Suicide Glossary for Psychotherapists
Mostly Annotated 5.0

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Introduction

Treating professionals and researchers need a common language to communicate better. I compiled this glossary of more than 300 terms to help teachers, researchers, students, and self-directed learners to understand the concepts related to suicide better. An index of the terms starts on page 37. Readers may also benefit from the annotated test questions and strategies for teaching suicide from the same author at Samuelknapp52@yahoo.com.

Aborted suicide attempt: "internal factors stop individuals from ending their own lives" (Chu et al., 2023, p 863).

Absolute words: "words, phrases and ideas that denote totality, either of magnitude or probability" (Al-Mosaiwi & Johnstone, 2018, p. 1). It often reflects a black/white attitude. *See cognitive constriction.*

Acquired capability for suicide: a hypothesized third factor (along with thwarted belongingness and perceived burdensomeness) that motivates a person to act on suicidal impulses. It consists of tolerance of pain and fearlessness about death and is increased through exposure to painful or proactive experiences (experiences involving exposure to pain, suffering, or death). The term has been replaced with Capability for Suicide, reflecting a belief that genetic factors may influence the capability for suicide. *See Capability for Suicide, Practical Capability,* and *Dispositional Capability.*

Acute risk factors: Immediate and often changeable factors that increase the risk of a suicide attempt, including recent stressful events and acute emotional states. Also called precipitating factors.

Acute Suicidal Affective Disorder: "a syndrome in specific individuals that leads to recurrent increases in suicidal intent" (Stanley et al., 2016, p. 98). It includes

(a) A geometric increase in suicidal intent over the course of hours or days (as opposed to weeks or months).
(b) One (or both) of the following: marked social alienation (e.g., severe social withdrawal, disgust with others, perception that one is a liability on others), and/or marked self-alienation (e.g., views that one's selfhood is a burden, self-disgust)
(c) Perception that the foregoing are hopelessly intractable; and

(d) Two or more manifestations of overarousal (e.g., insomnia, nightmares, agitation, irritability)" (Stanley et al., 2016, p. 98).

It is similar to the *suicide crisis syndrome*. Research is ongoing to identify better the psychological states immediately preceding a suicide attempt.

Adverse childhood experiences: *see childhood adversity*

Adverse events: harms that come to patients in hospitals or health care systems incidental to the appropriate delivery of health care treatment, such as falls, assaults from other patients, or medication errors.

Affected by suicide: "All those who may feel the impact of suicidal behaviors, including those bereaved by suicide, as well as community members and others" (US Department of HHS, 2012, p. 138).

Affect-regulation model of NSSI: "self-injury serves as a mechanism for relieving negative affect or emotions and that NSSI becomes a maladaptive way to manage negative emotions" (Brausch & Woods, 2019, p. 870).

Agitation: "increased motor and mental arousal and is characterized by excessive and/or repetitive behaviors (e.g., fidgeting, hand wringing, pacing, etc.) coupled with expressions of mental anguish, tension, or emotional turmoil" (Ribeiro et al., 2013, p. 212).

"time-limited state characterized by distressing psychological arousal (e.g., mental anguish, emotional turmoil) and increased motor function (e.g., fidgeting, restlessness)" (Law et al., 2021, p. 89). *Anger* and *rumination* appear to sustain the agitation.

Alarmist: A mental health professional who overreacts to a patient's discussion of suicidal ideation; and is quick to embrace inappropriate and intrusive safety measures, such as the injudicious use of an involuntary hospitalization (Joiner, 2005; Knapp & Schur, 2019). According to Joiner (2005), it is one of the two inappropriate responses to suicidal patients: the other being dismissive.

Ambivalence: a state where two incompatible objectives appear equally or near equally appealing or unwanted.

Anger: may be thought of as having two components: "internal hostility, which is composed of suppressed anger, and feelings of anger, disgust, and contempt directed towards one's self; and externalized anger, or feelings of annoyance, contempt, hostility, and aggression, and the desire to express those feelings toward others" (McKinney et al., 2017, p. 101).

Anhedonia: a reduction in the ability to feel pleasure even in once enjoyable activities.

Anxiety Buffer Disruption Theory: "posits that cultural worldview, self-esteem, and close relationships form a buffer between an individual and existential anxiety. . . However, trauma

disrupts an individual's worldview, self-esteem, and relationships and leads to anxiety and PTSD symptomatology. Thus negative changes in perceptions including a decreased appreciation of life, a breakdown of personal strength and efficacy, and a sense of lack of possibility (referred to as disrupted world view) may be likely and lead to increased impairment following trauma" (Blevins et al., p. 11).

Anxiety sensitivity: "fearing anxiety-related sensations due to misinterpretations that these sensations have negative cognitive, physical, or social ramifications. . . stated differently, anxiety sensitivity can be broadly conceptualized as the "fear of fear" (Stanley et al., 2017, p. 95).

"exaggerated fear of anxiety-related symptoms" (Raines et al., 2017, p. 58).

"Whereas elevated AS [anxiety sensitivity] social concerns influence one to catastrophize the social consequences of publicly-observable signs of anxiety (e.g., blushing), elevated as AS physical concerns conflate physical symptoms of anxiety (e.g., shortness of breath) with potential harm or death (e.g., a heart attack), and elevated cognitive concerns may lead one to misconstrue racing or intrusive thoughts as a sign they are "going crazy" or will "lose control." (Boffa & Schmidt, 2019, p. 39).

Appraisal theory of emotion: "emotions are elicited by evaluations of and assumptions about events and situations" (Swee et al., 2021, p. 8).

ASSIP (Attempted suicide short intervention program): A manualized therapy consisting of three sessions following a suicide attempt. It has been effective in reducing the risk of future suicide attempts (see, for example, Gysin-Maillart et al., 2020).

Attachment theory: early experiences with caretakers establish an outlook or expectations for interpersonal relationships that predict the quality of future relationships.

Attachment relationships: "emotional bonds between people that develop early in life and influence relationships throughout adolescence and into adulthood" (O'Connor, 2021, p. 125).

Attempted suicide: *see suicide attempt*

Attentional bias: focusing on one type of information as opposed to others. As it applies to suicide, "attentional biases toward suicide-relevant cues involve the selecting processing of suicide-related information at the expense of attending to other information" (Rogers & Joiner, 2018b, p. 98). According to the cognitive model of suicide, attentional bias and rumination can lead people to conclude that suicide is the only solution to their problems.

Autobiographical memory bias: selective focus on aversive events in the past, which may interfere with one's capacity to solve social problems.

Baseline risk factors: factors that increase the risk of suicide, which do not change or which are unlikely to change, including demographic data, life history, and stable personality traits (dispositional vulnerability factors. Also called predisposing factors.

Behavioral models of NSSI: "interpersonal functions perpetuate NSSI through positive reinforcement (e.g., obtaining interpersonal resources, connection) and negative reinforcement" (Muehlenkamp et al., 2012, p. 68).

Behavioral pathway model of suicide: an assumption that suicide is the culmination of a progression from ideation to plan to attempt. However, it may not explain all trajectories.

Benefits and Barrier model of NSSI: "proposes that there are benefits to engaging in NSSI, but that there are also many barriers that prevent most people from engaging in these behaviors. Benefits of NSSI, such as improved mood upon the removal of pain. . . Barriers to NSSI include positive associations with the self and aversion toward NSSI" (Fox et al., 2018, pp. 279-280).

Bereaved by suicide: "family members, friends, and others affected by suicide of a loved one (also referred to as survivors of suicide loss)" (US Department of HHS, 2012, p. 138).

Binary thinking: variations on cognitive constriction or emotional tunnel vision in which an individual sees only two choices, one of which they have ruled out as unfeasible or unacceptable.

Brief Intervention and Contact (BIC): A brief intervention developed by the World Health Organization designed to reduce suicide attempts among high-risk persons. It has similar components to safety planning interventions, and data suggests that it can be effective in reducing suicide attempts (Brown & Stanley, 2022).

Bridge symptoms: According to network theory, "symptoms that lead to the activation in different networks, which may loosely resemble diagnostic categories" (Lass & Winer, 2020, p. 7). Symptoms shared by two or more disorders may explain high co-occurrence between diagnostic categories.

Brooding: "a tendency to dwell on the negative consequences of one's distress" (Roger & Joiner, 2017, p. 132), or "repeatedly dwelling on the consequences of one's suffering" (White et al., 2017, p. 97). It is one of the dimensions of *rumination*, with the other dimension being reflection.

Buffering hypothesis: The theory that certain variables can moderate or limit the impact of stress. Self-reported problem-solving or emotional intelligence are examples of psychological factors that buffer or reduce the impact of stress.

Bullying: "aggressive behavior involving a power imbalance" (Gini & Espelage, 2014, p. 545).

CAMS (Collaborative Assessment and Management of Suicide): A system of care for suicidal patients that focuses on a collaborative relationship with patients (Jobes, 2023). It is well researched, and one of the most effective interventions for reducing suicide attempts.

Capability for suicide: "lethal or near lethal suicidal behavior occurs when individuals possess the ability to overcome innate, self-preservation instinct" (Chu, Buchman-Schmidt, et al., 2017, p. 1316).

Pain tolerance and decreased fear of death are responsible for enabling the transition from desire to die and acts furthering that desire. Because it may involve potential genetic factors, it is often used instead of the older term, acquired capability for suicide.

According to Klonsky et al. (2017), the capability for suicide includes dispositional, acquired, and practical dimensions. "Dispositional contributions refer to biological/genetic factors that may increase suicide capability. One such example is pain sensitivity; individuals with lower pain sensitivities and/or higher pain thresholds may be more likely to attempt suicide since they are less afraid of inflicting pain on themselves. Acquired contributions refer to the variables emphasized by Joiner and include experiences that habituate people to pain, injury, and fear of death. Practical contributors are concrete or instrumental factors that make suicide attempts easier, such as knowledge and access to lethal means. For example, someone with access to a firearm and knowledge about how to operate the firearm has clearly increased their capability for attempting suicide" (p. 16).

Caring contacts: Brief and non-demanding messages to suicidal persons expressing concern for their well-being. They have reduced suicide attempts in large and randomized trials, although some smaller studies have not replicated these results (Comtois et al., 2019).

Centers of Meaning: core values or principles that guide people's lives, including religious or spiritual values. See also *Meaning in Life, Reasons for Living,* or *Values.*

Child abuse: mistreatment of children, which could include non-accidental injury, neglect or failure to provide for basic needs, such as food, shelter or protection from harm; emotional abuse or parental behaviors that will be likely to lead to permanent and severe emotional problems; and sexual abuse or exploitation. Those who experienced child abuse have an increased risk of suicidal thoughts and behaviors.

Childhood adversity: stressful events in childhood, including parental separation or divorce, death in the family, child abuse, childhood poverty, substance use, criminality, parental psychopathology, and residential instability. A high level of childhood adversity increases the risk of having suicidal thoughts.

Chronic illness: "Conditions requiring on going medical attention and/or that result in functional impairments" (Rogers et al., 2021b, p. 137)

Chronic suicidality: a pattern of recurrent suicidal threats, planning, preparation, or attempts.

Chronic risk: "the tendency to become suicidal when experiencing a crisis and the potential for future episodes and [which] represents characterological traits and experiences which are unique for an individual" (Menon, 2013, p. 432).

Co-bearing: "it implies the professional communicating an element of taking on the pain. . . . co-bearing is something felt by the patient, akin to a lightening of their load, achieved by the staff member's ability to stay connected with their pain" (Dunkley et al., 2017, p. 273).

