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A Qualitative Assessment of Reasons for Living and Dying in the Context of Feeling Trapped Among Adults in the United Kingdom

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ABSTRACT

Objective: Contemporary approaches to suicide assessment and treatment incorporate reasons for living (RFL) and reasons for dying (RFD). This study qualitatively explored individuals' self-described RFL and RFD in the context of suicidal thinking and behaviors.

Method: Within a community United Kingdom (UK) sample, adults ($N = 331$, aged 16+) responded to eight open-ended questions probing their experiences of suicide, defeat, and entrapment. Utilizing these data, which were collected from a larger online survey examining risk and protective factors for suicidal behaviors, this study explored RFL and RFD within these narratives. After the research team established an initial code book, RFL and RFD codes were subsequently analyzed through inductive and deductive thematic analyses.

Results: The present study identified five complimentary RFD-RFL themes: (1) Hopelessness-Hopefulness, (2) Stress of Responsibilities-Duty to Responsibilities, (3) Social Disconnection-Social Connection, (4) Death as Sin-Desire for an Afterlife, and (5) Temporary Escapes as Coping-Entrapment (i.e., a lack of escape). Three subthemes within the RFD theme Entrapment were General/Unspecified, By Feelings, and Within Self.

Conclusions: Identified themes reflect the existing quantitative RFL and RFD literature. The identified RFL and RFD themes are discussed with reference to their clinical applications in advancing suicide-specific assessments and interventions. We propose a dimensional framework for RFD and RFL which informs future suicidal behaviors research and practice.

HIGHLIGHTS

- The study highlights the complex co-existence of reasons for dying and reasons for living.
- Reasons for living and dying should be explored in parallel in a therapeutic setting.
- The relative value placed on RFL/RFD by the individual should also be considered.

KEYWORDS
Qualitative analysis; reasons for dying; reasons for living; suicide

Suicide is a public health crisis that affects millions of people each year (World Health Organization [WHO] Department of Mental Health and Substance Use, 2021). Suicidal

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behaviors include ideation, plans, preparation, and action (O'Connor & Nock, 2014; Turecki et al., 2019). Worldwide, for every suicide that occurs, 20 suicide attempts are made (WHO, 2021). The strongest risk factor for suicide is a previous suicide attempt (Bergen et al., 2012; Gysin-Maillart et al., 2022; Ribeiro et al., 2016). To prevent suicide attempts and deaths we need to better understand individuals' reasons for engaging in suicidal behaviors. This paper will qualitatively explore individuals' reason for living (RFL) and their reasons for dying (RFD) within the context of suicide.

Reasons for Living (RFL)

In a suicidal crisis, individuals may be entangled in an internal struggle over their RFL and RFD; a process referred to as the internal suicide debate hypothesis (e.g., Brüdern et al., 2018; Gysin-Maillart et al., 2022). RFL, as described by Linehan et al. (1983) Reasons for Living Inventory (RFLI), are the life-oriented beliefs or expectancies that individuals have that may prevent their actual or intended engagement in suicidal behaviors. Linehan et al.'s (1983) RFLI measures a range of beliefs that an individual may potentially identify as a reason not to attempt suicidal behaviors, such as responsibility to family, survival/coping beliefs, and moral objections about suicide. Linehan et al. (1983) work is foundational within the RFL literature, emphasizing that while many interventions focus on the reduction of RFD in suicide prevention, it is equally as important to promote RFL in order to explore the factors that prevent an individual from engaging in suicidal behaviors (Bagge et al., 2013; Cwik et al., 2017; Gysin-Maillart et al., 2022). Identified RFD in the quantitative literature include, but are not limited to, escape (general, past, responsibilities), religion, relationships, feeling hopeless and feeling alone (Fox et al., 2021; Jobes & Mann, 2010; Malone et al., 2000).

