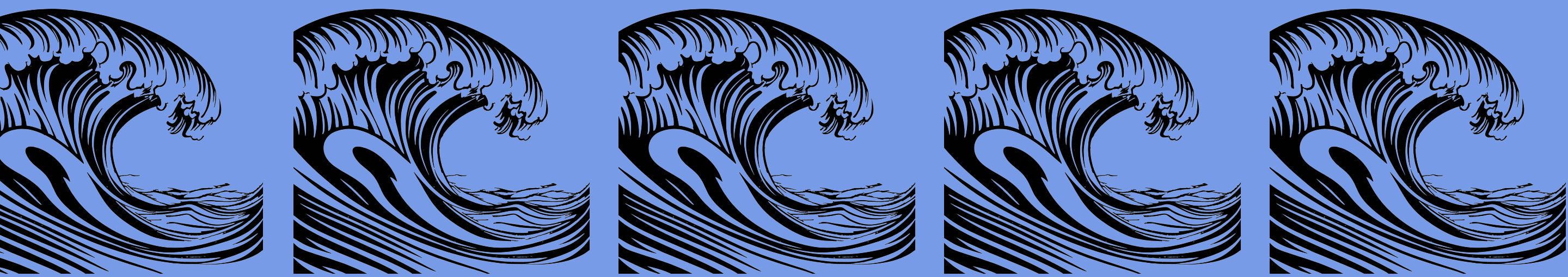
This complexity means there are not always quick solutions to resolving suicidal pain.

Instead, it may require tackling challenges bit by bit, taking life one day at a time.

Recovering from a suicidal crisis does not necessarily mean you will never feel suicidal again.

For some people, it is about accepting thoughts of suicide but recognising that they are temporary and developing strategies to cope with them.

Remember, suicidal feelings can be like a storm that comes and goes.



Recovery can be a long-term process. We may need interventions from different sources at different times. Similarly, some help-seeking experiences may be negative because of long waiting lists, a lack of services, or a lack of connection with staff.

We all need to build our own toolkit of the things that help us manage our pain.



In my research, different men have found comfort in the following:

Medication

Talking Therapy

Peer-support

Solitude

Family

Friends

Podcasts

Nature

Literature

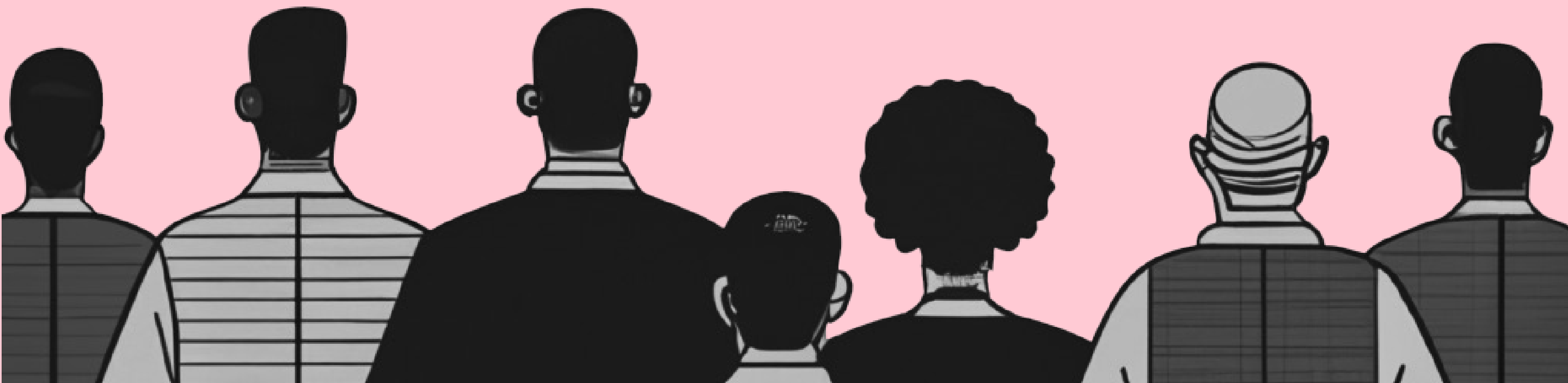
Music

Self-learning

Sports

Volunteering

Walking



Ideas from suicide theories about how to manage suicidal pain revolve around addressing the three key drivers of it:

1. FEELINGS ABOUT SELF

Psychologists suggest we need to be more compassionate and forgiving towards ourselves. We need to stop blaming ourselves and challenge ideas we may have about being a failure or a burden. Talking with a therapist can help us to recognise our strengths and the good things we bring to others. Or, volunteering and helping others can make us feel useful and appreciated.