Cognitive constriction: also called *cognitive rigidity*. The inability to see alternatives. For some it is "not possible to see the light at the end of the tunnel and for others it is like a mental trap, a cognitive prison from which they cannot escape" (O'Connor, 2021, p. 72). "It is similar to being in a psychological tunnel where, in your mind, there is no way out" ("O'Connor, 2021, p. 72). *See also absolute words*.

Cognitive flexibility: This term has been used in many different ways. Most emphasize the need for openness to alternatives or "the ability to adapt cognitive strategies in accordance with environmental feedback" (Park & Ammerman, 2023, p. 158). Suicidal patients tend to have less cognitive flexibility. Appears to be identical to *psychological flexibility*.

Cognitive reappraisal: "altering the emotional impact of an event by thinking about that event in a different way" (Franz et al., 2021, p. 1121).

According to the *process theory of emotion,* "the attempt to reinterpret an emotion-eliciting situation in a way that alters the meaning and changes the emotional impact. . . [It] aims to reduce negative emotions by changing the interpretation or appraisal of affective stimuli" (Ong & Thompson, 2019, p. 1193). It is one example of *cognitive restructuring*.

Cognitive restructuring: "the process by which the therapist assists the patients in identifying, evaluating, and challenging, and changing untrue and unhelpful automatic thoughts" (Green & Brown, 2015, p. 83).

Cognitive rigidity: *see cognitive constriction.*

Command hallucinations: auditory hallucinations that command the individual to perform a task or cause something to happen. They may direct a person to end their own life.

Commit suicide: An archaic term which has been replaced with the suicide or died by suicide.

Comorbidity: "the co-occurrence of two or more disorders, such as depression and substance use disorder" (US Department of HHS, 2012, p. 138).

"a further diagnosis which is secondary to an index condition" (Kavalidou et al., 2017, p. 81).

Compassion: "is more than simply being kind or caring. Rather it is also about having the courage to appreciate the causes of suffering in others and having the wisdom to know how to address these causes" (O'Connor, 2021, p. 236).

Complex (explanations for suicide): "many and perhaps an infinite (but nonrandom) number of combinations of a large number of factors are sufficient for accurate distinction, but no combination is necessary" (Huang et al., 2020, p. 556).

Complicated (explanations for suicide): “A specific set of a large number of factors is both necessary and sufficient for accurate distinction” (Huang et al., 2020, p. 556).

Complicated grief: “feeling of loss, following the death of a loved one, which are debilitating and do not improve even after time passes. These painful emotions are so long lasting and severe that those who are affected have trouble accepting the loss and moving on with their lives. Also referred to as “traumatic grief” or “prolonged grief”” (US Department of HHS, 2012, p. 138).

Concealed stigmatized identity: “individuals whose stigmatized identity (e.g., HIV and sexual minority) can be hidden from others” (Sheehan et al., 2019, p. 162).

“an identity that is not immediately apparent to others, yet [it] carries a high likelihood of external stigma if revealed” (Williams et al., 2018, p. 692).

Concerned alertness: The optimal attitude of a mental health professional working with a patient who has thoughts of suicide. The professional is sensitive to the risks, listens to the patient’s story, emotions, and concerns, and sits with the painful affect, then helps the patient to develop a plan for an emerging commitment to life. It differs from alarmist and dismissive attitudes (Joiner, 2005).

Confirmation bias: a tendency to interpret new information selectively, which confirms previous beliefs.

Connectedness: as defined by the Three-Step Theory (3ST) of suicide, “is a broad construct and may include many different sources of connection, such as connections to close friends or family, the broader community, a job, the city one lives in, pets, a sports team, a valued identity or role, or any sense of purpose or meaning” (Klonsky et al., 2021, p. 2). According to the 3ST, if connectedness is stronger than pain, then suicidal urges will remain occasional or low.

Contagion: “a phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person’s suicidal acts” (US Department of HHS, 2012, p. 139).

Coping: people's actions or attitudes to manage external or internal stressors. “A productive (i.e. functional) coping style is protective against suicidal ideation while a nonproductive (i.e. nonfunctional) coping style is associated with suicidal ideation” (Stanley et al., 2017, p. 189).

Coping “involves both cognitive and behavioral efforts aimed at reducing or controlling a stressor. . . is associated with maximizing the experience of positive emotions, including reducing the impact of negative emotions. . . is sometimes conceived aa a special category of emotional regulation under the presence of stress. . . , it is primarily directed at decreasing negative affect. . . In contrast emotion regulation can be applied to a wider range of circumstances (stressful and nonstressful) than coping” (Ong & Thompson, 2019, p. 1194).

Core competencies: those skills necessary to treat and assess suicidal patients. See, for example, Cramer et al. (2024).

Critical expressed emotions: "Critical, hostile, and overinvolved attitudes and behaviors directed from family members to affected individuals . . . [it] may confer risk for suicidal thoughts and behaviors among individuals with chronic physical illness" (Rogers et al., 2021b, p. 139).

Crisis Response Plan: It is similar to safety-plan interventions and has overlapping steps. It is often combined with lethal means counseling. *see also means safety*

Cultural Theory of Suicide: According to Chu et al. (2020), suicide can be influenced among minorities through culturally specific life events (including minority stress), cultural meanings or messages, and cultural idioms of distress. See *cultural sanctions, idioms of distress, social discord, and minority distress*.

Culture: behaviors, attitudes, or values that an identifiable group share.

Cultural sanctions: "messages of approval or acceptability supported by one's culture. . . Cultural sanctions of suicide can dictate the acceptability of suicide as a solution for one's problems" (Chu et al., 2010, p. 27).

Death Association Test: "based on the assumption that people pair related concepts more quickly than unrelated constructs, the Death IAT captures RTs [reaction times] of endorsing one association (e.g., Death = Me) versus another (e.g., Life= Me). . . Whereas most people strongly identify with life (i.e., Life = Me / Death = Not Me), suicide ideators weakly associate the concept of themselves with life (i.e., Death = Me / Life= Not Me) . . ." (Cha et al., 2018, p. 450).

Deaths of despair: deaths caused by either suicide, drug overdose, or cirrhosis of the liver.

Defeat: "the perception of a failed struggle, feelings of powerlessness, and a sense of losing social status or missing personal goals" (Forkmann et al., 2018, p. 1). Defeat is correlated with, but distinct from, entrapment, which also entails unbearable psychological pain. According to the integrated motivational/volitional theory of suicide, defeat and humiliation are some of the motivating factors leading to suicidal ideation (O'Connor, 2021).

"a perception of a failed struggle and powerlessness resulting from the loss or significant disruption of social status, identity, or hierarchical goals. . . Gilbert (2000) describes three main classes of events with the potential to induce perceptions of defeat: (1) a failure to attain, or loss of, valued social and material resources; (2) social put-downs or attacks from others; and (3) internal sources of attack, such as self-critical unfavorable social comparison, or unachievable ambitions. Examples of defeat cognitions include 'I feel I lost my standing in the world' and 'I feel defeated by life. . .' " (Siddaway et al., 2015, p. 150).

Deliberate self-harm: *see self-directed violence.*

Demographic factors: Factors in a person's life that are generally stable, such as gender, age, race, marital or relationship status, social status, education level, income, language use, and so on. Demographic factors related to suicide include low educational attainment, lower income, unemployment, and living alone.

Dialectical behavior therapy (DBT): an effective treatment for suicidal persons. Dialectical "means investigating contradictions and their solutions. In DBT, therefore, the aim is to resolve contradictory problems in people's lives by finding the balance between achieving acceptance and the need for change" (O'Connor, 2021, p. 215).

Diathesis: "Diathesis is often used to describe a genetic or biological predisposition or vulnerability for a disease, but in psychology, diathesis is used much more widely; to capture different types of vulnerabilities, including personality and cognitive vulnerabilities" (O'Connor, 2021, p. 109).

Diathesis-stress model of risk: "Most theories posit an underlying genetic vulnerability that is triggered by early adverse events, resulting in impaired development and function of neurobiological systems regulating behavior, affect, and cognitive function. Impairments in stress response systems may then be overwhelmed (during adolescence and adulthood) in response to a suicidal crisis. Thus, underlying genetic and psychological vulnerabilities are assumed to be triggered by environmental stressors, increasing likelihood of negative outcomes including suicidal behavior" (Fowler et al., 2012, p. 85).

Direct drivers: "Psychological forces idiosyncratic to the patient (e.g., various thoughts, feelings, and behaviors) that may thrust a patient into acute suicidal states. In other words, direct drivers are patient-specific idiosyncratic suicidal warning signs" (Jobes, 2023, pp. 113-114).

Disability: "a condition of the body or mind (impairment) that makes it more difficult for the person to do certain activities (activity limitation) and interact with the world around them (participation restrictions" (Marlow et al., 2022, p. 213). While impairments or health conditions refer to one's objective health status, disability is an impairment that limits an individual from fulfilling a social role. Functional disabilities increase the risk of suicidal ideation, although the increase is noticeably higher for those with cognitive or complex activity limitations or with multiple disabilities (Khazem & Anestis, 2019; Marlow et al., 2022).

Disclosure Process Model: "posits that disclosures can be either beneficial or harmful, depending on the goals of disclosure, the content of disclosure and the disclosure reactions of others. According to the DPM, potential disclosers consider their options with different goals in mind. If disclosure goals focus on attaining positive outcomes through disclosure (e.g., social support), these are approach goals, whereas if the focus is on avoiding negative outcomes (e.g., interpersonal conflict), then these are avoidance goals" (Sheehan et al., 2019, p. 164).

Disinhibition: "reflects individual differences in tendencies to plan ahead, think before acting, and persevere toward a goal despite distracting impulses" (Allen et al., 2022, p. 2). According to the Five Factor theory of personality, disinhibition is on the low side of conscientiousness.

Dismissive: a provider attitude to suicide persons in which their suicidal urges are ignored or minimized (Joiner, 2005; Knapp & Schur, 2019).

Dispositional capability: "factors driven largely by genetics that influence one's pain sensitivity or fearlessness about death" (Rogers et al., 2021a, p. 139).

Distant self-reflection: "referring to oneself in the third person" (Grossman et al., 2021, p. 1). A means of getting perspective on a situation.

Distress disclosure: "the general tendency of individuals to disclose rather than conceal personally distressing information" (Farber et al., 2019, p. 74).

Distress tolerance: "one's ability to withstand and tolerate negative and/or uncomfortable emotional states" (Lass & Winer, 2020, p. 2) or "the capacity to endure aversive psychological states" (Bryan & Rozek, 2018, p. 29). Persons with low distress tolerance may take extraordinary steps to avoid painful emotions. It is transdiagnostic and is linked to risky or dangerous behaviors such as smoking, substance misuse, or NSSI.

It differs from *grit* ("one's ability to work toward long-term goals over time") in that "grit is often considered a predictor of perseverance toward long-term goals (i.e., will this individual finish college?), whereas DT is often conceptualized as persistence toward goals in the short-term (i.e., will this individual abstain from smoking a cigarette during a period of distress?)" (Lass & Winer, 2020, p. 3).

It differs from *emotional regulation* "which entails the capacity to influence when and how one experiences (and expresses) emotions" (Bryan & Rozek, 2018, p. 29).

Drivers: *see direct drivers, indirect drivers*

Dynamic predictors: predictors that can change over time, such as changes in affect or arousal.

Ecological momentary assessment: "a technique in which people are asked in real time to tell us what they are doing and feeling at the moment, which they record on a mobile device" (O'Connor, 2021, p. 205).

Episodic planning: The idea that planning thoughts for suicide come and go and do not necessarily build up continuously (Anestis, 2018).

