7 Understanding Katie's Experiences From the Perspective of the Integrated Motivation Volitional Model of Suicidal Behavior

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Katie's suicide was a tragedy. The pain and desperation expressed in her diaries illustrate the complexity of a problem that ravages the lives of many young people worldwide annually. The question why Katie took her own life is a difficult one to answer directly, particularly given the interplay of so many factors contributing to the deterioration in her mental health and the escalation in her suicidal thoughts that culminated in her death. Such difficulties in understanding suicide are not new. Indeed, it is the pursuit of such knowledge that has galvanized scientists, clinicians, policy makers, people with lived experience and other professionals for decades. Despite the advances that we have made, many challenges remain. One approach to make sense of suicidal thoughts, attempts and deaths is through the conceptualization of such experiences from the perspective of theoretical models of human behavior. Through developing, employing and testing theoretical models of suicidal behavior, scientists hope to improve our understanding of these experiences which may help us to prevent unbearable tragedies such as Katie's.

Several theoretical models have been developed to explain the etiology of suicide risk (O'Connor & Nock, 2014), but only three models aim to explain which factors differentiate those who think about suicide from those who attempt suicide: the Interpersonal Theory of Suicide (IPTS) (Joiner, 2005; Van Orden et al., 2010), the 3ST (Klonsky & May, 2015) and the Integrated Motivational-Volitional (IMV) model of suicidal behavior (O'Connor & Kirtley, 2018). These frameworks are known as "ideation-to-action" models, because previous suicide theories did not clearly establish which factors and contexts could be associated with suicidal thinking and those associated with suicide attempt or suicide death (O'Connor & Portzky, 2018). This is important because not all individuals who think about suicide will act upon those thoughts, and most of the traditional suicide risk factors in psychiatric research do not suggest any consistent differences between those who think about suicide from those who will attempt to take their own lives (Klonsky et al., 2016).

In this chapter, we will focus on the IMV model of suicidal behavior (O'Connor, 2011; O'Connor et al., 2016; O'Connor & Kirtley, 2018). The IMV

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model provides a comprehensive framework for conceptualizing the processes involved in the development of suicidal thoughts as well as those associated with the translation of suicidal thoughts into a suicide attempt (Figure 7.1). By incorporating other contemporary theories of suicidal behavior, including the Cry of Pain model (Williams, 1997) and the Interpersonal Psychological Theory (Joiner, 2005; Van Orden et al., 2010), the IMV model theoretically maps out the interaction between specific psychosocial components that are critical for the emergence of suicidal thoughts and behaviors. This process is understood to have three phases: the pre-motivational phase (background factors and triggering events), the motivational phase (ideation/intention formation) and the volitional phase (behavioral enaction).

The current chapter endeavors to understand Katie's suicidogenic process through the lens of the IMV model. By doing so, we aim to gain some insights into how Katie's life events, experiences and interactions with the world escalated to resulted in the most devastating outcome. We hope that our reflections may be useful in making sense of the pain that results in too many young women dying by suicide each year. This chapter is structured in three main sections, each one discussing specific aspects of Katie's diary from the perspective of the IMV model.

Vulnerabilities, Traumatic Experiences and Triggering Events: The Backdrop to Katie's Suicidal Experiences

Across the five books of her diary, Katie describes a series of events that can be conceptualized as the pre-motivational phase of suicide risk from the IMV viewpoint. The pre-motivational phase of the IMV model establishes the biopsychosocial context in which suicidal thoughts emerge (see Figure 7.1). As a diathesis–stress framework, the IMV model posits that the emergence of suicidal thoughts results from the interaction of vulnerability factors (biological or psychological) and stressful events. Biological vulnerability factors, such as impairments in the serotonergic and hypothalamic-pituitary-adrenal axis stress response systems (Van Heeringen & Mann, 2014), and epigenetic processes (Lutz et al., 2017), have been shown to play a role in suicide risk when activated in stressful conditions. Such biological factors may render someone to be hypersensitive to the experience of emotions. Indeed, this hypersensitivity seems to be a constant across Katie's experiences: "I'm going absolutely crazy. I've calmed down since I've spoken with Mark. I hate all the anxiety I feel. It is all absolutely awful. The turmoil, at times like this, seems absolutely endless." Consequently, when facing a negative interaction with someone or interpreting an event as threatening, the intensity of the physiological/emotional responses can be higher than what someone who is less sensitive would experience, and the distress may last longer, being more difficult to regulate. The combination of such biological vulnerability with stressful life events and exposure to strenuous environments may result in significant maladaptive psychological traits, which can be resistant to change over time.