2. RELATIONSHIPS WITH OTHERS

Finding like-minded community and starting to see that we matter to others may help reduce suicidal feelings. For example, joining community groups, engaging in social activities, or seeking peer support from like-minded others.



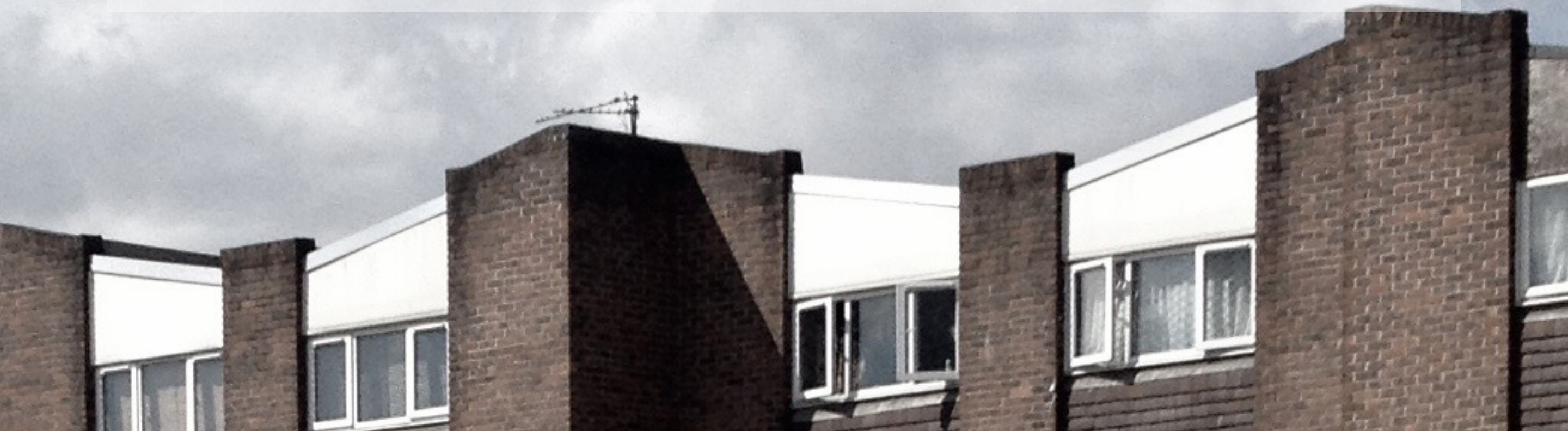
3. PAINFUL EMOTIONS

A safety plan can help keep us safe when our emotions are overwhelming.

Over the long-term exploring our feelings - through therapy, self-reflection, podcasts, reading, talking to others - can help us start to understand what drives our pain and give us more control over our feelings. Increasing our understanding of our emotions can help us manage our desire for death, and strengthen our desire to live.

Male suicide prevention is not just about support for at-risk individuals.

It also means help for families, improvements to health services, strengthening community responses, tackling cultural ideas that may be damaging or restrictive to men, and making sure we are providing empathetic spaces for men to share their pain. We all have a role to play in creating more compassionate and connected communities.



The creation of this guide was supported by generous funding from MANUP?

At MANUP? we recognise the growing trend of men starting to open up about their mental health challenges.

We aim to take this a step further by cultivating a culture of attentive and empathetic listening. We strive to equip individuals, be they partners, family members, or friends, with the understanding and tools necessary to support the men in their lives effectively.

Our focus lies in enlightening society about the importance of speaking up about mental health issues and ensuring an informed, compassionate audience ready to listen and respond.

MANUP? is leading the charge in transforming how mental health is discussed and addressed within communities, promoting a more supportive and proactive approach to male mental wellbeing.



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Your feedback is invaluable in helping me evaluate impact and improve future materials.

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MALE SUICIDE RESEARCH

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