Emotion: a state of arousal that includes physiological changes, subjective feelings, and a disposition to certain behaviors.

Emotion-focused coping: attempts to regulate emotions by avoidance, denial, reappraisal, and seeking the emotional support of others.

Emotion reactivity: or emotional vulnerability. "the extent to which an individual experiences emotions (a) in response to a wide range of stimuli (i.e., emotion sensitivity), (b) strongly or

intensely (i.e., emotion intensity), and for as a prolonged period of time before returning to baseline level of arousal (i.e., emotion persistence)" (Nock et al., 2008, p. 107).

It is distinct but overlapping with *temperament,* which includes other aspects of emotions, such as emotion regulation.

Emotional avoidance: keeping "emotionally distant from the thoughts and feelings that precipitated the suicide attempt" (Ghahramanlou-Holloway et al., 2015, p. 104).

Emotional cascade: "an emotional phenomenon that occurs when an individual intensely ruminates on negative affect, thus increasing the magnitude of that negative affect to the point that an individual engages in a dysregulated behavior in order to distract from that rumination" (Selby et al., 2008, p. 593).

Emotional clarity: the ability to understand one's emotions.

Emotional control: "being able to recognize one's emotions, moderate social-emotional responses, and regulate one's impulsive behaviors" (Umphrey et al., 2021, p. 122). *See emotional regulation.*

Emotional dysregulation: when emotions become "out of proportion to a given situation. . . and prompt behaviors that interfere with an individual's productivity or survival" (Cassiello-Robbins et al., 2019, p. 7).

"the use of ineffective emotion regulating strategies (i.e., emotion regulation failures) and difficulty choosing the most appropriate strategy to achieve a goal" (Malivoire et al., 2019, p. 41).

Emotional flooding: "individuals become overwhelmed by their own emotions in a way that inhibits their ability to respond rationally" (Frey et al., 2017, p. 169).

Emotional intelligence: Ability to recognize, evaluate, and express emotion adaptively. It includes identifying, understanding, managing, and using emotions to adapt to one's environment (Caruso et al., 2002).

Emotional reactivity: "how readily one experiences emotions, including the sensitivity, intensity, and duration of emotional experience" (Chui & Liu, 2021, p. 402). It is one part of emotional experiences, the other being *emotional regulation*.

Emotional regulation: "the processes by which people influence which emotions they have, when they have them, and how these emotions are expressed and experienced" (Rogers et al., 2021b, p. 140). This includes cognitive reappraisal, emotional suppression, acceptance, distraction, and avoidance. It may involve automatic and deliberate responses and may occur before or after emotions develop. It is one part of emotional experiences, the other being emotional reactivity.

"the ability to withhold impulse behaviors under distress to pursue goal-directed behaviors, being aware of one's emotional experiences, and being willing to tolerate distress in the pursuit of goal-directed behavior" (Malivoire et al., 2019, p. 41).

"a set of regulatory processes that can be used to redirect emotion in order to modify the magnitude, latency, and duration of affective responses. . . it includes the management of both positive and negative emotions that arise under a wide range of stressful and nonstressful situations" (Ong & Thompson, 2019, p. 1193).

Emotion regulation (tension reduction) model of NSSI: negative emotions, high arousal, and tension often precede acts of NSSI and are reduced following it. Maladaptive emotional regulation strategies include NSSI or altercations.

Emotional self-efficacy: "beliefs are operationalized as an individual's ability to avoid negative emotional states (e.g., preventing nervousness, suppressing emotional thoughts) or restore a normal emotional state when experiencing a negative emotional state (e.g., self-talk to regain a positive attitude, calming yourself once scared or anxious" (Valois et al., 2015, p. 25).

Emotional suppression: "limiting outward expression of emotion after the emotion has already generated a response" (Franz et al., 2021, p. 1121).

Empathy: the accurate understanding of the experiences and emotions of another person. One of the three core conditions in Roger's client-centered therapy.

Entrapment: "an urgency to escape or avoid an unbearable life situation when escape is perceived as impossible" (Galynker, 2017, p. 150).

"a desire to escape from an unbearable situation, tied with the perception that all escape routes are blocked" (Teismann & Forkmann, 2017, p. 227).

"When people are motivated to escape threat or a stressful, unpleasant state or situation but the flight is blocked because of internal (e.g., insufficient coping agency, severe health problems, problems of feelings of guilt) or external circumstances (e.g., no help by others, problems at work, school or in personal relations)" (Forkman et al., 2018, p. 1).

"When the usual psychobiological motivation to escape threat or stress is blocked because of no or low likelihood of individual agency or rescue by others. . . As with perceptions of defeat, individuals can experience perceptions of entrapment in relation to external (e.g., difficult job or relationship; unwanted role as a caregiver) or internal (e.g., health problems; unwanted negative thoughts or emotions/experiences). Example entrapment cognitions include 'I am in a situation I feel trapped in' and 'I feel trapped inside myself'. . . Entrapment is differentiated from hopelessness, which does not include a motivation to escape or sense of diminished status" (Siddaway et al., 2015, p. 150).

An objective external situation is not required for psychological entrapment to occur. Gilbert and Allan divide entrapment into internal entrapment and external entrapment. "Internal entrapment

is being trapped by unbearable thoughts and feelings, whereas external entrapment is when the feelings of entrapment are driven by defeating or humiliating circumstances. And suicidal thoughts emerge when efforts to escape these thoughts and feelings are thwarted" (O'Connor, 2021, p. 91).

Entrapment differs from hopelessness and defeat because entrapment involves intense emotional pain, which may not necessarily be present in hopelessness or defeat.

Epidemiology: the study of the incidence (how often it occurs) and prevalence (how frequently it exists) of disorders in a community, often according to demographic or socioeconomic factors.

Equifinality: also called, indeterminacy. One event can have many different causes.

Eusocial: "indicates that we view ourselves as part of a larger community of other people and play a role in the continued life of the species" (Anestis, 2018, p. 22).

Executive functioning: "cognitive abilities crucial for everyday goal-directed behaviors, such as planning and decision-making. Impaired executive functions are likely to lead to poor decision-making which, in turn, may increase the likelihood that suicidal thoughts translate into suicidal action" (Klonsky et al., 2017, p. 17). Executive functions are linked to the pre-frontal cortex of the brain and are a core component of self-control ("will power").

Experience Avoidance Model of NSSI: "when some individuals experience strong, negative emotions, poor emotion regulation skills prompt them to avoid these emotions, leading them to use NSSI to do so" (Brausch & Wood, 2019, p. 870).

Experiential avoidance: when an individual does not maintain contact with private experiences, such as emotions, thoughts, or memories, and tries to alter or avoid these events.

Expression suppression: "the attempt to hide, inhibit, or reduce on-going emotion-expressive behavior" (Ong & Thompson, 2019, p. 1194).

Experts by Experience: people who have experienced the psychological issues being studied. Also called service users or people with lived experience (Schleider, 2023).

Evidence-based practice: The American Psychological Association's (APA) evidence-based practice model includes three factors: research evidence; therapist skill, judgment, and expertise; and consideration of patient preferences and identities (APA, 2021).

Failed attempt: an antiquated term that was once used to describe a suicide attempt that was not complete. It has been replaced with the words attempt or suicide attempt.

Foreseeability: "The steps the clinician takes to estimate the potential for an event like suicide" (Bryan & Rudd, 2018, p. 44).

"the reasonable anticipation that harm or injury is likely to result from certain acts or omissions" (Simon, 2012, p. 11). It differs from prediction, for which no professional standard for suicide prevention exists, and it differs from preventability, because a suicide might be preventable in hindsight, yet not foreseeable.

Flourishing: "Keyes (2002) proposed that "flourishing mental health" consists of three elements: (1) happiness and/or life satisfaction, (2) psychological wellbeing (e.g., one's life is meaningful and has a sense of direction), and (3) social wellbeing (e.g., having warm and supportive relationships with others). The concept of complete mental health refers to having flourishing mental health and being free of suicidal ideation and of mental illness, such as anxiety, depression, bipolar disorder, and addictions" (Baiden et al., 2016, p. 428-429). See the related term, *positive mental health*.

Fluid vulnerability theory: Suicide risk varies over time due to the interaction of stable and dynamic (changing) properties. Although some suicide risks may be stable, the risk may fluctuate around a stable baseline of risk due to recent external or internal changes (Bryan & Rudd, 2018).

Gatekeeper: "Those individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. They may be trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate. Examples include clergy, first responders, pharmacists, caregivers, and those employed in institutional settings, such as schools, prisons, and the military" (US Department of HHS, 2012, p. 139).

Goal orientation: "both disengagement from unattainable or unrealistic life goals (e.g., goal disengagement) and engagement with more attainable goals (i.e., goal reengagement when accomplishment of goals is thwarted)" (Rogers et al., 2021a, p. 1). Goal orientation is linked to good mental health, while difficulty in goal disengagement is linked to suicidal thoughts.

Grit: "the extent of perseverance and passion in pursuit of long-term goals" (Huen et al., 2015, p. 2), or "a type of psychological strength that involves long term work towards the betterment and advancement of oneself" (White et al., 2017, p. 98). High levels of grit may be a protective factor against suicidal thoughts.

Grit differs from *distress tolerance*, which is pain toleration for short-term goals.

Guilt: Painful emotion involving regret over past mistakes. Both guilt and *shame* involve the violation of a social norm. "Guilt more so than shame, may imply empathy toward others and a real concern about acting badly and hurting someone in the process" (Bastin et al., 2016, p. 456). "Guilt is generally referred to as a behavior-focused negative self-conscious emotion. . . with guilt, the focus is on the 'do'. . ." (Bastin et al., 2016, p. 456).

"The guilt experience is generally less painful and devastating than shame because guilt does not directly affect one's core self-concept." (Tangney et al., 1996, p. 1257).

Health inequities: "systematic differences in health outcomes between social groups where those from more socially disadvantaged groups live shorter lives and experience more ill health. In essence, the greater the health inequality, the greater the risk of suicide" (O'Connor, 2021, p. 26).

How disease, mortality, and health-related resources are distributed unequally across groups within a society.

Help negation: "the process by which individuals with acute suicidal ideation refuse or reject available treatment or support. . . in part due to the hopelessness, pessimism, and maladaptive coping often characteristic of suicidal individuals" (Hom et al., 2015, pp. 30-31).

Hope: "the ability to identify alternative pathways and a goal-directed determination to persevere even when faced with obstacles to achieving one's goals" (Umphrey et al., 2021, p. 122).

"Goal directed determination and planning of ways to meet goals" (Huen et al., 2015, p. 2). According to Snyder, hope is "a goal-directed model with two cognitive components, agency and pathways which are the "will" and the "way" to goal achievement" (Huen et al., 2015, p. 4).

Huen et al. (2015) state that hope and hopelessness are distinct but related concepts. One may expect some positive events to occur (hope), while also expecting some negative events to occur (hopelessness).

In contrast to optimism, hope comprises an initial will to pursue a goal and then the steps to reach the goal.

Hopelessness: "A state of having increased negative expectancies for the future" (Huen et al., 2015, p. 3).

"Hopelessness refers to a cognitive style characterized by a tendency to make negative attributions about the causes, consequences, and self-implication of future events" (Ribeiro et al., 2013, p. 208).

Huen et al. (2015) state that hope and hopelessness are distinct but related concepts. One may expect some positive events to occur (hope) and other negative events to occur (hopelessness).

Hopelessness Theory of Suicide: "proposes that hopelessness represents a key cognitive vulnerability for suicidal ideation and behavior" (Ribeiro et al., 2013, p. 208).