Little of the RFL literature has been carried out within non-clinical populations (e.g., Botega et al., 2005). Participants typically select which RFL items they identify with (e.g., items on Linehan et al.'s, 1983) RFLI; e.g., Moody & Smith, 2013), as opposed to independently reporting their self-described RFL qualitatively. Few studies have qualitatively explored individuals' self-identified RFL or RFD within non-clinical populations (e.g., Hazell et al., 2021). Solely focusing on exploring RFL within clinical populations is limiting because suicidal behaviors are widely understood to stem from more than mental illness (Cramer & Kapusta, 2017). RFL examples identified within clinical populations include interpersonal relations, view of self (e.g. "I believe have the courage to face life"), responsibility to others, moral or religious objections, hopefulness, and a fear of suicide (e.g., Bryan et al., 2018; Chang et al., 2013; Fox et al., 2021; Linehan et al., 1983; Malone et al., 2000). These RFL appear to be common across both clinical and general populations, such as student populations (e.g., Hazell et al., 2021; Lew et al., 2020; Moscardini et al., 2022), older adults (Heisel et al., 2016), low-income black women (West et al., 2011), or transgender adults (Moody et al., 2015).

Reasons for Dying (RFD)

RFD include thoughts or feelings individuals have about themselves, their life circumstances, their ways of thinking, strained social relationships, or negative life events, that

contribute to engagement in suicidal behaviors (Jobes & Mann, 2010). Examples of RFD can be seen within the depression literature. Gilbert and Allan (1998) found that individuals experiencing defeat or entrapment can hold negative views of self, the future, and the world around them. RFD research is primarily quantitative in both clinical and general populations. Within clinical populations, quantitative studies have found that RFD include desires to escape (e.g., the past, pain), hopelessness, interpersonal concerns, and negative self-concept (e.g., Fox et al., 2021; Jobes & Mann, 2010). Many of these RFD are also found within the general population; however, additional examples include social isolation, employment-related concerns, and financial difficulties (e.g., Coope et al., 2015; Madsen & Harris, 2021; McClelland et al., 2023). Novel reasons were identified in the limited prior research examining RFD qualitatively. For example, Lynch et al. (2024) qualitative exploration of suicidal patients' self-reported RFD found the following types: relationships, unpleasant internal states, role responsibility, and self, whilst Ohnsorge et al. (2014), in an adult oncology patient sample receiving palliative care, reported RFD such as a desire to escape pain, experience an afterlife, and alleviative felt burdensomeness on others.

Examination of suicide-specific factors to inform the assessment and treatment of the suicidal behavior is vital (Rudd & Bryan, 2022). Exploring an individual's RFD as a suicide pathway offers a valuable direct insight into the suicidal mind (Jobes & Mann, 2010). For example, feelings of defeat and entrapment are now recognized as an important component of the suicide risk assessment, as articulated within theories such as the integrated motivational-volitional (IMV) model of suicide (O'Connor & Kirtley, 2018). The IMV model is a tripartite model that primarily proposes that defeat and entrapment drive the emergence of suicidal ideation, with motivational and volitional moderators governing an individual's transition from suicidal ideations to suicidal behavior (O'Connor & Kirtley, 2018). Minimal literature has directly obtained qualitative data exploring suicidal individuals' self-defined RFD (e.g., Lynch et al., 2024) as they experience suicidal processes theorized by the IMV.

Assessment of RFL and RFD

RFL and RFD have seldom been measured jointly or qualitatively. For instance, Kovacs and Beck (1977) explored the will to die (WTD) and will to live (WTL) in patients recently admitted to psychiatric and medical wards through interviews. Kovacs and Beck (1977) WTD and WTL scale, however, focused on the intensity of patients' intent to end their life, as opposed to qualitatively and quantitatively exploring individuals' RFD and RFL. Similarly, Beck et al. (1979) Scale for Suicide Ideation (SSI) is a self-report clinical rating scale that quantifies the intensity of current suicidal intent (Beck et al., 1979). The SSI briefly addresses RFD and RFL through querying the wish to die or live. RFL and RFD are also critical to the Collaborative Assessment and Management of Suicide (CAMS; Jobes, 2016, 2023). CAMS provides a framework in which to assess, monitor, and treat key suicide drivers (e.g., self-hate) through use of the Suicide Status Form-IV (SSF-IV), a suicide risk tool completed in collaboration between a patient and clinician. The SSF-IV actively incorporates RFD and RFL both quantitatively and qualitatively through the patient listing and rank ordering of up to five of each type of factor.