As previously reported (Lester, 2004), Katie had an extremely difficult upbringing. She was sexually abused by her father, experienced and witnessed

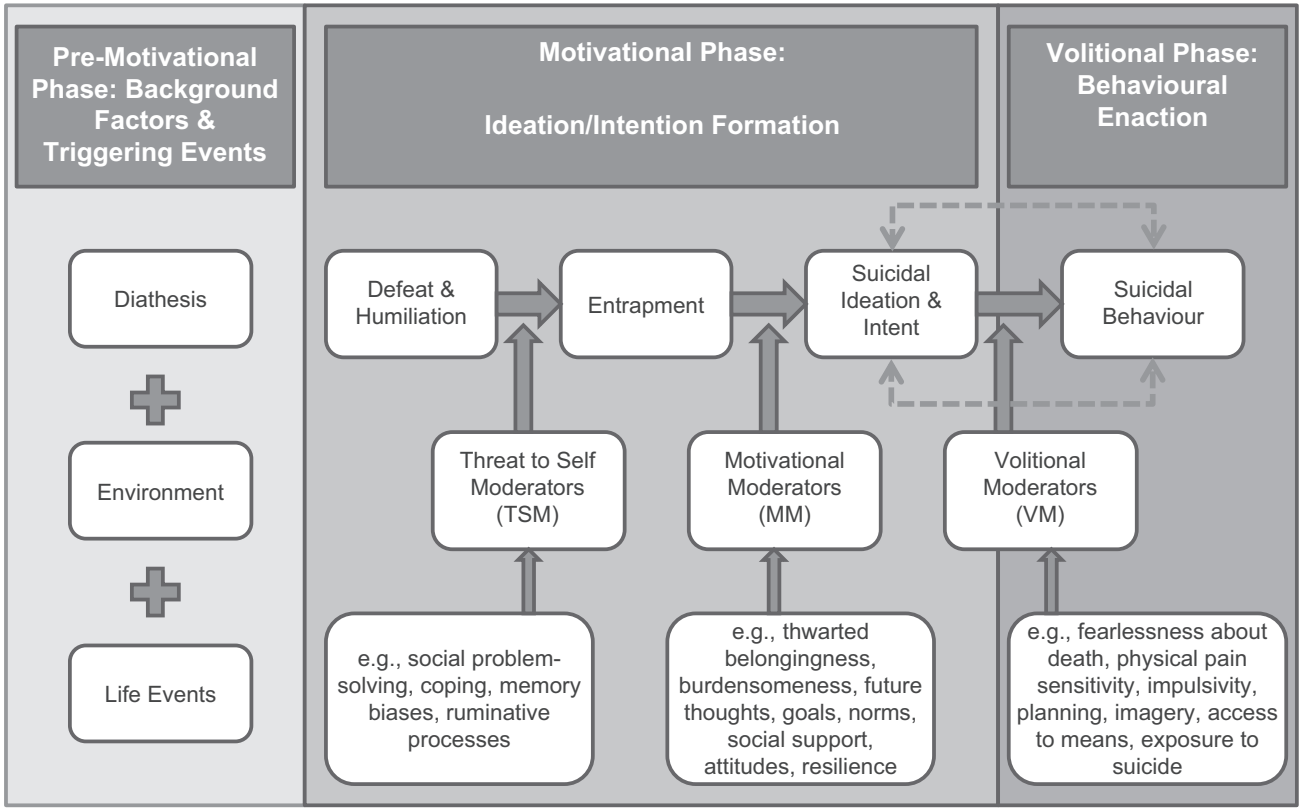

Figure 7.1 The integrated motivational-volitional model of suicidal behavior (O'Connor & Kirtley, 2018)

domestic violence. In addition, she was placed in foster homes as her mother had intense psychotic experiences, which resulted in institutionalization in a psychiatric hospital. Katie herself was hospitalized on several occasions due to a severe eating disorder that she developed when she was taken away from her mother and placed in foster care. She was frequently depressed, and her sister would sometimes worry that Katie suffered from hallucinations, given her "eccentric" religious ideas. Across all five books of her diary, Katie reports frequent experiences that are characteristic of post-traumatic stress disorder such as flashbacks, intense nightmares of difficult life experiences, reliving repetitive and distressing sensations and imagery and feeling sick or trembling. The complex constellation of past negative experiences and biological and psychological vulnerabilities place Katie in a dangerous position according to the pre-motivational phase of suicide risk (O'Connor & Kirtley, 2018).

> I awoke to police sirens. It's so confusing. I'm petrified. Reminds me of my Dad. When neighbors would call police on him, when he was beating my Mom. I was so scared all the time. Every time I thought would be the last I'd see my mother. I figured one of these times he would actually kill her, or vice versa. The first always seemed more likely. Oh, I hate this terror. I hate it so much. I think I'll make a pot of coffee or something. I hate this fear. I'm so afraid someone is going to come down here and hurt me. Not the police but my biological father. Oh, all the nights being afraid. He would sometimes disappear for a few days after each beating. We would be scared all the time. I slept with a knife under my pillow in my heart. A car just came by. It was mellow to hear the tires roll against the pavement. There are two people, man and woman, fighting outside. I wonder if the police are there. I'm afraid to look. They have Spanish accents. Oh, my breathing is so fast and shallow. Ahhhhh! Oh, I'm so frightened. I refuse to sleep tonight. I can't do it. Arg!

Katie's account depicts a tumultuous, highly violent, volatile and unpredictable parental environment, in which family members' lives were frequently at risk. The exposure to such an environment seems to have resulted in an anxious and defensive way of responding to triggers that became conditioned. The detailed images described (and probably mentally visualized) by Katie in the extract mentioned earlier were activated by waking to police sirens. These images seem to be accompanied by strong feelings of anxiety, fear, difficulties in regulating her emotions and sleep difficulties. Across Katie's writings, it is possible to identify several occasions where current events trigger extremely negative feelings and maladaptive strategies necessary to cope. These make it difficult for her to deal with everyday demands, her distressing thoughts and managing her emotions.