Hope Kit: "A collection of reminders about a patient's reasons for living that can then be used during a suicidal crisis to instill hope and distract from suicidal thinking" (Green & Brown, 2015, p. 79).

HPA Axis: the hypothalamic-pituitary-adrenal axis, which produces cortisol, a biochemical found in stress responses.

Humility: *"*having an accurate view of oneself, particularly of one's limitations" (Davis et al., 2017, p. 243), or "self-knowledge and an openness to the perspectives of others" (DuBois et al., 2013, p. 925).

Hyperarousal. *See Overarousal*.

Ideation to Action: a model where "the development of suicidal ideation and the transition to a suicide attempt are viewed as distinct processes" (Wetherall et al., 2018, p. 475). The three ideation-to-action models are the interpersonal theory of suicide, the integrated motivated volitional mode, and the three-step theory (3ST).

Ideators: Those who have suicidal thoughts.

Identity Disturbance: "unstable self-image or sense of self. . . reflect absence of clarity and involve sudden changes across multiple domains, including career choices, values, goals, internal preferences, and relationships. . . essentially those with disturbed identities feel unsure of who they are or are meant to be" (Duffy et al., 2022, p. 24). Lack of a stable identity can elicit states of dissociation.

Idioms of distress: "cultural variations in the manifestation of expression of psychological symptoms" Chu et al., 2010, p. 29).

If-then: *see implementation intentions.*

Implementation intentions: "specify when and where a particular goal-directed behaviour will be enacted" (O'Connor, 2021, p. 146). "they are useful techniques to encourage someone to break the links between existing triggers and subsequent suicidal behaviour" (O'Connor, 2021, p. 147).

"if-then plans, which specify good opportunities to act (in the 'if part' of the plan), along with cognitive or behavioural responses to these opportunities (in the 'then part' of the plan, e.g., If situation Y occurs, then I will initiate goal-directed behaviour)" (Toli et al., 2016, p. 71).

Implicit attitudes: unidentified or inaccurately identified traces of feelings or past experiences that influence current behaviors, feelings, and thoughts.

Impulsivity: "A range of behaviors or actions that were not well thought through" (Jobes, 2023, p. 85). Suicide attempts are called impulsive if there is a lack of a plan or if there is a shorter duration of time between the ideation and the attempt. It can be measured by self-report, behavioral impulsivity, or the time between suicidal thoughts and acts. Different forms of impulsivity include *negative urgency*.

Impulsive suicide attempts occur more often in persons who have a diagnosed alcohol disorder (Spokas et al., 2012).

In determinacy (equifinality): One event could have many causes. Different factors going through different pathways can produce the same result.

It is "a core feature of complexity that occurs when structurally different elements perform identical functions. . . it determines that there and many (and potentially infinite) ways to distinguish between groups" (Huang et al., 2020, p. 555).

Indirect drivers: any event, stressor, or experience that leads a person to believe their life is not worth living. "Issues or problems, or concerns that make the patient vulnerable to their direct drivers, but do not in and of themselves trigger acute suicidal states. By definition, these issues are not actually linked to acute suicidal states but can nevertheless set the stage for the patient's direct drivers to become activated, thereby creating a potentially acute suicidal crisis. Indirect drivers may be things such as drinking behavior, isolation, homelessness, insomnia, depression or trauma history—issues that the patient lives with every day but do not necessarily cause suicidal thoughts" (Jobes, 2023, p. 137).

Informed consent: An on-going process by which patients are informed about the treatment parameters before psychotherapy begins or as soon as feasible. Although informed consent is required for all psychotherapy patients, it may be especially important for patients with suicidal thoughts who may fear that they will be subjected to intrusive and unwanted interventions or the release of patient information without their consent. The informed consent practices are based on the overarching ethical principle of respect for patient autonomy, which is also manifested through practices that listen carefully to patients, involve them as coparticipants in psychotherapy, and solicit their feedback (Knapp, 2024a).

The informed consent process may also include psychotherapeutic elements to the extent that it elicits hope among patients, starts to build a psychotherapeutic relationship, and challenges their perceptions of helplessness, but promising to involve them as collaborators in the treatment (Knapp, 2024c)

Integrated motivational-volitional model of suicidal behavior. "The IMV is a tri-partite framework. . . to map the context in which suicide may occur (the pre-motivational phase), the development of suicidal ideation (the motivational phase), and the transition of suicidal thoughts into suicidal behavior (the volitional phase. Building on the cry of pain hypothesis . . . the motivational phase focuses on feelings of defeat and entrapment as the key drivers of suicidal ideation. Importantly . . . within the final phase of the model (volitional phase), it is argued that a group of factors labeled volitional moderators, governs the transition from thinking about suicide to attempting/dying by suicide. In addition to Joiner's concept of acquired capability, these factors include impulsivity, planning, exposure to the suicidal acts of others, access to means, past suicidal behavior, and mental imagery about death" (Wetherall et al., 2018, p. 476).

Intent (and motivation). "Motivation is often used interchangeably with intent. . . [but] there is a debate regarding whether intent and motivation are related or distinct concepts. For example, some have posited that intent represents the desired outcome of an act, whereas motivation represents something distinct, the underlying reason for the act. . . others suggest that intent is a subtype of motivation. . . proposing the existence of "because of" (representing the past events

that have led to or triggered the behavior) and "in order to motives" (representing the future-oriented goal or outcome of the behavior more closely aligned with the concept of intent). . . From this perspective suicide is seen as a means to an end rather than an end in and of itself" (Alonzo, 2021, p. 210).

Interdependence theory: "The idea that people in a close relationship come to be connected with one another in a wide range of rich and complex ways. . . an individual's daily experience consist of numerous interactions in which other individuals exert influence on them and they, in turn, influence the other participants in those interactions. When individuals form relationships with one another, it sets off an ongoing exchange, connecting individuals through a series of mutually reinforcing patterns of behaviors through operant conditioning. . . Individuals also start to develop cognitions about their interactions with others, including expectancies (predictions of what someone might do), attributions (why someone is doing something), assumptions, and standards, which all color their experience of social interactions (Leifker et al., 2021, p. 9).

Internal suicide debate hypothesis: "the assumption that suicidal individuals are often entangled in a struggle over whether to live or die and weigh up the reasons for living (RL) and reasons for dying (RD)" (Brüdern et al., 2018, p. 1).

Internalized stigma (self-stigma): "internalized negative messages and stereotypes that participants accepted about their identities" (Williams et al., 2018, p. 694).

Interoceptive skills: "the ability to notice, identify, and articulate emotional, and sometimes physiological cues within the body" (Brausch & Woods, 2019, p. 870).

Interoceptive deficits: "facilitate disconnection from bodily experiences which in turn make it easier to engage in behaviors that harm the body" (Dodd et al., 2018, 438-439). Those who attempt suicide often have interoceptive deficits, or the inability to recognize or identify their internal physiological sensations (Forrest et al., 2015).

Interpersonal constructs: "the relationships or actions between individuals" (Turnell et al., 2019, p. 780).

Interpersonal theory of suicide: "posits that death by suicide is comprised of two key factors: suicidal desire and the capability to make a lethal suicide attempt. Suicidal desire develops as a result of experiencing thwarted belongingness, perceived burdensomeness, and hopelessness about the future improvement of these states. . . thwarted belongingness is defined as a perception of the lack of a desired, reciprocally caring relationships and an unmet desire to belong. Perceived burdensomeness is the perception (whether objectively true or not) that one is a burden on others and that one's friends, family, or society generally would be improved if the individual were to die" (Tucker et al., 2018, p. 427).

Interrupted suicide attempt: "when individuals initiate actions to end their own lives but are stopped by external factors" (Chu et al., 2023, p. 863).

Irritability: an increased likelihood or proneness for annoyance and anger.

Involuntary defeat strategy: "a genetically wired, evolutionarily adaptive response to perceptions of defeat, which is activated automatically as a short-term damage limitation strategy in the context of social competition or conflict for evolutionarily meaningful resources. . . The IDS functions to signal a submissive no-threat status to others, facilitates withdrawal from unachievable ambitions, and inhibits further activity as to avoid excessive thoughts" (Siddaway et al., 2015, p. 150).

Just-in-time interventions: "an intervention design that adapts the provisions of support (e.g., the type, timing and intensity) over time to an individual's changing status and contexts, with the goal to deliver support at the moment and in the context that the person needs it most and is most likely to be receptive (Nahum-Shani et al., 2018, p. 446).

Just-world belief: A tendency to believe in fairness in the world, so that good people get rewarded and bad people get punished.

Lethal means counseling: See *means safety counseling*.

Lethality: an informal measure of the risk of dying caused by a particular means of suicide. For example, suicide attempts by firearms, which result in deaths 90% of the time, is considered to have a high lethality, while suicide attempts by drug overdoses result in deaths less often. "Medical lethality can be inferred from two different, but overlapping, components: the suicidal act's physiological outcomes and post-attempt medical procedures" (Levi-Belz, 2022, p. 592).

Life charting: A method to describe a person's life. The time geography approach looks at "the patient's life situation, including information on household moves, social capacities, and predisposing and/or precipitating life events" (Sunnqvist et al, 2013, p. 336).

Life course analysis: "Risk factors come into play at different stages of life. . . [and] suicide is the ultimate result of risk factors over a lifetime" (Fazel & Runeson, 2020, p. 267).

Lived experience: A perspective that looks at suicide or suicide interventions from the standpoint of the individuals who lived through it. Those with lived experience, "have personally had suicidal thoughts, feelings, and/or engaged in suicidal behavior" (Jobes & Chalker, 2019, p. 5). Those with lived experiences have contributed much to our understanding of suicide (Knapp, 2024b).

Loneliness: "a state that occurs when an individual feels their actual social situation is deficient relative to their desired social situation, and associates this with feelings of isolation and non-belonging" (Mueller et al., 2022, p. 249).

Loneliness differs from social isolation because "social isolation is usually characterized as an objective lack of meaningful and sustained communication, while loneliness is more referred to the way people perceive and experience the lack of interaction" (Poscia et al., 2018, p. 133). Although they overlap, they impact health outcomes differently.

Loneliness is correlated with a wide range of adverse health consequences, including mortality (Office of the Surgeon General, 2023).

Machine learning: "a branch of artificial intelligence based on the assumption that systems can learn from data, identify patterns within data, and make decisions about data with minimal human intervention" (Ribeiro et al., 2019, p. 943). The advantage of machine learning is that it can create algorithms to handle massive data sets and numerous factors.

Manipulative suicide attempt: A term that is defined inconsistently, but often referring to simulated attempts without a desire to die. The term is problematic because it may confuse intent with impact.

Meaning in life: "involves a felt or intuitive sense of meaning, a sense that one matters and is significant, a sense that one has purpose and goals and is engaged in life, a sense of coherence or comprehensibility, a sense of enjoyment of reflecting about meaning. Thus, I see reflectivity as the feature that unite all the components and that all of the components are interrelated, but that these components are not necessarily a complete description of this elusive construct" (Hill, 2018, pp. 22-23).

"Lives may be experienced as meaningful when they are felt to have significance beyond the trivial or momentary, to have purpose, or to have a coherence that transcends chaos" (King et al., 2006, p. 180). see also *reasons for living*.

Means Restriction: An outdated term. see *means safety counseling*.

Means safety counseling: removing or restricting access to how one may kill oneself. "Techniques, policies, and procedures designed to reduce access or availability to means and methods of deliberate self-harm" (US Department of HHS, 2012, p. 140).

"Systematic efforts to increase the safe storage/use of tools that may be used in a suicide attempt or the (typically temporary) reduced access to those methods" (Anestis, 2018, 68-69).