Recent literature confirms the limited clinical utility in predicting suicide using structured mental health assessments or classification approaches (see Cramer, Hawgood, et al., 2023 for review). On the other hand, understanding RFL and RFD has been found to be useful in clinical treatment, as knowing a patient's specific RFD and RFL allows the clinician to make the underlying constructs of suicide the focus of an individual's tailored treatment plan (Harris et al., 2010; Jobes & Mann, 2010). Directly obtaining individuals' RFD/RFL narrative responses allows for clinicians to support and reinforce specific RFL to the individual receiving suicide-specific treatment, while simultaneously targeting and managing their RFD (Jobes & Mann, 2010; Mann, 2002). Further, open-ended qualitative questions about specific RFL may encourage patient elaboration and reveal critical insights that could improve clinicians' ability to provide care for persons experiencing suicide, also enhancing individuals' understanding of their motivation to live (Britton et al., 2008).

The Present Study

This study qualitatively explores individuals' RFD and RFL within a general population of adults in the UK. This research seeks to jointly understand the themes within individuals' self-defined RFD and RFL, recognizing the value of focusing on both RFL and RFD within a theoretical framework (i.e., IMV) as a means of better understanding and prevent suicidal behaviors. This paper aims to contribute toward the qualitative RFL literature within a general UK sample, to obtain a more holistic understanding of suicidal behaviors beyond clinical settings. This qualitative exploration of RFD and RFL can offer an understanding of the suicidal process within the lesser-researched non-clinical population, which could inform effective intervention and prevention strategies (Brüdern et al., 2018). Approaching this research qualitatively also allows for the complex interplay of RFL and RFD to be articulated through a conceptual model that could guide future research and clinical practice involving these constructs.

This study has two aims:

Aim 1: To identify themes in Reasons for Living among general adults in the UK.
Aim 2: To identify themes in Reasons for Dying among general adults in the UK.

MATERIALS AND METHODS

Participants

This study used the data of 331 participants. Of those, 270 individuals provided their age ($M = 29.42$; $SD = 11.15$). Participants were predominantly White, heterosexual, cisgender women. Further demographic information is included in Table 1.

Procedure

This study utilized the qualitative data that was collected as part of a larger online survey examining risk and protective factors for suicidal behaviors in adults living in the UK (see Cramer, Robertson, et al., 2023). The current study solely utilized the data

TABLE 1. Self-reported participant demographics.

Demographic category	Sub-categories of each variable	Number and % of Participants self-reporting this category [*n* (%)]	*M (SD)*
Race	Arab	2 (0.6)	–
	Asian	12 (3.6)	–
	Black/Caribbean	1 (0.3)	–
	Multiple Races	11 (3.3)	–
	Another Race	2 (0.6)	–
	White	303 (91.5)	–
Gender	Agender	1 (0.3)	–
	Cisgender Man	79 (23.9)	–
	Cisgender Woman	231 (69.8)	–
	Demi-boy	1 (0.3)	–
	Gender Questioning	1 (0.3)	–
	Neither Gender	1 (0.3)	–
	Non-binary	6 (1.9)	–
	Not sure	1 (0.3)	–
	Another gender	7 (2.1)	–
	Queer	9 (2.7)	–
	Trans Man	13 (3.9)	–
	Trans Woman	2 (0.6)	–
Sexual Identity	Asexual	4 (1.2)	–
	Bisexual	55 (16.6)	–
	Gay	15 (4.5)	–
	Heterosexual	211 (63.7)	–
	Lesbian	8 (2.4)	–
	Neutral sexual identity	1 (0.3)	–
	Pansexual	6 (1.8)	–
	Queer	11 (3.3)	–
	Questioning	15 (4.5)	–
	Unstated sexual identity	1 (0.3)	–
	Unsure sexual identity	4 (1.2)	–
	Other sexual identity	11 (3.3)	–
Age		–	29.42 (11.15)
Relationship Status	Committed relationship	106 (32)	–
	Divorced	7 (2.1)	–
	In a relationship	79 (23.9)	–
	Single	136 (41.1)	–
	Widowed	2 (6)	–
	(Not disclosed)	1 (0.3)	–

generated from participants' responses to eight open-ended questions probing their perceived reasons for their own feelings, and others' feelings, of internal and external entrapment. The reported analyses are distinct from the original study publication, which addressed psychometric properties of quantitative entrapment and defeat scales.

The study was approved by the University of Strathclyde's University Ethics Committee (UEC). Participants aged 16 or over living in the UK were able to take part and were invited to complete an online Qualtrics survey. The survey link was advertised on physical posters displayed on a UK university campus, in addition to posts on social media, such as Facebook and Twitter. Participants were first presented with a Participant Information Sheet (PIS) and had to give consent before they could access the study survey. The PIS outlined the study's purpose, the voluntary and confidential nature of participation, and included signposts to support mechanisms and the researchers' contact details. Participation took approximately 30 min, and participants received a debriefing sheet which repeated the support contact details upon completion.