From a stress-diathesis paradigm perspective, although an individual may possess certain levels of vulnerability, they are unlikely to become suicidal unless they are exposed to specific stress-inducing factors. These factors can be environmental/social variables such as socioeconomic inequalities (Platt,

2016), the impact of economic recessions (Chang et al., 2013) or adverse life experiences, both when experienced in adulthood (Bagge et al., 2012) or during childhood (Cleare et al., 2018). Adverse childhood experiences, such as sexual, physical or emotional abuse, have been associated with the development of biological and psychological vulnerability by triggering persistent alterations in neurobiological systems and, consequently, increasing sensitivity to stressful life events during adulthood (Jeronimus et al., 2013; Sánchez et al., 2001).

The exposure to extremely negative experiences also seems to be associated with insecure patterns of interpersonal relationships. From her writings, Katie seems to have had extremely ambivalent perceptions about important relationships (such as with her boyfriend Mark and others close to her). She repeatedly questions individuals' worth as romantic partners or as significant others, but at the same time, she worries about losing her attachment figures and remains vigilant to signs of rejection. In her own words, "I have such a problem with loss. Fear of losing someone. Fear of loving someone. Fear of trusting someone." This approach to relationships can be understood as attachment anxiety (Simpson & Rholes, 2012), a pattern very likely to have been developed throughout her interactions with parents and those she was closest to during childhood (Bowlby, 1988; Zortea et al., 2020). These patterns seem to have been intensified after she was cheated upon by her boyfriend Mark, with whom she had a troubled relationship.

> My love for Mark is so great. I don't know where my heart would be if I never met him. I honestly think I would've killed myself by now for some reason. I wish we were rich and could just run away somewhere beautiful together. I would be so happy then. I want to get away from this world of madness—death & pain. I hate it. I want to be solely with him & only him. I had a horrible nightmare. Mark hated me and got so sick of my problem that he went with Claudia again. I was trying to fix everything and make everything easier for him, but he just was so malicious & didn't want me anymore. I was walking around in the rain & crying. I was trying to reach out to people and make myself feel better—it was so horrible & I just couldn't. I snuck into his house & walked up the stairs. I could hear her giggling & him laughing. I burst in, jumped on the bed & grabbed them both & him them in the face. Mark jumped off, & I just kept on beating Claudia's face in so hard. Then Mark, I think, told me to stop, grabbed my ankle & dragged me to the edge of the bed & told me that he hated me so much. I looked at him & realized I was fighting for him & I didn't want him back anymore. I hated him too & just left. It was so horrible to think that [it] all really happened around this time of the year. I wonder if some of this dream had to do with Angela & Gerald & when he cheated on her. I really hate this time of the year. I truly get so damn depressed. I feel like its too late to salvage what I had with Mark—the past. I guess it means I can't change it, so I need to concentrate honestly on right now, and then I have a really strong sense of freedom.

In her account, Katie expresses an extreme emotional dependence on Mark, in which the theme of suicide appears associated with Mark's absence in her life. In the nightmare, Mark's infidelity seems to be triggered by her problems, which gives the impression that she is to be blamed for him cheating on her. The contents of the nightmare highlight Katie's fear of being abandoned, particularly given the potential consequences of Mark's absence. When trying to manage the distress that emerged from her relationship with Mark, Katie describes coping strategies that are emotion-focused or hypervigilant. These seem to sustain and even escalate her existing apprehensions, fears and ruminative tendencies. These characteristics of attachment anxiety and relationship difficulties constitute key factors that help us to understand the psychological vulnerability present in Katie's life as outlined in the pre-motivational phase of suicide risk. As attachment theory researchers propose (Simpson & Rholes, 2012), those who have a more anxious approach to close relationships generally generate negative explanations for their attachment figure's ambiguous behaviors when facing a difficulty. Such challenging situations can be so emotionally distressing that they usually respond defensively and destructively in return. They often display higher levels of anger, hostility or coercive attempts to seek reassurance from their attachment figures. These patterns are common across Katie's diaries and may have contributed to her increased vulnerability for suicide risk (Zortea et al., 2019).

Katie's insecurities and decimated self-esteem also manifested itself through her eating disorder. Although partially explained by her fear of being abandoned by Mark, Katie's eating disorder was always accompanied by thoughts of social comparison. Other girls' body shape was constantly used as a reference and source of self-criticism.

> I had all these visions of how beautiful this girl was and how skinny. I compared myself not only to her, but to other girls who caught his interest. I was so meticulous with myself. I hated my body so much. I tried going on so many damn diets in the past eight months so I would be more beautiful to him and most of all to myself so I wouldn't have to compete. I failed miserably on all of them, whether purposely or accidentally I did. A lot of this had to do with my sincere need to be wanted and cared about. I always get like this if I care about someone, be this friend or relationship.