"The goal of lethal means counseling is to create physical distance between a patient at elevated suicide risk and potential suicide methods—particularly, a patient's stated preferred method of suicide and/or method he or she plans to use for a suicide attempt" (Rogers et al., 2018a, p. 1).

Mental health literacy: An individual's knowledge of the symptoms, causes, or treatment options for mental illness or the conditions that create psychological wellbeing.

Mental Shelving: The process by which an individual who had suicidal thoughts or plans in the past puts those thoughts or plans aside for a long period of time. However, these thoughts or plans may remerge and become active in the future during periods of stress (Bryan et al., 2022).

Metacognition: thoughts about thoughts or thoughts about the thinking process.

Mindfulness: "the process of paying attention to present-moment experience with acceptance and non-judgment" (Collins et al., 2018, p. 100).

"Mindfulness is a multifaceted construct comprised of several . . . facets: observe (i.e., noticing or attending to one's experiences), describe (i.e., labeling internal experiences with words), act with awareness (i.e., attending to one's action in the present moment), non-judging (i.e. being non-evaluative of thoughts and feelings), and non-reactivity (i.e. allowing thoughts and feelings to come and pass without becoming caught up in them)" (Roush et al., 2018, p. 167).

"Being mindful means being aware of both the external and internal stimuli, and wittingly re-direct one's attention to the present moment, so that one is neither overwhelmed by the vehemence of thoughts, emotions, and sensations, nor led in one's actions and choices by those cognitive contents and affects. Several different definitions of mindfulness share one common element: the non-judgmental attitude towards one's inner experience" (Barcaccia et al., 2019, p. 33).

Trait mindfulness may or may not develop from mindful practice.

Minority stress: "the high levels of chronic stress experienced by members of minority populations (including lesbians, gay, bisexual, or transgender populations) as a result of the prejudice and discrimination they experience from the dominant group in society" (US Department of HHS, 2012, p. 140).

One of the unique stressors related to suicide in Chu's cultural model of suicide.

Mobile health (mHealth): "health interventions that are delivered or supported via remote devices such as mobile phones, wearable technology, or personal digital assistants (PDAs)" (Arshad et al., 2020, p. 152).

Mode: "the structural and operational components of a personality. A mode is defined by an amalgam of unified, functionally synchronous cognitive, affective, motivational, and behavioral systems" (Ghahramanlou-Holloway et al., 2015, p. 96).

Moral injury: Definitions of moral injury may vary. Generally, it encompasses two overlapping concepts. The first is that a person has committed, witnessed, or failed to prevent acts that are so morally repugnant as to call into question the person's moral identity and to leave the person feeling not worthy of participating in the human race (Litz et al., 2009). The second is that the actors' trust in authority figures has been so shattered by heinous betrayal as to undermine their understanding of morality (Shay, 2014). Others have postulated that it may lead to PTSD, disrupt social bonds, or lead to functional impairments (Griffin et al., 2019).

Morbidity: "the relative frequency of illness or injury, or the illness or injury rate, in a community or population" (US Department of HHS, 2012, p. 141).

Morbid ruminations: thoughts about not wanting to live without an active plan to end one's life. *See also passive suicidal thoughts*.

Mortality: "the relative frequency of death or the death rate, in a community or population" (US Department of HHS, 2012, p. 141).

Motivational Interviewing: "A collaborative, goal-oriented style of communications with particular attention to the language of change, designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion" (Miller & Rollnick, 2013, p. 410)

Motivational stage (of the integrated motivational volitional model of suicide) in which there is the "emergence of suicidal thoughts" (O'Connor, 2021, p. 103).

Multiple pathways: The conventional understanding is a suicide attempt is preceded by suicidal ideation, followed by suicide planning, and then a suicide attempt. However, about one-half of those who attempt suicide deny suicidal ideation shortly before their suicide attempt. This suggests that "the progression to suicidal behavior need not follow any particular sequence of stages. From this perspective, people experiencing a desire for death—traditionally conceptualized as a less severe form of suicidal ideation—could potentially transition directly to suicidal behavior without passing through intermediate levels of risk such as active ideation and planning" (Bryan et al., 2022, p. 353).

Narcissism (pathological): "grandiose self-image in conjunction with dysregulation of self-esteem and affect and interpersonal difficulties in the context of perceived threat to the self. . . [it] involves grandiosity (inflated self-image, entitlement, fantasies of power or superiority) and vulnerability (need for admiration or perception of self-perfection, low esteem) factors" (Harrop et al., 2017, p. 929).

Narrative Crisis Model of Suicidality: "suicide is a volitional process that develops over time. Individuals reach the suicidal crisis if they have trait vulnerability and if they experience their life narrative as a dead-end sequence of events, termed the *suicidal narrative*. The model has three components: trait vulnerability, the suicidal narrative, and the suicidal crisis syndrome" (Galynker, 2017, p. 29).

"The Narrative Crisis Model of Suicide. . . provides a framework through which individuals with trait vulnerabilities, or distal risk factors for suicide (e.g., certain sociodemographic characteristics, adverse childhood experiences, or trait characteristics) develop certain views of themselves and/or society when faced with stressful life events. According to the NCM, such views of themselves and/or society are termed the "suicidal narrative" in which individuals view themselves as disconnected from others, defeated, a burden on others, and humiliated, and in which they fixate on unattainable life goals, culminating in a perception that one has no future" (Rogers et al., 2021a, p. 2).

Narrative identity: According to Don McAdams, "a person's internalized and evolving life story, integrating the reconstructed past, the present, and the imagined future to provide life with some degree of unity and purpose" (Galynker, 2017, p. 96). Individuals integrate their life experiences into an evolving story of themselves, giving them purpose and direction in life.

Narrative interview or Narrative assessment: "This interview allows the patient to tell the story of a recent suicidal crisis, including the thoughts, feelings, and behaviors that occurred prior to, during, and after the crisis. The narrative interview helps to develop the therapeutic relationship in addition to providing information for the cognitive case conceptualization" (Green & Brown, 2015, p. 70).

Negative affectivity (Neuroticism): "tendency to experience frequent and intense negative emotions, including sadness, irritability, anxiety and fear" (Allen et al., 2022, p. 2).

Negative urgency: "an emotion-based type of impulsivity that comprises acting rashly when in a negative or distressed state" (O'Connor, 2021, p. 165).

"An individual's propensity to act impulsively when distressed. . . . the tendency to reduce negative feelings though rash actions" (Martin et al., 2020, p. 807). "Individuals with a history of suicidal behavior reported higher levels of negative urgency than those with no history of suicidal thoughts and behaviors" (Martin et al., 2020, p. 807).

Nonsuicidal self-injury (NSSI): "the intentional destruction of body tissue without suicidal intent, most commonly through cutting or burning of the skin" (Brausch & Woods, 2019, p. 869). It is not socially sanctioned (to distinguish it from self-piercing).

Nonsuicidal self-injury differs from suicide in that there is no intent to die, a sense of relief follows the acts, and NSSIs are common whereas suicide is not. *See also Behavioral model of NSSI, Benefits and barriers model of NSSI, Social theory of NSSI, and emotional regulation (tension reduction) model of NSSI.*

Nosocomial: A disease or injury occurring in a hospital. A nosocomial suicide could be one precipitated by the events that occurred in a hospital.

Optimism: positive expectancy for the future without steps to reach positive outcomes. It differs from hope in that optimism alone does not include the perceived ability to achieve those goals.

Overarousal: states of physiological, behavioral, and psychological arousal disproportionate to the environmental demands, which could include agitation, insomnia, or nightmares.

Pain catastrophizing: "a tendency to magnify or exaggerate sensations or threats associated with pain sensations (Rogers et al., 2021b, p. 140). "composed of rumination, helplessness, and magnification dimensions" (Rogers et al., 2021b, p. 140).

Painful and provocative events: past events such as abuse, physical illness, and crime victimization that increase the habituation to pain, decrease fearlessness of death, and the capability of suicide (May & Victor, 2018).

Papageno effect: named after a character in the Mozart opera, the *Magic Flute*, Papageno decides not to kill himself after three child spirits describe how he can better handle his despair.

Parasuicide: an ill-defined term that could mean a simulated attempt with no interest in death, although others use it to refer to self-injuries such as self-mutilation. Sometimes also referred to as suicidal gestures or manipulative suicidal attempts.

Passive suicidal thoughts: A wish to die that does include suicidal intent. See *morbid ruminations.*

Patient predictions: Patient predictions of their risk of a future suicide attempt help predict the likelihood of future suicide attempts (Czyz et al., 2016).

Peer support: "a subjective and context specific relationship which is based on lived experiences, sharing common life experiences, circumstances, situations and values" (Schlichthorst et al., 2020). Peer support has been helpful for persons with mental illnesses, although it has not been extensively researched for persons with suicidal thoughts.

Perceived burdensomeness: The belief that others would be better off if one were dead or that one's life is a liability for others. "[I]ndividuals who think about, attempt, and die by suicide mistakenly translate their self-hatred into feelings of expandability. Thus, the dimensions of perceived burdensomeness include perceptions of liability and self-hate" (Chu et al., 2017, p. 2).

Perfectionism: Unrealistically high standards that some individuals have for themselves, which cannot be met and therefore set people up for failure.

The types of perfectionism include self-oriented perfectionism which is "having unrealistic standards for the self as well and a high motivation to succeed (one of my goals is to become as perfect as I can)" other-oriented perfectionism or "unrealistic standards and high motivations however the expectation is directed onto significant others rather than the self (e.g., I have high expectations for people who are important to me)" and socially prescribed perfectionism which is "the belief that one's significant others expect perfectionism from them (e.g., My family expects me to be perfect)" (Klein et al., 2020, p. 2).

Normal perfectionism arising from pleasure from job well done differs from neurotic perfectionism in which one is never satisfied. Also referred to as maladaptive perfectionism which "comprises doubts about actions, concern over mistakes, parental criticism and expectations, and socially prescribed perfectionism whereas the adaptive dimension includes high personal standards, the need for organization, and self-oriented and other oriented perfectionism" (Malivoire et al., 2019, p. 40).

Perturbation: phrase developed by Schneidman which refers to "the patient's impulsive desire to do something urgently to change or alter their current unbearable situation; it is the essential psychic energy that is the driving force behind all suicidal behaviors" (Jobes, 2023, p. 25). IT is close to but not identical to *agitation* or *emotional dysregulation*.

Positivity paradox: "a source of distress for depressed individuals is a lack of positive emotional experience, but the way to lessen the distress—by experiencing positive emotions—may be

equally or even more distressing to them initially. In other words, those who devalue reward are likely to have increased ambivalence about engaging in these types of treatments" (Lass & Winer, 2020, p. 8).

Positive mental health: "high levels of subjective and psychological well-being" (Brailovskaia et al., 2020, p. 383). People who have high levels of positive mental health have low rates of suicidal ideation. It includes *flourishing* but also involves the absence of psychopathology.

Post-traumatic stress disorder: a range of psychological symptoms that occur in response to a trauma. "Four distinct symptoms clusters that occur in response to a life-threatening or stressful event: (1) re-experiencing; (2) avoidance; (3) negative alterations in cognitions and mood (cf. numbing); and (4) alterations in arousal and reactivity (cf. hyperarousal)" (Boffa et al., 2017, p. 277). Combat fatigue, rape crisis syndrome, shell shock were names previously given to forms of post-traumatic stress disorder.

Post-traumatic growth: positive changes – such as changes in one's skills or life perspectives—that occur after the experience of a trauma.

Postvention: "response to and care for individuals affected in the aftermath of a suicide attempt or suicide death" (US Department of HHS, 2012, p. 141).