Measures

Demographics

We included questions on age, race, country of birth, sexual identity, gender identity and relationship status.

Entrapment and Defeat Qualitative Questions

Within the survey, participants completed the Defeat and Entrapment Scales developed by Gilbert and Allan (1998). These measures capture perceptions of failed struggle and being trapped by internal or external situations and include 16 questions for the Defeat Scale and 16 questions for the Entrapment Scale. We do not report on the findings from this specific measure, but instead focus on the findings from a set of open-ended follow-up questions which asked participants to expand on their thoughts on feeling trapped. For this purpose, we chose two of the original Entrapment Scale questions ("I have a strong desire to escape from things in my life" (external) and "I would like to get away from who I am and start again" (internal)), and for each of these we asked participants to comment on the following: (1) what sort of things would make them, or someone else, feel like that, (2) what was going on in their life when they had felt like that, and (3) how they could escape these thought should they experience them. We selected these two specific Entrapment Scale after feedback from a lived experience panel because they fit the basic definition of internal and external entrapment without being overly face valid (i.e., they did not use the words "trapped" or "entrapment"). Participants could write as much or as little as they wanted in response to these questions. The questions are included in Supplement 1.

Data Analysis

The qualitative responses with demographic data were uploaded and stored to the online software Dedoose (n.d.). Narrative data generated by participants in response to a prompts specific to feeling internal and external entrapment. Thematic analysis (Braun & Clarke, 2006) was utilized to analyze qualitative data through both an inductive and a deductive approach. Deductive thematic analysis allowed for the data to be initially directed by the existing concepts of understanding suicidal behavior within the IMV model (O'Connor & Kirtley, 2018). For example, we explored IMV constructs of "suicidal ideation" (a Motivational phase variable) and "reasons for living" (a motivational moderator) as initial thematic labels or categories. Inductive thematic analysis subsequently allowed for further coding and theme development to be directed by the content of the data within the codes "reasons for living" and "suicidal ideation/intent" (reasons for dying). This multi-step process resulted in a complete exploration of participants' RFL and RFD as reflected in a-priori codes (e.g., entrapment) and data generated codes (e.g., duty to responsibilities). Five researchers collaboratively created a codebook informed by the IMV. After familiarizing ourselves with the data, we identified keywords which became codes (Braun & Clarke, 2006). After creating the codebook, these five researchers coded an initial sample of 50 participants' responses and edited the codebook with emerging findings. Then, Dedoose's "test" function was used to confirm

reliability. Any codes with less than 0.60 kappa scores (i.e., "moderate" or less agreement (McHugh, 2012) were discussed for team consensus and refined in the codebook. Using the refined codebook, the team then cross-coded all participants' responses, with each response coded by two researchers. For the purposes of this paper, when seeking to identify themes within "reasons for dying" and "reasons for living," three members of this coding team conducted secondary thematic analyses on these RFD and RFL codes to identify emerging patterns. Within the codes, the coding team identified themes through the identification of repetitions, metaphors and analogies, and similarities and differences (Ryan & Bernard, 2003). We then chose exemplar participant excerpts to describe these themes.

RESULTS

Five RFL themes (see Table 2, 1A–5A) and five RFD themes (see Table 2, 1B–5B) emerged. Themes within Table 2 were organized complimentarily, demonstrating the inverse parallels found for each theme pairing. Representative excerpts were placed next to each respective theme. As the quotations discussed below are individual statements, generalizations cannot be made to the non-clinical population given the lack of statistical analyses and data.

Reasons for Living

"Hopefulness" as a RFL highlighted individuals' resilience, value for life, and optimism that there would always be ways to cope with difficulty, and options for suicidal individuals other than suicide. Some individuals' hopefulness was described through specific examples, such as life had improved following meeting their romantic partner. Others described a generalized, unspecified belief and faith that life circumstances would improve. Quote 1 A highlights an individual's reflections following a suicide attempt, as with an increased ability to cognitively reframe things, they are now able to identify positive elements of living, alternative coping strategies to suicide, and experience a renewed, purposeful motivation to seize beneficial opportunities going forward.