Within the context of the IMV model, evidence suggests that social comparison is associated with suicidal thoughts via perceptions of defeat and entrapment (Wetherall et al., 2019a, 2019b). From this perspective, it is possible to understand that the thoughts and behaviors associated with her eating disorder seem to have had a coping and self-regulatory function, in that they helped her to reduce feelings of insecurity, fear of abandonment and low self-esteem. However, as a maladaptive strategy, Katie's health was compromised, and other effects on her mental health also emerged from the eating disorder. Although stressful

environments and adverse life experiences have been recognized as critical risk factors for suicide, not all those who are exposed to such experiences will develop suicidal thoughts. Hence, as outlined in the pre-motivational phase of the IMV model, it is the diathesis–stress interaction that is vital to understand the vulnerability to suicide risk. In her diaries, Katie describes a range of negative events and the stressful environment that she was exposed to, and these contextual factors may have triggered a wide range of biological and psychological vulnerabilities. It is the debilitating effects of such interactions that increase the likelihood that an individual will enter the motivational phase and develop suicidal thoughts driven by feelings of defeat, humiliation and entrapment.

The Cycle of Risk: Katie's Trapped Life and Her Recurrent Suicidal Thoughts

It is not clear when Katie first thought of taking her own life. In her diaries, they seem to be almost omnipresent since the beginning of her writings. Hence, it is not possible to infer which contextual factors were primarily associated with Katie's first suicidal thoughts. It is interesting, however, to observe that the processes suggested by the IMV model as main drivers of suicidal thoughts are clearly present across her diary.

As a key influence on the IMV model, the Cry of Pain framework of suicidal behavior (Williams, 1997) posits that the emergence of suicidal ideation is predicated on perceptions of entrapment, triggered by experiences of defeat and/or humiliation. Such insight was extended from Gilbert and colleagues' work on the etiology of depression (Gilbert & Allan, 1998). The IMV model adopts Williams' hypothesis that, in the aftermath of failing to escape from a defeating and/or humiliating experience, perceptions of entrapment arise, and the odds of suicidal ideation are increased if there is insufficient hope of being rescued, for example, when social support is absent (Williams et al., 2005). The IMV model assumes that sensitivity to signals of defeat and/or humiliation are determined by pre-motivational factors (diathesis–stress processes).

Feelings of defeat and humiliation are also present across Katie's diaries. Her attempts to desperately find a solution for the sources of her suffering (pre-motivational factors) through different ways of coping seem to be continuously thwarted. Such perceptions of failure seem to be generalized by Katie to all aspects of her life, which seems to make her feel lost, with no purpose and meaning. This seems to have been facilitated by some of Katie's personality and cognitive functioning factors, which from the IMV model's viewpoint are understood as "threat-to-self moderators" (see Figure 7.1). These include dichotomous thinking, cognitive rigidity, hopelessness, perfectionism and dysfunctional attitudes (Ellis, 2004) and are thought to emerge from her developmental traumatic experiences.

> Dear God, I tried. I really did with what I knew. But I guess it just wasn't good enough. Honesty just scares people, doesn't it? Why do I

> have this sin of being abused? Why does it hurt so badly when something little or big touches my heart? Why do I still run from my heart? Why are people so mean still to me? Why can't people love me? Why can't people want to treat me and spend time with me like I am above and separate from what's happened to me? Why can't people treat me like a friend? Why do people still use me? Why do I bother to try so hard when people can't accept where I have come to so far? Why do people treat me like I'm the problem and it's my fault without realizing it? Why do people get angry when you tell them the truth? Why don't you make all of this go away?

The questioning expressed in this account is not isolated in Katie's diary and provides an illustration of a "cycle of risk" where she feels unable to foresee a solution, a way out from such an overwhelming set of experiences. She seems to be lost, misunderstood, tired and defeated. It seems that, every time when Katie faces a relationship problem with Mark or other acquaintances, the symptoms of her eating disorder re-emerge, and she re-lives flashbacks of past traumatic events. She seems to enter a spiral where, the more she tries to make sense of things, the worse and more trapped she feels. Such a sense of entrapment emerges from the circular and endless nature of trying-and-failing, fueled by threat-to-self moderators (see Figure 7.1). One of these moderators is memory bias. Given that Katie was exposed to a large range of harrowing experiences throughout her upbringing, her approach to solving interpersonal problems seems to be biased by the negative memories she has about the past, when those close to her abused and abandoned her. It seems that she can only remember failures and negative events. These autobiographical memory biases also seem to contribute to Katie's worries and rumination about herself and the interminable nature of her problems.

> Where does freedom go? I feel so bound up inside and trapped in the feelings of my childhood, trapped, not able to move. Laying motionless on the floor because it's told it's safe. Is it really safe? Every morning I want to feel my freedom. Argh! Oh, still frustrated, oh so frustrated. Nothing is resolved!

Such entrapment seems to be manifested both internally and externally. The former includes the psychological difficulties caused by the traumas she was exposed to throughout her childhood: Katie feels unable to deal with her memories, feelings of the past, to regulate her own thoughts and emotions. On the other hand, external entrapment is evident through interpersonal encounters in her life where she has no control, such as Mark's attitudes toward other women, his infidelity, her acquaintances' offensive jokes or commentaries or even the difficulties to escape from a world where she is constantly comparing herself with other girls.