Practical capability: "encompasses factors that facilitate engagement in suicidal behavior, including familiarity with and access to lethal means (physical distance) and cognitive factors that make suicidal behavior more accessible and effortful" (Rogers et al., 2019, p. 2). "Access to, knowledge of, and fluency with lethal means" (Houtsma et al., 2018, p. 7). "Concrete factors that make an attempt easier, such as access to firearms" (May & Victor, 2018, p. 1).

Pre-motivational stage (of the integrated motivational volitional model of suicide): "background context in which suicide risk may emerge" (O'Connor, 2021, p. 103).

Preparatory behavior: Preparing for suicide by ensuring the availability of a weapon, hoarding pills, giving possessions away, writing a suicide note, or similar acts.

Process theory of emotion: Proposes stages in the development of emotions and potential strategies to regulate those emotions: situation selection, situation modification, attentional deployment, cognitive change, or response modulation.

Process-oriented-approach to suicide: An approach that includes: "(1) becoming comfortable with what we don't know; (2) embracing the inherent complexity of suicide; (3) moving beyond a mental-illness-based model of suicide; (4) recognizing the importance of context; (5) being willing to change what we do even when it's uncomfortable or inconvenient; and (6) attending to quality-of-life issues and social factors that influence the perceived value of living. Keeping people alive is certainly a worthy goal, but if we do not take the time to create and build lives that are worth living, our efforts will ultimately fail" (Bryan, 2022, p. 7).

Protective factor: “Factors that make it less likely that individuals will develop a disorder. Protective factors may encompass biological, psychological, or social factors in the individual, family, and environment” (US Department of HHS, 2012, p. 141). They can be internal psychological traits or external resources.

Psychache Theory: Schneidman’s theory that suicide is caused by the presence of a psychological state with apparently intolerable psychological pain.

Psychological assessment: “comprehensive examination of psychological functioning that involves collecting, evaluating, and integrating test results and collateral information, and reporting information about an individual” (AERA, APA, NCME, 2014, p. 180).

Psychological autopsy: A look back at a person's life to understand the psychological reasons that contributed to their death.

Psychological self-distancing: “a process in which a narrow egocentric focus on the experience in the here and now is diminished and, instead a focus on the bigger picture is promoted” (Grossman et al., 2021, p. 2).

Psychological flexibility: Cherry et al. (2021) looked at the many different definitions and suggested three common themes: handling interference or frustrations, taking actions to manage distress or frustrations, and acting appropriately to address the environmental demands, and consistent with one’s goals. It is a positive construct associated with greater resilience and emotional regulation. It is not the opposite of psychological inflexibility. Appears to be identical to *cognitive flexibility*.

Psychological inflexibility: extreme efforts to avoid unwanted emotional, cognitive or physiological reactions. “contextual cues trigger emotion-driven thoughts about oneself or situations that engender psychological distress, which one then seeks to avoid” (Boffa et al., 2022, p. 1017).

Psychological testing: “any procedure that involves the use of tests or inventories to assess particular psychological characteristics of an individual” (AERA, APA, NCME, 2014, p. 180).

Psychopathology: “a configuration of interpersonal, affective, and behavioral features, commonly differentiated into interpersonal affective (glibness, grandiosity, lack of remorse) and impulsive-antisocial (e.g., parasitic thinking, irresponsibility, behavioral dyscontrol) factors” (Harrop et al., 2017, 928-929).

Reasons for Dying: “An individual’s motivation to die from suicide and what factors exist in place of the beliefs for living” (Jobes, 2023, p. 246). They can be assessed through the Suicide Status Form (Jobes et al., 2023).

Reasons for living: “Those aspects of one’s life that motivate the wish to live” (Bryan, 2021, p. 189). They can be assessed through the Reasons for Living Inventory (Linehan et al., 1983) or through the Brief Reason for Living Inventory (Osman et al., 1998). Although the Osman et al.

inventory was developed for adolescents, it has been used with adult populations (Bryan et al., 2018). Identifying reasons for living may help protect some people against future suicide attempts (Tsypes et al., 2022).

Reckless behaviors: risky behaviors that are not socially approved, such as making illegal moves while driving, criminal behavior, and imprudent spending. PTSD may lead to an increase in reckless behavior. “Individuals with high symptomatology [of PTSD] reported significantly higher recklessness. Disrupted worldview mediated the relationship between posttraumatic symptomatology and reckless behavior among individuals with high symptomatology” (Blevins et al., 2016, p. 10).

Reflection: a form of rumination that “involves attempts to understand the reasons for one’s distress” (Rogers & Joiner, 2017, p. 132), or “seeking information to better understand one’s suffering” (White et al., 2017, p. 97). Reflection is one component of rumination; the other being brooding.

Relational entitlement: an “individual’s attitudes regarding what he or she deserves from his or her partner in terms of support and care (George-Levi, 2016, p. 744).

Residual intent: persistent attempt to die following an unsuccessful attempt. Patients may think, what do I need to do differently next time to complete the suicide.

Resilience: positive adaptations in spite of adversity or stress. Capacities within a person that promote positive outcomes, such as mental health, and well-being, and provide protection that might otherwise place that person at risk for adverse health outcomes” (US Department of HHS, 2012, p. 141).

“A longitudinal trajectory of continued favorable functioning, even after an event increased one’s risk of poor outcomes” (Park et al., 2017, p. 186). It is an active process that can be learned, is multidimensional (impacting social, physical, and emotional domains), and can vary across stressors and fluctuate over time.

“the ability to maintain a stable equilibrium. . . .” (Bonanno, 2004, p. 20).

Resilience factors: factors that exist separate from risk factors that limit the impact of risk factors on suicidality. They are more than just the absence of risk factors. “Psychological attributes, processes, or abilities that attenuate the negative impact of risk factors, thereby diminishing the probability of suicidal outcomes in situations of adversity” (Collins et al., 2018, p. 100). Examples of resilience factors include zest for life or mindfulness (Collins et al., 2018). Some resilience factors include attributional style, coping strategies, hope, and optimism.

Resistance: “the tendency to hold back in therapy, to not be honest, truly present, or amenable to change” (Farber et al., 2019, p. 77).

Respect for patient autonomy: One of the core principles of healthcare ethics (along with beneficence, nonmaleficence, fidelity, justice, and general beneficence). It focuses on maximizing patient control over their treatment decisions and processes (Knapp, 2024a).

Reward Devaluation Theory: "in some individuals, prospective happiness or positivity has been so consistently paired with negative outcomes that it begins to lose its rewarding quality. When this pairing happens consistently over time, prospective positivity not only loses its ability to be rewarding, but becomes worse than neutral or negative stimuli, and potentially distressing" (Lass & Winer, 2020, p. 8).

Risk assessment: *See suicide risk assessment.*

Risk factors: in contrast to warning signs with a temporal factor, risk factors have no time constraint. "Epidemiologically based variables associated with increased risk of suicide over a lifetime" (Pease et al., 2017, p. 401).

However, some purported risk factors for suicide "may not actually be risk factors for suicide at all; rather, they may be risk factors for suicide ideation only" (Bryan & Rudd, 2016, p. 21).

"Factors that make it more likely that individuals will develop a disorder. Risk factors may encompass biological, psychological, or social factors in the individual, family, or environment" (US Department of HHS, 2012, p. 142).

Rumination or ruminative thinking: "a style of repetitive thinking about one's problems or negative experiences that is partly intrusive and difficult to disengage from" (Teismann & Forkmann, 2017, p. 226). "Rumination is characterized by a style of thought rather than the specific content of thoughts. . . [It] involves an attentional bias for negatively-valenced content. . . , and once an individual becomes engaged in these processes, they often have difficulty disengaging from such content" (Rogers & Joiner, 2018, p. 428).

Ruminations are related to overarousal, including sleep disturbances. There may be general ruminations and ruminations specific to suicidal thoughts. See *suicide-specific ruminations, ruminative flooding, brooding,* and r*eflection.*

Ruminative flooding: "a cognitive state of incessant and overwhelming rumination and a sense of one's head bursting with uncontrollable thoughts" (Galynker, 2017, p. 143). "Unlike simple rumination, RF includes negativistic cognitive distortions with paranoid flavor, which amplify with failed attempts on thought suppression, resulting in somatic symptoms in the brain. RF is distinguished from simple rumination by the presence of headaches or head pressure-migraine-like somatic symptoms in the head, which confer increased risk of suicidal ideation and past suicide attempts" (Galynker, 2018, pp. 166-167).

Safety plan: "Written list of warning signs, coping responses, and support sources that an individual may use to avert or manage a suicide crisis" (US Department of HHS, 2012, p. 142).

"a brief intervention that aims to enhance internal and external strategies to cope with suicidal urges before they escalate" (Stanley et al., 2017, p. 192). "A structured intervention co-created usually between a patient and mental health professional. Its aim is to identify warning signs as well as techniques to help keep someone safe. Put simply, a safety plan is an "emergency plan" designed to help prevent people from acting on their suicidal feelings" (O'Connor, 2021, p. 194).

"Always remember that a safety plan is someone else's plan" (O'Connor, 2021, p. 198).

May or may not include means restriction counseling. May be called crisis response plans or crisis plans, but they are essentially the same. See *safety-plan type interventions*.

Safety-planning-type interventions. Interventions, such as crisis response planning or the crisis response plan in CAMS, which have similar goals and many of the same procedures as safety plans.

Screening: "administration of an assessment tool to identify persons in need of more in-depth evaluation or treatment" (US Department of HHS, 2012, p. 142).

Steps to determine if more actions are required. A process "used to make broad categorizations of examinees as a first step in selection decision or diagnostic processes" (AERA, APA, NCME, 2014, p. 180).

Screening instrument or screening tool: "usually consists of a short list of questions that, if answered in the affirmative, indicate that a more thorough evaluation should be conducted" (Silverman & Berman, 2014, p. 421).

"Instruments and techniques (e.g., questionnaires, checklists, self-assessment forms) used to evaluate individuals for increased risk of certain health problems" (US Department of HHS, 2012, p. 142).

Self-care: a general term that describes efforts to protect or enhance one's emotional or psychological well-being. Psychotherapists who engage in self-care tend to be more effective when working with suicidal patients.

Self-compassion: "enhancing self-kindness, being mindful of our thoughts and feelings, and accepting that personal inadequacy is part of our common human experience" (Umphrey et al., 2021, p. 122). Self-compassion is related to social acceptance and relational closeness.

Self-compassion "is more than the absence of self-criticism. Rather it is a process in which individuals have the intention and motivation to adopt and apply a compassionate mindset to themselves" (Cleare et al., 2018, p. 512).

Self-concealment: "a motivational construct, whereby an individual's need to remain hidden mobilizes the use of strategies to keep others at bay and regulate emotional distress" (Farber et al., 2019, p. 74).

Self-concept: “an individual’s mental representations of, or set of beliefs about, his/her own attributes, traits, physical characteristics, social roles, past experiences, and future goals” (Turnell et al., 2019, p. 780).

Self-directed violence (self-injurious behavior): “behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-directed violence can be categorized as either suicidal or non-suicidal” (US Department of HHS, 2012, p. 142).

Self-disgust: “a persistent and often maladaptive disgust response directed internally at aspects of oneself (e.g., physical traits, personality traits, or behaviors). . . Conceptually self-disgust has been recognized to hold some overlap with related constructs of self-criticism, shame, and contempt. . . , however, emerging theory and evidence suggests that self-disgust is distinct and more extreme by comparison” (Brake et al., 2017, p. 2). A review of items suggests that it is identical to *self-hate.*

Self-harm: “any type of self-injurious behavior, including suicide attempts and nonsuicidal self-injury” (Fazel & Runeson, 2020, p. 266).

