

THEORETICAL ARTICLE

Health Psychology

Editor

Raquel Souza Lobo Guzzo

Conflict of interest

The authors declare that there is no conflict of interest.

Received

June 20, 2023

Approved

December 14, 2023

Suicidality: a concept in perspective

Suicidalidade: um conceito em perspectiva

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How to cite this article: Pereira, W. S. B. (2024). Suicidality: a concept in perspective. *Estudos de Psicologia* (Campinas), 41, e230054. <https://doi.org/10.1590/1982-0275202441e230054>

Abstract

Objective

In the field of psychology, there are concepts related to suicide that are not yet clear enough for application in clinical practice. The term “suicidality” is commonly used in international literature. However, the concept it encompasses remains unclear. The term “suicidality” is frequently used in international publications, but its exact definition remains ambiguous. To address this, a theoretical-reflective study was conducted, drawing from a comprehensive literature review aimed at clarifying the concept of suicidality as used in scientific literature on suicide.

Method

A thorough literature review was carried out, utilizing databases such as PubMed, Web of Science, Scientific Electronic Library Online, Latin American and Caribbean Center on Health Sciences Information Psychology Electronic Periodicals, and Latin American and Caribbean Health Sciences Literature. The search was based on the keywords “suicidality” and “suicide.”

Results

Following the application of inclusion and exclusion criteria, a total of 27 sources were included in the analytical corpus, encompassing books, review articles, research articles, theses, and dissertations. The reviewed studies approached suicidality as encompassing suicidal tendency, suicidal behavior, suicidal ideation, previous and current suicide attempts. This finding underscores the existing gaps in understanding the concept of suicidality.

Conclusion

Based on the findings, it is suggested that suicidality be understood as an inherent attribute that can vary in intensity, manifesting in the absence of vitality and leading individuals to consider suicide as a potential option, even in the absence of actual suicidal behavior.

Keywords: Bioethics; Psychology; Suicidality; Suicide; Suicide prevention.

Resumo

Objetivo

Nos debates da Psicologia sobre suicídio, há conceitos que não estão ainda claros para que sejam inseridos na prática clínica. Suicidalidade é um termo frequente nas publicações estrangeiras, porém, não se tem clareza do conceito que melhor o descreve. Realizou-se estudo teórico-reflexivo a partir de revisão de literatura a fim de investigar o conceito de suicidalidade utilizado na literatura científica que trata do suicídio.

Método

Realizou-se uma de revisão de literatura, com busca nas bases de dados Biblioteca Virtual de Saúde; PubMed, Web of Science, Scientific Electronic Library Online; Latin American and Caribbean Center on Health Sciences Information Psychology Electronic Periodicals; Latin American and Caribbean Health Sciences Literature, a partir dos descritores suicidalidade, suicídio.

Resultados

Após submissão aos critérios de inclusão e exclusão, o corpus analítico foi constituído por 27 suportes, entre livros, artigos de revisão, artigos de pesquisa, teses e dissertações. Os estudos analisados trataram suicidalidade como tendência suicida, comportamento suicida, ideação suicida, tentativas anteriores e atuais, achado que reforça as lacunas em torno do conceito de suicidalidade.

Conclusão

Propõe-se que o conceito de suicidalidade seja o de atributo inato que pode ser ativado, baixo, alto; e que se mostra em ausência da vitalidade, fazendo a pessoa considerar o suicídio como possibilidade, mesmo sem desenvolver comportamento suicida.

Palavras-chave: Bioética; Psicologia; Suicidalidade; Suicídio; Prevenção do suicídio.

Whenever researchers in psychology attempt to undertake epistemological approaches to the phenomenon of suicide, conceptual discussions arise as reflections of the failed attempts to persuade individuals to choose to stay alive. The discussion is thus confined to the endeavor to standardize statements for the improvement of clinical practice with patients who have attempted or are contemplating suicide.

However, the epistemological understanding of suicide requires convergence between philosophy and clinical and social psychology, as the debate is inevitably linked to the decision to live or die, as well as to the ontological question concerning the meaning of life.

The majority of the Latin American population is marked by profound social inequality, a life deprived of access to essential services, and hunger. In these scenarios, suicide is inevitably seen as a way out of such suffering. However, most people facing these and other resulting hardships do not attempt to die. Why? What protects and exposes individuals to suicide? Is it of an intrapsychic or conjunctural nature?