> I feel so trapped, bound, tied up, locked up, like I was when I was fourteen, thirteen, twelve, locked up in the house, never allowed out to be free, not allowed to run that often, felt trapped in my own body. Oh, why?
>
> It kills me still inside—this pain angers me—blinds me—tortures me. I have given so much sensitivity in a careful fashion. I had to deflect the attention from the depth that my heart truly cared for him (Mark). Maybe it was all because I was so sad. I'm scared about absolutely everything in my life. I feel so alone &, when the bridge of intimacy is being crossed, I feel baffled, tormented, abused, unsure of the safety, and I once again throw myself to the wolves for love—truth, love & truth. I want and crave such a wholesome existence.

According to the IMV model, entrapment is perhaps one of the most dangerous psychological states one can experience, particularly in a recurrent way, as such a state may act as a bridge between defeat and suicidal ideation. This happens when the individual feels defeated and unable to escape from the problems and the pain: the psychological state of entrapment. Evidence has shown the role of entrapment in increasing suicide risk (O'Connor & Portzky, 2018), particularly in the presence or absence of other key factors known as "motivational moderators" which increase the likelihood of the motivation for suicide developing, that is. suicidal thinking and intent (see Figure 7.1). Consistent with the Cry of Pain framework, O'Connor and Kirtley (2018) proposed that entrapment can be experienced externally or internally, where the latter is related to being ensnared by feelings and thoughts of suffering, whereas the former concerns the motivation to escape from the context that produces the pain (Gilbert & Allan, 1998; Williams, 1997). An important distinction between entrapment and hopelessness is that the latter relates to a sense of pessimism about the future (Beck et al., 1985), and the former assumes the existence of an underlying motivation to escape—"flight motivation" (Gilbert & Allan, 1998).

When trapped, the individual may adopt a series of strategies to escape from the psychological and contextual complications that led to one's pain. These strategies (either internal or external—motivational moderators) can include reaching out for social support, increasing interpersonal connectedness and belongingness and reassessing goals, norms and values with the support of others. In the presence of such motivational moderators, there is a reduced likelihood that suicidal thoughts will emerge. However, the absence of such moderators may increase risk. Within the IMV model, motivational moderators also incorporate the main factors from the IPTS (Joiner, 2005), namely, perceived burdensomeness (the perception that one is a burden to others, regardless of existing contrary evidence) and thwarted belongingness (the perception of interpersonal exclusion and lack or belongingness). Across Katie's journals, it is possible to identify a constant feeling of being a burden to Mark and other people. Katie's attachment anxiety, manifested

through a constant demand for reassurance and emotional validation, seems to be seen by her as a dependence pattern that burdens Mark, which is heightened by his infidelity and inappropriate statements of interest for other women.

> I refuse to go be dependent on Mark at all. I would have to break up with him, most definitely. I can't do this to him anymore. My life—I would need lots of time to myself. I don't want to burden him anymore. My heart is in such numb reality, yet it quivers at the thought of losing. Why have one person you love when you are bound to lose everyone and everything you've ever loved?
>
> God, I feel like such a burden to everyone. It's awful.
>
> I need to pray now and cry. I don't want to burden anyone at all anymore. I'm so scared of losing everything and everyone I love. I feel too tangled up in everyone else and my past. I need to pray to words that do not touch this page so they can be set free.

The fear of losing everyone and everything, the self-blaming process that sustains the feelings of burdensomeness and the perception of being lost seem to be strongly connected with Katie's sense of loneliness. As analyzed by Ellis (2004), she is continuously mindful of her struggles with dealing with interpersonal issues—a view that is endorsed in the police report following her death, noting that Mark had declared that Katie "did not really have any friends that she hung out with." In her diary, Katie recognizes that her interpersonal difficulties seem to be directly related to her past traumatic experiences and partially guided by negative autobiographic memory biases.

> Is it so wrong to want to have a family? It's always been such a big dream for me. But my old family life seems to come up now, being alone, abandoned, rejected and neglected. My voice doesn't seem to carry me very far away from things of this sort. It's all such treacherous ground, I suppose. Uncertainty and doubt creep into what I have now, and I have the things I've been through. It has affected my life with people. It's alienated me from simply honesty, open personality. I wish I could live free not to have to worry about a thing and not long internally for some sort of unity and security by being close to someone. I guess as long as I feel this and have felt this, everyone I know has rejected this and me along with it. So I guess I will still continue to punish myself sometimes for such cravings, and everything will come full circle, everything. So I can see what I have been starved for and what I starve and what starves me—if any of this makes any sense. I'm scared, but I have to tell myself I'll be all right because I've always been by myself, and I need to hold myself and carry myself for a little while.

It is the interaction of these moderating factors with defeat and entrapment, experienced concomitantly in the presence of pre-motivational variables, that

increases the likelihood that suicidal ideation and intent develop (Gooding et al., 2015; Littlewood et al., 2016; O'Connor, 2003; Owen et al., 2018; Rasmussen et al., 2010; Russell et al., 2018; Taylor et al., 2011). The complexity of all the aforementioned interacting factors discussed so far seems to be the driving force behind Katie's suicidal thoughts and feelings. On several occasions, she writes about the desire to kill herself, which is accompanied by a variety of emotions including sadness, anger, guilt and the overwhelming feeling of being tired of trying to find a solution to her pain. The perceptions of entrapment seem to go alongside her thoughts of ending her life:

> I feel so unable to find solace in anything. I have all these dreams for our future (with Mark), but they are only dreams as I found out before. There really seems to be nothing for me. I could easily kill myself. No one would notice. Everyone has seemed to get the most out of me they wanted. I feel so used in every way possible. I work so hard with him (Mark) and everyone, but it doesn't seem to get me anywhere. He is just a boy, after all. His loyalties are so selfish. I really hate him so much, maybe because I've grown so damn dependent on him. I feel so out of balance. I'm in so much pain.