Self-hate: “an enduring dysfunctional and destructive self-evaluation, characterized by attributions of undesirable and defective qualities, and failure to meet perceived standards and values leading to feelings of inadequacy, incompetency, and worthlessness” (Turnell et al., 2019, p. 780). A review of items suggests that it is identical to *self-disgust*.

Self-inflicted injuries: “injuries caused by suicidal and nonsuicidal behaviors such as self-mutilation” (US Department of HHS, 2012, p. 142).

Self-stigma: *see internalized stigma.*

Sensitivity: the ability of a test or an assessment to identify persons at risk. Contrast with *specificity,* which is the ability of a test or an assessment to exclude those not at risk.

Sensitization: a readiness to respond strongly after previous exposures.

Serious suicide attempt: “a suicide attempt . . . that would have been fatal had there been no provision of rapid and effective first-aid care, of emergency treatment, or, in some cases, mere chance” (Levi-Belz, et al., 2022, p. 592).

Shame: “a self-conscious emotion, experienced when a core aspect of the self is judged as defective, inferior, or inadequate. . . People who feel shame may describe themselves as “a bad person” and shrink away or withdraw from others to avoid possible negative social judgments” (Dodson & Beck, 2017, p. 106).

“Shame is associated with internal attributions while guilt is associated with behavioral attributions” (Bastin et al, 2016, p. 456).

Both *guilt* and shame involve the violation of a social norm. “Shame and guilt can arise from a specific behavior or transgression, but the processes involved in shame extend beyond those involved in guilt. In shame, an objectionable behavior is seen as reflecting, more generally, a defective, objectionable self (“I did this horrible thing and therefore I am an unworthy, incompetent or bad person”). With this painful self-scrutiny comes a sense of shirking or of “being small” and feelings of unworthiness and powerlessness” (Tangney et al., 1996, p. 1257).

Shame proneness: A propensity to feel shame. “Clients with a greater tendency to shame were shown to be less likely to discuss their feelings of self-loathing, perceptions of general failure, personality aspects they dislike, and events in their past about which they feel most ashamed” (Farber et al., 2019, p. 75).

Simple (explanations for suicide): “uncomplicated and easily understood” (Huang et al., 2020, p. 554). “One or a small set of factors is both necessary and sufficient for accurate distinction” (Huang et al., 2020, p. 556). Contrast with complicated or complex explanations for suicide.

Social Capital: “the social resources available to groups or individuals via their social relationships” (Han, 2023, p. 240).

Social defeat: According to social rank theory, “social defeat applies to a failure or struggle to obtain a particular social status or to maintain it as a result of an external event or social circumstances” (Galynker, 2017, p. 109).

Social determinants of health: “conditions in the environment where people are born, live, learn, work, play, worship, and age that affect health” (Jeste & Preider, 2022, p. 283),

Social discord: While social discord is a stressor related to suicide across all groups, “there are culturally specific variations in the types of social factors that play a role in suicide risk for ethnic and sexual minority groups” (Chu et al., 2010, p. 33).

Social isolation: “characterized as an objective lack of meaningful and sustained communication, while loneliness is more referred to the way people perceive and experience the lack of interaction” (Poscia et al., 2018, p. 133). Although the *loneliness* and social isolation overlap, they are distinct and impact health outcomes differently.

Social problem-solving: “An individual’s attempt to identify, solve, and cope with problems in daily life through self-generated processes involving cognitive, affective, and behavioral strategies” (Wang et al., 2023, p. 177). See *social problem deficits*.

Social problem-solving deficits: “difficulties identifying problems and generating appropriate solutions. . . Deficits in social problem-solving ability may be characterized by a negative problem orientation (viewing problems as threats, doubting problem-solving abilities, and tendency to be frustrated when facing problems), an impulsive/careless style (attempting to solve problems hurriedly or not in a thorough manner), and/or an avoidant style (passivity, inaction, procrastination, and overdependence on others)” (Chu et al., 2017, p. 138). See *social problem solving*.

Social support: "the real or perceived presence of people in a person's life on whom they feel they can rely in times of hardship" (Mueller et al., 2022, p. 248).

"a social network's provision of psychological and material resources intended to benefit an individual's ability to cope with stress. It is often differential in terms of three types of resources: instrumental, informational, and emotions. . . instrumental support involves the provision of material aid. ... . information support refers to the provision of relevant information intended to help the individual cope with current difficulties and typically takes the form of advice or guidance in dealing with one's problems. Emotional support involves the expression of empathy, caring, reassurance, and trust and provides opportunities for emotional expression and venting" (Cohen, 2004, p. 676).

Socially prescribed perfectionism: "an interpersonal dimension involving perceptions of one's need and ability to meet the standards and expectations imposed by others" (Galynker, 2017, p. 19).

"unrealistically high expectations of what we believe important people in our lives (significant others) have of us and our behaviour" (O'Connor, 2021, p. 112). *See also perfectionism*.

Social theory of NSSI: NSSI "may be repeated because it is effective in communicating, influencing, and connecting with others in one's environment, particularly when less extreme attempts at communication fail to produce results" (Muehlenkamp et al., 2012, p. 68).

Sorrows of Young Werther: an 18th-century novel by Goethe in which a young man dies from suicide following a failed romantic relationship. Allegedly it precipitated a cluster of suicides among young education men in Europe.

Specificity: the ability of a test or an assessment to exclude those not at risk. Contrast with *sensitivity*, which is the ability of a test or an assessment to identify those at risk.

Standard of care: "a duty to exercise that degree of skill and care ordinarily employed by a reasonable and prudent clinician in similar circumstances by members of the same profession" (Silverman & Berman, 2014, p. 421).

Static predictors of suicide: predictors of suicide that do not change, such as age or race and (usually) gender.

Stigma: "negative or inaccurate stereotypes about a specific group of people" (Frey et al., 2016, p. 95). "The two dimensions most commonly referenced in the literature are public stigma which refers to the awareness of stereotypes held by the general public. . . and anticipated self-stigma (also referred to as *internalized stigma*), which occurs when an individual adopts those stereotypes in their beliefs about themselves and often results in disempowerment and devaluation" (Frey et al., 2016, p. 96).

Stress: negative emotional or physical changes resulting from demands from one's environment.

Successful suicide: An antiquated term for a person who dies from suicide. The term should be avoided because suicide, by definition, is not a success. It has been replaced with the words suicide or completed suicide.

Suicidal behaviors: "Behavior related to suicide including acts or preparatory acts, as well as suicide attempts and deaths" (US Department of HHS, 2012, p. 143).

Suicidal belief system: the cognitive portion of the *suicidal mode*, according to CBT.

Suicidal gesture: inconsistently defined but often refers to simulated attempts with no intent to die. Because of its ambiguity, it should generally be avoided and replaced with more specific language that details the behaviors of concern.

Suicidal ideation: "thoughts about suicide and encompasses a wide range of cognitions, from fleeting and infrequent to persistent and unrelenting. [It] can vary in severity from vague ideas with no plans to a detailed plan. . . also ranges greatly in intensity from infrequent thoughts that are noted with faint curiosity and leave no lasting impact to thoughts that can be easily suppressed and thoughts that are constant and uncontrollable" (Galynker, 2017, p. 145).

"Thoughts of engaging in suicide-related behaviors" (US Department of HHS, 2012, p. 146).

According to Mandel et al. (2023), the three defining characteristics of suicidal ideation are that it includes a cognitive representation, even if it is not in the form of words, it deals with both dying and killing oneself (not just death alone), and it is personal and not just abstract thoughts about suicide in general.

Suicidal intent: "A conscious desire to end one's life and, importantly, a resolve to act" (Galynker, 2017, p. 145).

It may be explicit or implicit. "Explicit (or subjective) intent is the patient's state intent and motivation, or what he or she actually tells the clinician during the assessment process. Conversely, implicit (or objective) intent is based on the individual's current and past behaviors, along with the lethality of the method he or she has chosen or implemented" (Clemans, 2015, p. 57).

Suicidal mode or **Suicide mode**. According to CBT, a psychological state related to suicide with four integrated systems: cognition, also known as the suicidal belief system, which includes suicidogenic automatic thoughts, assumptions, and core beliefs, such as hopelessness, shame, self-hatred, and perceived burdensomeness; (2) emotion, which includes negative affect states such as depression, guilt, and anxiety, (3) physiology, which includes the physical somatic experiences associated with suicidal crisis such as insomnia, concentration, and problem-solving deficits, and physical pain; and (4) behavior, which includes maladaptive coping strategies including substance use, social withdrawal, and non-suicidal self-injury" (Clemans, 2015, p. 54).

Suicidal narrative: According to the Narrative Crisis Model, "such views of themselves and/or society are termed the "suicidal narrative," in which individuals view themselves as disconnected from others, defeated, a burden on others, and humiliated, and in which they fixate on unattainable life goals, culminating in a perception that one has no future" (Rogers et al., 2021a, p. 2).

Suicidal self-directed violence: "behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent" (US Department of HHS, 2012, p. 142).

Suicidal urges: An urge is "a state of mind closest to engaging in an action before acting" (Stanley et al., 2017, p. 192). The ideas closest to furthering a suicide attempt.

Suicide attempt: "an act of self-harm carried out with the intent of dying" (Liotta et al., 2015, p. 97). "A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior: A suicide attempt may or may not result in injury" (US Department of HHS, 2012, p. 143).

Suicide attempt survivors: "Individuals who have survived a prior suicide attempt" (US Department of HHS, 2012, p. 143).

Suicide behavior disorder: a condition proposed as a future disorder in the next edition of the DSM, requiring suicidal behavior in the last 24 months.

Suicide clusters: "a group of suicides that occur relatively close together in time or space. There is no agreement, however, about how many suicides comprise a cluster, but it is often interpreted as being more than would be expected statistically in a community" (O'Connor, 2021, p. 162).

Suicide continuum: "a series of elements that progressively go from the lowest to the highest suicidality: fleeting and unplanned suicide ideation, chronic suicide ideation, suicide-like gestures, diffuse risky lifestyle, vague suicide plan, specific suicide plan, non-serious suicide attempt, serious suicide attempt and, finally, completed suicide resulting in death" (Liotta et al, 2015, p. 97).

Suicide crisis syndrome (suicide trigger state): a distinct set of symptoms that occur shortly before a suicide attempt involving a feeling of entrapment, and affective, somatic, and cognitive disturbances (Galynker, 2017). " An acute, panic-like state that can culminate in a suicide attempt" (Galynker, 2017, p. 150). It is the immediate precursor to a suicide attempt. It is a "fervorous negative affective state that combines cognitive and emotional dysregulation with an overwhelming sense of entrapment" (Galynker, 2017, p. 32).

It is similar to, but different from the *acute suicidal affective disturbance*. Research is ongoing to better identify the psychological states immediately preceding a suicide attempt.

Suicide drivers: See *indirect drivers, and direct drivers*.

Suicide "hot spots:" "a specific location at which many suicides occur relative to other locations" (Anestis, 2018, p. 76).

Suicide planning: "A form of ideation in which there is a definite level of intent to act in accordance with one's thoughts" (Liotta et al., 2015, p. 99).

Suicide process: "implies the transition from thoughts to acts of suicide, in which suicidal ideation is considered the initial pathway in the step toward suicidal behavior" (Favril et al., 2020, p. 975).

Suicide-related coping: the ability to use internal skills and external resources to reduce the risk of suicide.

Suicide risk assessment: assessment to identify risk of suicide and methods to reduce that risk.