Bioethical discussions on suicide sometimes rest on life as a right. Thus, since rights entail corresponding duties, living is perceived as a duty. However, there are individuals who opt out of life even in favorable social contexts (favorable from an external perspective), such as countries with central economies, without necessarily bearing mental disorders, using drugs, or having suffered losses other than mundane ones.

This prompts concerns about the admissibility of suicide as a way out and what inhibits this admissibility. The challenge of comprehending one's decision to end their life interferes with the development of public policies. Interventions to reduce access to lethal means, while effective in moments of impulsivity, are insufficient. Again, there is a lack of convergence between epistemology and ontology for a praxis more aligned with the complexity of the phenomenon.

Since Edwin Shneidman coined the term and concept of psychache, studies on suicide have gained momentum, notably in Psychiatry. He was categorical when he stated that he had only five words in mind: "suicide is caused by psychache" (Shneidman, 1993, p. 145). Shneidman described psychache as a profound pain, not necessarily linked to clinical depression but rather to the frustration of basic psychological needs, such as self-respect and belonging. Psychache would then be the state of psychic pain that does not cry out, inhibits consciousness, constricts it, and precedes the suicide

attempt (Shneidman, 1993). There is still some difficulty in translating “psychache”; some authors refer to it as hopelessness, while others consider them to be distinct terms and concepts. What is a fact is that following Shneidman’s proposition, psychache became a trait that psychiatrists and psychologists worldwide began to look for in their patients exhibiting suicidal behavior.

The concept introduced by Shneidman makes an enormous contribution as it delineates the pain that looms over the body and mind, an ethical pain that challenges the norms of psychiatric clinics and Psychology, and that can be deeply intertwined with another concept not yet fully clarified, that of suicidality. Shneidman (2004) referred to suicidality as suicidal tendency.

In Brazil, however, inaccuracies in the use of the term are noticed, perhaps because Shneidman himself did not provide significant considerations about the concept. What exactly constitutes one’s suicidality? Is it an innate attribute, inert until activated, or is it a cause or consequence of acts against oneself? The aim of the theoretical reflection presented here is to ascertain how the concept of suicidality appears in published studies and research and to determine the prevailing tendency in suicidological literature.

Method

This is a theoretical-reflective study focusing on the contemporary concept of suicidality and the possible epistemological positions that support it. The central inquiry was directed at understanding how suicidality is conceptualized within the existing literature. The article was composed based on the following investigative paths: searching for articles published between 2000 and May 2023, and reading their abstracts for a preliminary analysis, ensuring they addressed the topic of suicide, including some discussion on the concept of “suicidality”. Those that met the criteria were read in full to form the basis of this review.

Following the preliminary analysis, a noticeable scarcity of review articles specifically exploring the concept of suicidality was observed. Consequently, an additional search was conducted, including master’s theses and dissertations. Although classified as ‘grey literature’ due to their divergence from traditional publication outlets, theses and dissertations undergo evaluation by a committee of experts, thus serving as important indicators of the perspectives of postgraduate programs on the subject. Notably, in comparison to the extracted articles, theses and dissertations yielded more frequent references to the theme, providing valuable insights for the construction of this study.

The search for data sources was conducted between January and May 2023, utilizing the following descriptors: suicidality, suicide, suicidal ideation. The databases and journal portals used in the search process included: Virtual Health Library (BVS), PubMed, Web of Science, Scientific Electronic Library Online (SciELO), Latin American and Caribbean Center on Health Sciences Information (Bireme), Psychology Electronic Periodicals (PePSIC), Latin American and Caribbean Health Sciences Literature (Lilacs).

Duplicates, articles that only contained the term in the title or chapters without discussing the concept of suicidality, interviews, extended abstracts, letters to the editor, and publications in languages other than English, Spanish, or Portuguese were excluded.

Results

Table 1 presents the data sources used for the study, organized by year of publication and authorship. After addressing the guiding question, 27 data sources were selected, including review articles, book chapters, field research articles, dissertations, and theses.