Another RFL was an individuals' duty toward their responsibilities. This theme indicated that an individual's identified "role" may prevent suicide. Individuals' responses within this theme, however, ranged from a felt value and desire to continue their roles and responsibilities (e.g. caring for their children) to a fatigued obligation to carry out tasks (e.g. caring for their children); feeling that they must fulfill an obligation, but deriving no felt fulfillment or satisfaction from it. There is a view of responsibility as a simultaneous burden and barrier that prevents the individual from suicide as they would desire to. In quote 2A, a participants' grief caused a desire to die by suicide, but their responsibility of caring for a young child prevented them from doing so.

The RFL "Social Connection" highlights that an individual's love and care for their loved ones would prevent the individual from dying by suicide. An individual may not wish to burden those that they care for with the pain that they would anticipate inflicting on their loved ones if they were to die by suicide. As identified in quote 3A, an individual may continue to feel suicidal. However, a fear of burdensomeness and belief

TABLE 2. Themes found for Reasons for Living (RFL) and Reasons for Dying (RFD).

RFL Theme	RFL Quote	RFD Theme	RFD Quote
1A) Hopefulness	"My experiences from my suicide attempt and after have shown me that there are lots of amazing things in life, and no matter how difficult it gets, a light is always there and there's always a way to get to it. So for me, it was to carry on and take advantage of the opportunities that were given to me." *(participant 2298, aged 26, Man, Heterosexual, In a relationship, White)*	1B) Hopelessness	"Life is more often than not difficult and overwhelming. You can only complain so much before you exhaust your friends/family, and then you hold it in. Even therapy, which can provide coping mechanisms, can't change the overall situation. If I were dead, they wouldn't have to be burdened with me and I wouldn't have to keep fighting so hard just to function" *(participant 1724, aged 31, Woman, Bisexual, Committed relationship, White)*
2A) Duty to Responsibilities	"When my husband died [and] my heart was shattered into a million pieces, I just wanted to go with him. I didn't want to be here without him and if it wasn't for the 2-year-old that needed me every day I wouldn't be here now." *(participant 2518, aged 42, Woman, Heterosexual, Widowed, White)*	2B) Stress of Responsibilities	"It is a way to escape from problems, you don't care about finding work when you are dead." *(participant 2389, aged 23, Man, Heterosexual, Single, White)*
3A) Social Connection	"I care about my family and friends too much, but I wanted to stop existing at the same time. If there was a way to just not have to have faced things anymore, without it hurting anyone else, I'd have taken it." *(participant 2586, aged 21, Man, Heterosexual, In a relationship, White)*	3B) Social Disconnection	"I was so depressed that I believed my family would be better off with me anywhere else, including dead." *(participant 1642, aged 48, Woman, Heterosexual, Committed relationship, White)*
4A) Death as Sin	"I think about running away as a possibility and suicide but I don't think this is a possibility due to religious beliefs" *(participant 2288, aged 21, Woman, Heterosexual, Single, Asian)*	4B) Desire for an Afterlife	"I believe in life after death so I feel like I'd be starting again if I killed myself" *(participant 1427, Age Unknown, Woman, Heterosexual, In a relationship, White)*
5A) Temporary Escapes as Coping	"Escapism is my alternative to thoughts of dying because they are less definitive. If I ran away I could still come back" *(participant 1641, Age Unknown, Woman, Pansexual, Single, Another Race)*	5B) Entrapment i) General/ Unspecified	"If I'm feeling extremely low, my method of how to escape things switches from going on holidays or moving to thoughts of suicide." *(participant 2460, aged 18, Woman, Questioning, In a relationship, White)*
		ii) By Feelings	"When I considered taking my own life it was the most rational decision I have ever made. No longer would I be tormented with feelings of hopelessness and guilt I would be free from my feelings. When I made the decision I had a clarity and sense of lightness that I would no longer need to suffer, there was a sense of euphoria." *(participant 1710, aged 51, Man, Heterosexual, Committed relationship, White)*
		iii) Within Self	"To get away from who I am is something I can't do as all my life I'm the common denominator when things are bad and the only way to stop that would be to end it all." *(participant 1717, Woman, Age Unknown, Heterosexual, Committed relationship, White)*

that they are valued by others through reciprocated social connection and care would keep the individual from dying by suicide.