The Last Straw: On Katie's Volitional Process of Ending Her Life

The last phase of the IMV model is the transition from suicidal ideation/intent to enactment (suicide attempt). This transition is facilitated or obstructed by a specific group of factors entitled "volitional moderators." In the most recent version of the IMV model (O'Connor & Kirtley, 2018), the understanding of which factors may constitute volitional moderators has been expanded—as outlined in Figure 7.2. The volitional phase of the IMV model integrates components of the acquired capability of suicide framework (increased physical pain tolerance and fearlessness about death), proposed by Joiner in his IPTS (Joiner, 2005). However, according to O'Connor and Kirtley (2018), volitional moderators can be environmental (e.g., having access to means of suicide), psychological (e.g., formulating a suicide plan, mental imagery, fearlessness about death), social (e.g., exposure to suicide or suicidal behavior of other people) or physiological (e.g., physical pain sensitivity/endurance) in nature. O'Connor and Kirtley (2018) provide a comprehensive summary of the current empirical evidence that yields support for the hypothesis that the factors depicted in Figure 7.2 act as volitional moderators, increasing the likelihood of a suicide attempt.

An important feature of the IMV model is the representation of the cyclical relationship between suicidal thoughts and repeat suicide attempts in Figures 7.1 and 7.2 (see the dotted lines). This is based on the assumption that people who have attempted suicide once are statistically more likely to engage in suicidal behavior again (Hawton et al., 2012). It is understood that individuals who have attempted suicide in the past and are at current risk may have a recurrence of suicidal behavior triggered by a lower threshold of defeat and

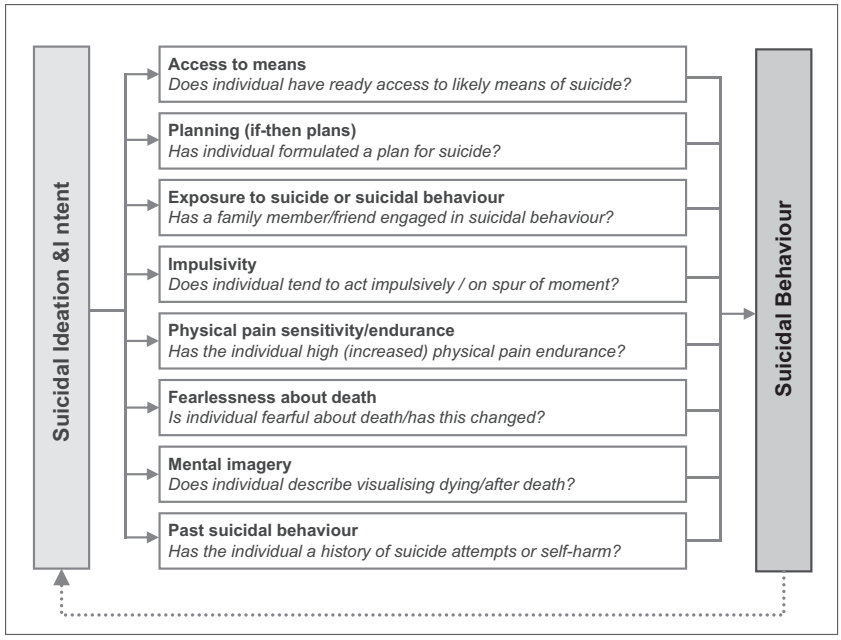

Figure 7.2 Volitional moderators that may increase the likelihood of suicidal thoughts being translated into a self-harm (including suicide attempt) (O'Connor & Kirtley, 2018)

entrapment (O'Connor & Kirtley, 2018). Although volitional factors represent key elements for understanding the transition from suicidal thinking to suicidal behavior, these seem to be the most difficult aspects to be identified in the investigation of Katie's suicide.

As pointed out by Lester (2004), there is no indication that Katie had a history of suicide attempts. However, her writings suggest that she used to self-harm and was also exposed to her boyfriend's self-harm on some occasions:

> He called me a slut because I referred to Brent as my X. I felt so depressed and cheap because of what I remembered the past year. I got up, said you're right and cut my wrist. Then he ran over to stop me and then he started screaming—saying he was sober—and started cutting himself. I fought him physically to make him stop and get the knife away. I tried every tactic I knew to make him stop. He cut himself, so the only way I made him stop was I started cutting myself. I cut my breast and my shoulder. I realized I didn't truly want to die and that I had a choice—I didn't want to cut my body. I didn't really want to hurt myself at all. It made him stop. Then I pulled him and got aggressive and made him go on the couch with me and cry it out. I cried so much. I couldn't bear seeing him cut himself like that, and the fact I saw my very fear from the time I got to know about his depression better.

> I carried in my heart his pain all year—his turmoil—his conflicts. I rarely showed face for what I carried in my heart. I cared for him so deeply with all of me, but I didn't show him so openly or freely. It made me too vulnerable and almost sold all of my pride. I'm so glad that night is over.