Table 1*Distribution of data sources by year of publication and authorship*

Year	Type of data source	Authorship
2003	Article	Holden & Kroner
2003	Review Article	van Heeringen
2004	Article	Warman et al.
2006	Book	Sakinofsky
2006	Article	Pompili et al.
2007	Article	Stack & Lester
2007	Article	Cheng & Chan
2010	Article	Hargus et al.
2010	Article	Meyer et al.
2013	Thesis	Sobrinho
2014	Thesis	Silva Oliveira
2014	Book	Guerreiro & Santos
2014	Dissertation	Bauer
2018	Review Article	Wolford-Clevenger et al.
2019	Dissertation	Agne
2019	Thesis	Nunes
2019	Article	De Jaegere et al.
2019	Article	Kotzian et al.
2020	Article	Dourado et al.
2020	Article	Betz et al.
2021	Article	Rabasco & Andover
2022	Dissertation	Fidelis
2022	Article	O'Halloran et al.
2022	Article	Santos Souza et al.
2022	Article	Kingsbury et al.
2023	Article	Soper & Shackelford
2023	Article	Clark et al.

The analysis of these sources revealed a scarcity of conceptual discussion about suicidality, amidst the prevalence of terms such as suicidal tendency, followed by suicidal behavior, suicidal ideation, and history of attempts.

Discussion

The term “suicidality” was predominantly encountered in theses and dissertations authored by researchers from Portugal and Brazil. Review articles published between 2003 and 2009 associated the term with suicidal tendency (Nock et al., 2008; Sakinofsky, 2006) and prior attempts. Recent articles do not provide a definition for the term, but suggest that it encompasses a multidimensional phenomenon, while others utilize the term without mentioning the concept. Meyer et al. (2010) even recommended the discontinuation of the term “suicidality” due to its conceptual complexity, deeming it unhelpful for clinical practice, suggesting that it should be replaced with terms such as suicidal ideation, behavior, and suicide attempts.

Nunes (2019) regards suicidal intentionality as the most intense manifestation of suicidality, accompanied by anxiety and depression. He associates gradients of suicidality with malaise and dysfunction. Fidelis (2022) views suicidality as suicidal behavior.

Kotzian et al. (2019) consider suicidality as a declarative concept. In their study on the prevalence of abuse and suicide, they applied an adaptation of the Patient Health Questionnaire. Based on the responses to how often a week participants thought about hurting themselves or

thought they would be better off dead, the authors established the presence of suicidality. Although not a comprehensive research report, it was included in the review as a means to access suicidality, supposedly understanding it as a participant's acknowledgment to the possibility of dying.

The reading of selected articles and grey literature for this review pointed to the absence of a precise conceptualization of suicidality in Brazil. There were articles in English that viewed suicidality as synonymous with suicidal ideation, a recurring desire to die by suicide, and prior or current attempts. Nevertheless, the term "suicidal ideation" already exists to conceptually account for repetitive thoughts about death, in an escalation that can lead to the act.

Suicidology is a field of knowledge and social and clinical practice where the latest incursions on self-inflicted death are inserted, still in the developmental stages in Brazil. Therefore, it is proposed as an epistemological standpoint that suicidality is not synonymous with suicidal ideation but rather an attribute inherent in all human beings, as if it were an antithesis of vitality. Not vitality as quantified by physiological functioning, nor by scales such as the Subjective Well-Being Scale or the Memorial University of Newfoundland Scale of Happiness (MUNSH). The vitality that resists suicidality, composing with it a dialectical unity, is dynamically graded, adjusting itself without conscious thought. Conversely, the manifestation of our suicidality is the innate manner in which we perceive being alive and how we envision ourselves in death.

Thus, each individual's suicidality can manifest as active, inactive, fluctuating on a scale from low to high, responsive to life events, combined with genetic predispositions, the presence of disorders, the value system with which we navigate the world and life; the bonds we weave.

Holden and Kroner (2003) points to the presence of hopelessness as a catalyst for heightened suicidality. He also postulates that the heightened aggression present in some individuals displaying suicidal behavior may indicate elevated suicidality, in an attempt to preserve the plan to die by suicide. Guerreiro and Santos (2014) refers to the suicidal plan as an indicator of passive suicidal ideation.

An individual with active suicidality could be someone who has adapted to living with disorders that often led them to seek death as an escape. For example, someone living with Borderline Personality Disorder, depression, or bipolar disorder must constantly reinforce social coping mechanisms for dealing with discomfort, in an active suicidality, experienced but not always intense, dependent on the incidence of external events on their emotional state.