Religious beliefs act as a RFL as some individuals, reflected in quote 4A, believe that dying by suicide is a sin and against God's wishes. The final RFL identified was "Temporary Escapes as Coping," acknowledging an individual's ability to identify and consider alternatives to suicide. A temporary escape, such as going on a holiday, was identified as a way of providing an individual with an escape from their difficulties, in a comparatively less permanent way. A consequential benefit was that individuals after this temporary escape may feel better able to manage their stressors due to the mental relief (see Table 2, 5A).

Reasons for Dying

"Hopelessness" was an identified RFD, highlighting participants' distress and defeat surrounding their perceived inability to change their circumstances. Quote 1B provides insight into an individual's perceived burdensomeness, and the self-imposed limit that they feel in expressing unhappiness. Anticipating burdening friends and family instills similar feelings of exhaustion and subsequent hopelessness for the individual. Some participants are then unable to identify an alternative option to manage their difficulties other than suicide.

"Stress of Responsibilities" is an RFD that highlights the external factors that impact on an individual's stress tolerance. These include financial difficulty, employment stress, caring responsibilities, and relationships with friends, family and partners. Suicide was described in quote 2B as seemingly the only option where the exhausting stressor of finding employment would be completely removed from his life.

"Social Disconnection" reflects the isolation, loneliness, and burdensomeness that suicidal individuals experience. Inverse to the RFL of "Social Connection," the RFD of "Social Disconnection," demonstrated in quote 3B, seemingly reflects a participant's view that their suicide would be a loving sacrifice for their family. It would bring relief to the family and provide them with a better life.

The fourth RFD, "Desire for an Afterlife" contrasts the feelings of pain, distress, and entrapment that a suicidal individual experiences with the anticipated peace and freedom of an afterlife. The religious and moral considerations leads individuals to believe that this world is not worth living in. The stressful current life is compared to a potentially lower-stress afterlife with their higher power.

Finally, the RFD "Entrapment" was viewed and described in different ways, indicated by the three subthemes: "General/Unspecified," "By Feelings," and "Within Self." Some individuals described a general, unspecified desire to escape their collective life stressors, or experiences which make them feel trapped, viewing suicide as the only way to escape. As quote 5 Bi acknowledges, temporary escapes such as going on holiday are bypassed, and suicide considered, when the individual perceives their mood as too low, or distress too high and unmanageable, for temporary escapes to be effective. As quote 5Bii details, an individual's felt weight and envelopment of complex emotion was alleviated when suicide was considered, providing a "lightness" and "euphoria." Lastly, some individuals viewed suicide as a way to get away from themselves. As described in quote 5Biii,

suicidal individuals can feel a sense of self-loathing, burdensomeness and blame so great that they view themselves as irredeemable. Suicide is viewed as a way to either stop themselves from making any further negative contributions that may cause others hurt, or to remove themselves from the world as a punishment for causing others distress.

DISCUSSION

RFL themes were "Hopefulness," "Duty to Responsibilities," "Social Connection," "Death as Sin," and "Temporary Escapes as Coping." These are consistent with existing quantitative RFL literature that describe family, responsibilities to family, moral objections, finding a meaning or purpose in life, and coping beliefs as protective factors (e.g., Lew et al., 2020; Linehan et al., 1983; Lizardi et al., 2007). This study highlighted, however, that an individual can have RFL and remain suicidal, as quote 2A describes. Responsibilities such as childcare or religious beliefs may stop individuals from dying by suicide; however, they may not experience a felt happiness, wellbeing, or meaning in life that can be associated with RFL. Individuals may continue to feel low in mood, or experience negative thoughts or feelings, but feel obliged to stay alive. This duty to stay alive is a lesser-explored perspective that this paper provides, and further research that distinguishes individuals' RFL from their felt obligations to stay alive would be valuable to explore.