The situation described by Katie sounds extremely disturbing and traumatic, with both Mark and herself at heightened risk. As posited by O'Connor and Kirtley (2018), the non-fatal self-harm (including suicide attempt) of others may increase the chances that an individual models or imitates a loved one's suicidal behavior (O'Connor et al., 2014; Pitman et al., 2014). In fact, this seems to be what is happening in Katie's description. In addition to the use of self-harm as a means to communicate pain and exert some influence on someone else's behavior, one of the "side effects" of exposure is the increased salience and cognitive accessibility of suicide and self-harm such that an individual is more likely to attempt suicide when they encounter stressors. Similarly, Katie seems to suggest that her mother had taken her own life, although according to Lester (2004), she used to prefer telling other people that her mother was dead: "Talked to Mimi Jones. It was nice—told her my mother killed herself. I hate my mother so much. I kill her over and over again through my word to thoughts."

The absence of information in Katie's diary about the presence of most volitional moderators (Figure 7.2) limits the extent to which we can properly explore her suicide through the lenses of an ideation-to-action framework. However, the sense of entrapment and non-resolution of issues in her life are frequently present in her words. In the nine days before her suicide, Katie left a long note of prayer, in which she begs God to meet some of her deepest needs. It is likely that the failure to meet these needs was related to the unbearable pain she was carrying.

> Please let me feel an ever-encouraging life force in my everyday existence from the time I wake to the time I sleep. Let my voice become strong and defined along with my character—strong, warm, distinct, good, downright real. And let my nurturance be doubled or even tripled when I do what is right and let the times, I fall be soft so I can pick myself up on what I worked so hard on and have overcome.

Katie's Legacy for Suicide Prevention

Through a close reading of Katie's diary, we are able to get some sense of understanding the factors associated with her tragic death. Katie's death was not inevitable, and her words give us some clues about how to prevent someone from taking their own life. These include the provision of continuing mental health care, particularly for those more vulnerable and affected by a history of emotional and sexual abuse, domestic violence and psychological disorders. Psychoeducation, the general efforts to reduce stigma about mental health

conditions, the provision of information about help seeking and the implementation of suicide prevention and surveillance systems within educational institutions could also be useful. (Katie died by suicide at student accommodation.) With hindsight, it is reasonable to hypothesize that Katie would have benefited from these strategies, particularly from tailored mental health care and psychological services support. Finally, an important lesson learnt from this tragic event is that suicide is not inescapable, and that its prevention demands help and provision of support at the earliest stages of someone's mental health difficulties.

References

Bagge, C. L., Glenn, C. R., & Lee, H.-J. (2012). Quantifying the impact of recent negative life events on suicide attempts. *Journal of Abnormal Psychology*, *122*, 359–368.

Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation. *American Journal of Psychiatry*, *142*, 559–563.

Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London, UK: Routledge.

Chang, S. S., Stuckler, D., Yip, P., & Gunnell, D. (2013). Impact of 2008 global economic crisis on suicide: Time trend study in 54 countries. *BMJ* (Online), *347*(7925), f5239.

Cleare, S., Wetherall, K., Clark, A., Ryan, C., Kirtley, O., Smith, M., & O'Connor, R. (2018). Adverse childhood experiences and hospital-treated self-harm. *International Journal of Environmental Research & Public Health*, *15*(6), 1235.

Ellis, T. E. (2004). Thoughts of Katie: A cognitive perspective. In D. Lester (Ed.), *Katie's diary: Unlocking the mystery of a suicide* (pp. 81–96). New York: Brunner-Routledge.

Gilbert, P., & Allan, S. (1998). The role of defeat and entrapment (arrested flight) in depression: An exploration of an evolutionary view. *Psychological Medicine*, *28*, 585–598.

Gooding, P., Tarrier, N., Dunn, G., Shaw, J., Awenat, Y., Ulph, F., & Pratt, D. (2015). The moderating effects of coping and self-esteem on the relationship between defeat, entrapment and suicidality in a sample of prisoners at high risk of suicide. *European Psychiatry*, *30*, 988–994.

Hawton, K., Saunders, K. E. A., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *The Lancet*, *379*, 2373–2382.

Jeronimus, B. F., Ormel, J., Aleman, A., Penninx, B. W. J. H., & Riese, H. (2013). Negative and positive life events are associated with small but lasting change in neuroticism. *Psychological Medicine*, *43*, 2403–2415.

Joiner, T. (2005). *Why people die by suicide*. Cambridge, MA: Harvard University Press.

Klonsky, E. D., & May, A. M. (2015). The Three-Step Theory (3ST): A new theory of suicide rooted in the "ideation-to-action" framework. *International Journal of Cognitive Therapy*, *8*, 114–129.

Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology*, *12*(1), 307–330.

Lester, D. (2004). Who is Katie? In D. Lester (Ed.), *Katie's diary: Unlocking the mystery of a suicide* (pp. 15–18). New York: Brunner-Routledge.

Littlewood, D. L., Gooding, P. A., Panagioti, M., & Kyle, S. D. (2016). Nightmares and suicide in posttraumatic stress disorder: The mediating role of defeat, entrapment, and hopelessness. *Journal of Clinical Sleep Medicine*, *12*, 393–399.

Lutz, P.-E., Mechawar, N., & Turecki, G. (2017). Neuropathology of suicide: Recent findings and future directions. *Molecular Psychiatry*, *22*, 1395–1412.