But what triggers suicidality in an individual? Bauer (2014) and Pompili et al. (2006) state in their studies that mental and anxiety disorders would be responsible for suicidal behaviors and the propensity for death by suicide. Nunes (2019), following a cross-sectional and observational study involving 191 self-identified sexual minorities, found what he termed greater suicidality among participants lacking a social support network, a history of abuse at school, and drug use. Mesquita (2013) refers to anger as a factor that intensifies suicidality among adolescents. Some studies link Obsessive-Compulsive Disorder to increased suicidality. The literature is also abundant in associating suicidality with Burnout Syndrome, Depression, Stress, Obesity, Psychosis, Borderline Personality Disorder, Epilepsy, Autism (Agne, 2019; Cheng & Chan, 2007; Hargus et al., 2010; Lee et al., 2022; O'Halloran et al., 2022; Pompili et al., 2006; Stack & Lester, 2007; van Heeringen, 2003).

Studies published between 2017 and 2023 have investigated suicidality among transgender individuals, consistently linking it to suicidal ideation and behavior, stemming from familial, social, and institutional barriers to the acceptance of trans identity (Carter et al., 2019; Clark et al., 2023; Rabasco & Andover, 2021; Santos et al., 2022; Wolford-Clevenger et al., 2018). The reading of these articles does not lead to an understanding of transgender individuals as bearers of high suicidality

but rather as individuals perpetually exposed to shaming, contempt, and disenfranchisement. The same applies to families living below the poverty line. In a society with fair income distribution, it is conceivable that the suicide rate within this demographic would be reduced to levels commonly seen in the general population. Betz et al. (2020) discussed access to lethal means during the pandemic as a catalyst for suicidality, referred to by the authors as suicidal ideation.

It is possible to associate Shneidman's notion of high suicidality/suicidal tendency with the presence of psychache, certainly triggering the impulsivity that leads to the act.

As per impulsivity taken in isolation, caution must be exercised, as not all individuals dealing with high impulsivity attempt to die by suicide. Just as not all individuals experiencing suicidal ideation suffer from psychache. However, according to Shneidman, the presence of psychache implies impulsivity.

The state of knowledge about suicidality is still in its early stages, leaning towards the search for clinical practice rather than conceptual discussion. Placing suicidal behavior and suicidality in the same perspective reinforces the erasure of the psychological complexity that every individual represents.

Understanding that someone possesses active suicidality, in a dialectic that complements vitality, requires an ethico-political perspective open to the diversity of ways of relating to one's own existence. There is a range of psychological states that border on disorder, activate suicidality, but do not fit into the established psychopathological frameworks and do not necessarily lead to suicide.

Along this same line, there are also personality disorders, reactions to traumatic situations, vulnerabilities, and other states already described in technical compendiums that activate suicidality and provoke suicide. What is common between these two orders of psychological states is that, in both cases, suicide may not occur if there is adequate assistance from the Public Authorities. There is an urgent need to establish public policies for the dissemination of mental health care centers and psychological assistance, with differentiated protocols for promoting emotional security, disease prevention, social skills training, support, and strengthening of vital bonds in schools, businesses, public agencies, and all areas of coexistence.

A limitation of the study is the fact that it did not address intrapsychic conditions such as helplessness, which is present in individuals with suicidal behavior; nor did it address vulnerability, which has an intrapsychic dimension but is expressed in the external context, facing the structural problems faced by the majority of the population.

Conclusion

The study and the reflections that emerged confirm that suicidality is a term that is being used more frequently but little discussed conceptually in Brazilian Suicidology. Publications tend to equate it with suicidal tendency, history of attempts, and suicidal behavior.

It is recommended for future studies to discuss suicidality as an expression of social inequality, given that it is known that after the pandemic, the social suffering produced by the increasing impoverishment of the population has intensified. There is a need to include spaces to produce mental health for those who, for some reason, carry self-inflicted death as part of their repertoire of coping strategies in the face of life's struggles.

The contribution of the study is to make clear the tendency to place suicidal behavior, suicidal ideation, and prior attempts under the same framework. In truth, the contribution of the review

is epistemological and bioethical since suicidality can be understood as an attribute not subject to value judgment but as a personality trait to be taken into account for undertaking a demystifying, reconstructive, and emancipatory practice concerning individuals with active suicidality.

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