RFD themes were "Hopelessness," "Stress of Responsibilities," "Social Disconnection," "Desire for an Afterlife," and "Entrapment (General/Unspecified/By Feelings/Within Self)." The RFD themes identified reflected that of previous quantitative research (e.g., O'Connor & Nock, 2014; Taylor et al., 2011). Consistent with Baumeister's (1990) "suicide as escape from self" theory, RFD themes often related to feelings of entrapment, where issues that had fallen short of individuals' standards or expectations were negatively attributed to the self. Entrapment concepts also align with the IMV model (O'Connor & Kirtley, 2018). Previous entrapment measurement literature has supported the quantitative measurement of entrapment as a two-factor construct comprising both internal (i.e., being trapped by pain triggered by internal thoughts and feelings) and external (i.e., the motivation to escape from events or experiences in the outside world) (e.g. Cramer et al., 2019; De Beurs et al., 2020). Our identified themes align with this two-factor view of entrapment. Social disconnection also reflects previous literature, carried out within a community UK adult population, that suggests that the quantity and quality of a suicidal individual's relationships (family, romantic, social) should be considered when seeking to understand their suicidality (McClelland et al., 2023).

Collectively, these results strengthen the understanding that RFD and RFL should be conceptualized and evaluated jointly to best inform understanding of an individual's suicide risk (Brüdern et al., 2018; Jobes & Mann, 2010). It should be acknowledged that a RFD does not "cancel out" or negate a RFL, and vice versa. This assumes that all reasons are weighted (subjectively) equally by the suicidal individual, whereas exploring the value assigned to each reason may be a more effective management or intervention point. Further research to explore this perspective of RFL and RFD would be valuable in better understanding how suicide drivers are considered within the suicidal mind.

IMPLICATIONS FOR RESEARCH AND PRACTICE

Present findings in combination with quantitative and qualitative literature (e.g., Fox et al., 2021; Lynch et al., 2024) offer the foundation for an possible RFL-RFD conceptual framework. Such foundations already exist in the literature; for instance, Fox and colleagues (2021) utilized a combined RFL-RFD index to estimate suicide risk in an inpatient sample. Taking this balance between RFL and RFD one step further, we identified parallels between the RFL and RFD themes, whereby certain factors, such as hope and responsibilities, can be seen both as a RFL/RFD. To the authors' knowledge, no previous study has explicitly commented on the parallel nature of RFD and RFL. Following from Table 2, we propose a dimensional framework for RFD and RFL along the following domains: (1) Hopelessness-Hopefulness, (2) Stress of Responsibilities-Duty to Responsibilities, (3) Social Disconnection-Social Connection, (4) Death as Sin-Desire for an Afterlife, and (5) Temporary Escapes as Coping-Entrapment (i.e., a lack of escape). The implications of this idea, however, remain untested, thereby suggesting a future area of research.

Clinically speaking, parallel RFD and RFL themes could be explored within suicide-specific assessment and management strategies. Doing so may provide insight as to a suicidal individual's cognitive flexibility around their RFD. Such a view of RFL and RFD would be consistent with existing research concepts that believe that RFD and RFL should be considered equally (Linehan et al., 1983). CAMS (Jobes, 2016, 2023) provides an invaluable clinical approach in which to explore the parallel nature of RFL and RFD. Beyond merely listing and rank ordering both constructs, RFL should be supported and reinforced while exploring, targeting, and managing RFD (Jobes, 2016). CAMS also integrates RFL and RFD within the Crisis Stabilization Plan (i.e., short-term collaborative risk management strategy) and collaborative treatment planning (e.g., Lynch et al., 2024; Tyndal et al., 2022). Specifically, RFL/D can be listed and leveraged in a crisis card or coping plan. Our findings suggest a variety of RFL (e.g., duty to responsibilities) and RFD (e.g., social disconnection) may be relevant for CAMS crisis management and clinical formulation plans. Exploring thematic RFD and RFL may be beneficial within suicide risk assessment and treatment (Brown et al., 2005).

LIMITATIONS

This study utilized data from a larger study which aimed to investigate internal and external entrapment, and as a result, the qualitative questions the present study utilized were aligned more toward internal entrapment, external entrapment, and "escape." We recognize the limits of qualitative data and limited generalizability of this paper with respect to the lack of statistical analysis and data. The present study also lacks explicit data linkages to suicidal behavior outcomes. We are keen to continue to research this area of interest to enhance our understanding of suicidal ideation and behavior within this population by linking narratives about RFL and RFD to suicide outcomes. Additionally, the sample was restricted with regard to many demographics (e.g., age, race). Further research with a wider demographic would enhance the generalizability of these findings, acknowledging that there is cultural variability in suicide risk, and that

culture has roles in both increasing and buffering engagement in suicidal behavior (WHO, 2021).

DISCLOSURE STATEMENT

No potential conflict of interest was reported by the author(s).

AUTHOR NOTES

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