Suicide-specific ruminations: "a repetitive mental fixation on one's suicidal thoughts, intentions, and plans" (Rogers & Joiner, 2018b, p. 78).

Suicide survivor: those left behind by suicide, "ranging on a continuum from those exposed to suicide through those who are affected by it and finally to those who are bereaved by suicide in the short- or long-term, as a function of their loss of a close emotional attachment" (Cerel et al., 2014).

Survivor of suicide: see *suicide survivor*.

Synergy hypothesis (of the Interpersonal Psychological Theory of Suicide): thwarted belongingness and perceived burdensomeness interact to potentiate the risk of suicide (Cero et al., 2018), although the evidence is not conclusive.

Temperament: differences in emotional reactivity and vulnerability. "not only emotional reactivity but also other aspects of behavior and experience, including self-regulation" (Nock et al., 2008, p. 108).

Therapeutic alliance (aka working alliance, helping alliance): "a mutual collaboration consisting of three components: agreement on therapy goals, agreement on tasks, and a therapist-patient bond" (Barzilay et al., 2019, p. 215).

Therapy-interfering behavior: "behavior of either the client or the therapist that negatively affects the treatment relationship or that compromises the effectiveness of treatment (Koerner, 2012, p. 38).

Three-step model of suicide (3ST): suicide occurs when the emotional pain and hopelessness outweigh a sense of connection, combined with the capability of suicide. See Klonsky et al. (2017).

Thought suppression: "the deliberate attempt to not think of something" (Galynker, 2017, p. 166). It is an ineffective thinking style that has an association with suicidal ideation.

Thwarted belongingness: "loneliness and the absence of reciprocal care. Components of these dimensions include self-reported loneliness, fewer friends, living alone, nonintact family, social withdrawal, and family conflict" (Chu et al., 2017, p. 1315).

Trait impulsivity: a tendency to act without forethought.

Trait vulnerability: one of the three components of the narrative crisis model of suicide. It includes "all static risk factors, which are relatively stable over time and distal to acute suicidal behavior. It also incorporates innate temperament factors such as fearlessness and pessimism, early childhood experiences such as childhood trauma, and cultural and social factors, such as social acceptability of suicide as a solution to problems" (Galynker, 2017, p. 29).

Tunnel vision of suicide: concept introduced by Schneidman in which patients come to see a very limited set of choices based on a narrow view of circumstances and of how the world operates, until ultimately the only perceived choice of value is suicide. See *cognitive constriction.*

Unintentional: "an injury that is unplanned; in many settings these are termed accidental injuries" (US Department of HHS, 2012, p. 143).

Validation: "The therapist's genuine efforts to understand and accept the patient's subjective experience without in that moment trying to change it" (Schecter & Goldblatt, 2011, pp. 95-96).

Values: attitudes, activities, possessions, or relationships that are important to people.

Visual analogue: a pictorial representation of feelings or thoughts, e.g., a feelings thermometer.

Volitional stage (of the integrated motivational volitional model of suicide): "maps out the factors that make suicidal acts more likely if someone is thinking about suicide" (O'Connor, 2021, p. 103).

Warning signs: "signs or symptoms that indicate acute risk of suicide in the immediate future" (Pease et al., 2017, p. 401).

Wise reasoning: "intellectual humility, sensitivity to possible change in social relations, openness to diverse perspectives, and the search for ways to integrate different viewpoints" (Grossman et al., 2021, p. 1).

Worry: "apprehensive expectation of possible negative outcomes in future events" (Barcaccia et al., 2019, p. 34).

Worst point: The period at which a person's suicidal state was at its worst. The worst point is a good predictor of future suicide attempts.

Zero suicide model: a multilevel approach to identifying and preventing suicides through education of gatekeepers and coordination at different levels of service.

Zest for life: "strong engagement with and a positive outlook toward life" (Collins et al., 2018, pp. 100-101). It is more than hope and optimism because it involves engagement with the present moment.

Glossary Topics Index[1]

[1] This includes most of the words or terms found in the glossary grouped into categories. The categories overlap considerably and readers should pay attention to adjacent categories which can be indicated by the "also see." Also, some words may appear in more than one category. For example, ruminations which are technically a thought process and are included in *Cognitive Factors Related to Suicide* but are also included in the heading *Emotional Factors Related to Suicide* because of their close connection to negative emotional arousals.

Gatekeeper
Hope kit
Implementation intents
Informed consent
Just-in-time interventions
Mobile health (mHealth)
Nosocomial
Papenego effect
Peer support
Post-traumatic growth
Respect for patient autonomy
Social problem-solving
Therapeutic alliance
Validation
Wise reasoning

Problematic Patient Behaviors or Mechanisms

Help negation
Lack of interoceptive skills
Internal suicide debate
Manipulative attempt
Narcissism
Positivity paradox
Resistance
Reward devaluation theory
Suicidal blackmail
Therapy interfering behaviors
Thought rewarding
Time contingent suicides

Assessment (although all information can be related to assessments, the readers should also see *Vulnerabilities, Protective Factors, Cognitive Factors Related to Suicide, Emotional Factors Related to Suicide, and Emotional Processes Related to Suicide*)

Acute factors
Baseline factors
Bridge symptoms
Death Association Test
Disclosure process model
Dynamic predictors
Ecological momentary assessment
Foreseeability
Life chart
Life course analysis
Narrative assessment
Negative identity
Patient predictions
Psychological assessment
Protective factors
Psychological tests
Risk factors
Screening
Screening instruments
Self-concept
Sensitivity
Specificity
Static predictors
Suicide narrative
Suicide risk assessment
Warning signs
Worst point

The Suicide Attempt

Aborted attempt
Clusters
Chronic suicidality
Complex
Complication
Contagion
Direct drivers
Drivers
Equifinality (indeterminacy)
Indeterminate factors
Indirect drivers
Interdependence theory
Interrupted attempt
Mental shelving
Multiple pathways
Preparatory behaviors
Residual intent
Serious suicide attempt
Simple
Suicidal belief system
Suicidal behaviors
Suicidal intent
Suicidal mode
Suicidal narrative

Suicidal course
Suicide attempt
Suicide continuum
Suicide hot spots
Suicide process
Suicide planning

Vulnerability Factors and Mechanisms (see also *Cognitive Factors Related to Suicide*, *Emotional Factors Related to Suicide*, *Emotional Processes Related to Suicide*, and *Stigma*)

Adverse events
Attachment theory
Attachment relationships
Bullying
Child abuse
Chronic illness
Command hallucinations
Coping
Defeat
Diathesis
Diathesis-stress theory
Direct drivers
Disability
Drivers (direct or indirect)
Foreseeability
Identity disturbance
Intent
Internal suicide debate
Indirect drivers
Minority stress
Nosocomial
Painful and provocative events
PTSD
Reasons for dying
Reasons for living
Reckless behavior
Risk factors
Stress
Trait vulnerability
Warning signs

Protective Factors (also see *Social Support* and *Meaning in life*)

Centers of meaning
Flourishing
Grit
Hope
Meaning in life
Mental health literacy
Mindfulness
Peer support
Positive mental health
Psychological flexibility
Psychological self-distancing
Reasons for living
Resilience
Self-compassion
Social connectedness
Social support
Social problem solving
Suicide-related coping
Therapeutic alliance
Values
Zest for life

Cognitive Factors Associated with Suicide

Absolute words
Ambivalence
Autobiographical memory bias
Binary thinking
Cognitive construct
Cognitive flexibility
Cognitive reappraisal
Cognitive restriction
Cognitive rigidity
Confirmation bias
Dark triad
Defeat
Disinhibition
Distant self-reflection
Entrapment
Executive functioning
Goal orientation
Grit
Hope
Hopelessness

Identity disturbance
Implicit attitudes
Intent
Internal suicide debate
Involuntary defeat strategies
Just world belief
Metacognitions
Mindfulness
Mode
Moral injury
Morbid ruminations
Narrative identity
Passive suicidal thoughts
Perfectionism
Other prescribed perfectionism
Optimism
Reflection
Rumination
Pain catastrophizing
Perceived burdensomeness
Psychological self-distancing
Psychological flexibility
Psychological inflexibility
Reasons for dying
Reasons for living
Resilience
Resilience factors
Rumination
Ruminative flooding
Self-compassion
Self-concept
Social defeat
Social problem solving
Social problem deficits
Suicidal belief system
Suicidal ideation
Suicidal mode
Suicidal thoughts
Thought suppression
Tunnel vision
Wise reasoning
Worry
Values
Zest for life

Suicide behavior disorder
Acute Suicidal Affective Disturbance
Suicidal Crisis Syndrome

<u>*Emotions Associated with Suicide* (also see *Emotional Processes Related to Suicide*)</u>

Anhedonia
Anxiety
Anxiety sensitivity
Brooding
Compassion
Complicated grief
Critical expression emotions
Distress tolerance
Guilt
Hyperarousal
Impulsivity
Irritability
Negative urgency
Perceived burdensomeness
Perfectionism
Other prescribed perfectionism
Overarousal
Ruminations
Self-disgust
Self-hate
Shame
Shame proneness
Trait impulsivity
Worry
Perturbation
Suicide behavior disorder
Acute Suicidal Affective Disturbance
Suicidal Crisis Syndrome

<u>Emotional Processes Related to Suicide (Also see *Emotions Associated with Suicide*)</u>

Anxiety buffer disruption theory
Appraisal theory of emotion
Critical expression emotions
Distress tolerance
Emotion-focused coping
Emotional reactivity
Emotions avoidance
Emotional cascade
Emotional clarity
Emotional control
Emotional regulation
Emotional dysregulation
Emotional flooding
Emotional reactivity

Emotional self-efficacy
Emotional suppression
Emotions
Expression suppression
HPA axis
Interoceptive skills
Interoceptive deficits
Negative affectivity
Negative urgency
Pain catastrophizing
Process theory
Shame proneness
Temperament
Trait impulsivity

Connections to Others[2]

Attachment theory
Attachment relationships
Interpersonal constructs
Loneliness
Thwarted belongingness
Peer support
Perceived burdensomeness
Relational entitlement
Social discord
Social isolation
Social support
Social problem deficits
Social problem solving
Social theory of NSSI

Social Supports (also see *Reasons for Living*)

Compassion
Empathy
Flourishing
Peer support
Positive mental health
Reasons for living
Social capital
Social connectedness
Social support
Social problem solving
Therapeutic alliance

Reasons for Living (a subset of *protective factors*; also see *Social Support*)

Flourishing
Centers of meaning
Meaning in life
Moral injury
Positive mental health
Reasons for living
Values
Zest for life

Epidemiology

Deaths of despair
Demographics
Epidemiology
Health inequities
Morbidity
Mortality
Psychological autopsy

Non-suicidal self-injury (NSSI)

Affect regulation model of NSSI
Behavioral model of NSSI
Benefits and rewards model of NSSI
Non-suicidal self-injury (NSSI)
Self-directed violence
Self-harm
Social theory of NSSI
Parasuicide

[2] *Connections to Others* deal with all connections to others, including harmful ones. The category *Social Support* refers to positive benefits of connections with others.

Lived experience

Experts by experience
Lived experience
Suicide attempt survivors

Stigma

Concealed stigma identity
Disclosure process model
Internalized stigma
Self-concealment
Self-stigma
Stigma

Survivors

Affected by suicide
Bereaved by suicide
Complicated grief
Postvention
Suicide survivor

Social Determinants

Deaths of despair
Health equity
Social determinants

Other Terms

Culture
Eusocial
Sorrows of Young Werther

Archaic terms

Commit suicide
Failed suicide attempt
Manipulative suicide attempt
Successful suicide

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