O'Connor, R. C. (2003). Suicidal behavior as a cry of pain: Test of a psychological model. *Archives of Suicide Research*, *7*, 297–308.

O'Connor, R. C. (2011). Towards an integrated motivational-volitional model of suicidal behaviour. In R. C. O'Connor, S. Platt, & J. Gordon (Eds.), *International handbook of suicide prevention* (1st ed., pp. 181–198). Chichester, UK: John Wiley & Sons.

O'Connor, R. C., Cleare, S., Eschle, S., Wetherall, K., & Kirtley, O. J. (2016). The integrated motivational-volitional model of suicidal behavior: An update. In R. C. O'Connor & J. Pirkis (Eds.), *International handbook of suicide prevention* (2nd ed., pp. 220–240). Chichester, UK: John Wiley & Sons.

O'Connor, R. C., & Kirtley, O. J. (2018). The integrated motivational-volitional model of suicidal behaviour. *Philosophical transactions of the Royal Society of London: Series B, Biological Sciences*, *373*(1754), 20170268.

O'Connor, R. C., & Nock, M. K. (2014). The psychology of suicidal behaviour. *The Lancet Psychiatry*, *1*(1), 73–85.

O'Connor, R. C., & Portzky, G. (2018). The relationship between entrapment and suicidal behavior through the lens of the integrated motivational: Volitional model of suicidal behavior. *Current Opinion in Psychology*, *22*, 12–17.

O'Connor, R. C., Rasmussen, S., & Hawton, K. (2014). Adolescent self-harm: A school-based study in Northern Ireland. *Journal of Affective Disorders*, *159*, 46–52.

Owen, R., Dempsey, R., Jones, S., & Gooding, P. (2018). Defeat and entrapment in Bipolar disorder: Exploring the relationship with suicidal ideation from a psychological theoretical perspective. *Suicide & Life-Threatening Behavior*, *48*, 116–128.

Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*, *1*(1), 86–94.

Platt, S. (2016). Inequalities and suicidal behavior. In R. C. O'Connor & J. Pirkis (Eds.), *International handbook of suicide prevention* (2nd ed., pp. 258–283). Chichester, UK: John Wiley & Sons.

Rasmussen, S. A., Fraser, L., Gotz, M., MacHale, S., MacKie, R., Masterton, G., . . . & O'Connor, R. C. (2010). Elaborating the cry of pain model of suicidality: Testing a psychological model in a sample of first-time and repeat self-harm patients. *British Journal of Clinical Psychology*, *49*, 15–30.

Russell, K., Rasmussen, S., & Hunter, S. C. (2018). Insomnia and nightmares as markers of risk for suicidal ideation in young people: Investigating the role of defeat and entrapment. *Journal of Clinical Sleep Medicine*, *14*, 775–784.

Sánchez, M. M., Ladd, C. O., & Plotsky, P. M. (2001). Early adverse experience as a developmental risk factor for later psychopathology: Evidence from rodent and primate models. *Development & Psychopathology*, *13*, 419–449.

Simpson, J. A., & Rholes, W. S. (2012). Adult attachment orientations, stress, and romantic relationships. In P. Devine & A. Plant (Eds.), *Advances in Experimental Social Psychology* (Vol. 45, pp. 179–328). New York: Elsevier.

Taylor, P. J., Gooding, P. A., Wood, A. M., Johnson, J., & Tarrier, N. (2011). Prospective predictors of suicidality: Defeat and entrapment lead to changes in suicidal ideation over time. *Suicide & Life-Threatening Behavior*, *41*, 297–306.

Van Heeringen, K., & Mann, J. J. (2014). The neurobiology of suicide. *The Lancet Psychiatry*, *1*(1), 63–72.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, *117*, 575–600.

Wetherall, K., Robb, K. A., & O'Connor, R. C. (2019a). An examination of social comparison and suicide ideation through the lens of the integrated motivational: Volitional model of suicidal behavior. *Suicide & Life-Threatening Behavior*, *49*, 167–182.

Wetherall, K., Robb, K. A., & O'Connor, R. C. (2019b). Social rank theory of depression: A systematic review of self-perceptions of social rank and their relationship with depressive symptoms and suicide risk. *Journal of Affective Disorders*, *246*, 300–319.

Williams, J. M. G. (1997). *Cry of pain: Understanding suicide and the suicidal mind*. Harmondsworth, UK: Penguin.

Williams, J. M. G., Barnhofer, T., Crane, C., & Beck, A. T. (2005). Problem solving deteriorates following mood challenge in formerly depressed patients with a history of suicidal ideation. *Journal of Abnormal Psychology*, *114*, 421–431.

Zortea, T. C., Dickson, A., Gray, C. M., & O'Connor, R. C. (2019). Associations between experiences of disrupted attachments and suicidal thoughts and behaviors: An interpretative phenomenological analysis. *Social Science & Medicine*, *235*, 112408.

Zortea, T. C., Gray, C. M., & O'Connor, R. C. (2020). Perceptions of past parenting and adult attachment as vulnerability factors for suicidal ideation in the context of the integrated motivational: Volitional model of suicidal behavior. *Suicide & Life-Threatening Behavior*, *50*, 515–533.