

Interdisciplinarity in Suicide Intervention

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Abstract

Suicide prevention is an international crisis, and theories from several disciplines attempt to explain why individuals develop and act on suicidal behavior. Previous research from the disciplines of psychology, sociology, and physiology has identified risk factors linked to suicidal behavior. However, these disciplines approach suicide from distinct perspectives. Reviewing existing literature reveals analogous insights and opportunities for synthesis between the disciplines. Findings indicate that interdisciplinarity is key to addressing the myriad of factors motivating suicide. With interdisciplinary knowledge, interventionalists will learn additional solutions to address and end suicide risk. Yet without interdisciplinarity, disregarded risk factors may be the difference between life and death.

Keywords: suicide, suicide prevention, interdisciplinarity

Introduction

In the United States, suicide takes tens of thousands of lives per year and is the tenth leading cause of death (Moore, 2022, pg. 392). Existing methods of suicide prevention are lacking and must be strengthened. Viewing suicidal behavior through an interdisciplinary lens interrupts disciplinary rigidity and reveals a constellation of factors that inventionalists should address to increase the likelihood of each individual's recovery.

Interdisciplinarity is important for suicide prevention because it acknowledges that no one theory or method will indicate or alleviate all the reasons why suicide occurs. Interdisciplinary views will save lives through incorporating insight across disciplinary lines to influence behavior. From the statistics above, we know that existing methods of suicide prevention are not sufficient. Innovation is required, and interdisciplinarity may kickstart it.

Psychology

Psychological theories of suicide guide research and suggest how findings can be applied to suicide prevention efforts. Competent researchers understand there is a low probability of one theory explaining why every suicide occurs; assessing multiple theories allows more risks to be addressed. The interpersonal theory of suicide (IPT) and the integrated motivational-volitional model of suicide (IMV) are two of the most researched psychological theories on suicide, and assert key risks causing suicidal ideation (SI) and suicidal behavior (SB) (De Beurs et al., 2019, pg. 1). IPT posits that perceiving oneself as a burden and without belonging causes SI; IMV sees defeat and entrapment as motivators of SB. In De Beurs et al.'s research, IPT's burdensomeness factor and IMV's entrapment factor were most strongly correlated with SI across both theories (De Beurs et al., 2019, pg. 1).

The shift from internal thoughts to externalized actions is an urgent issue in suicide research. When self-injury and suicide attempts occur, the individual is triggered by one risk factor, or a network of many, to transition their thoughts into lethal behavior. Preventive assessment must recognize that feelings of defeat, humiliation, and entrapment may indicate an individual is deciding suicide may be the only solution to their disillusionment.

One strength of these psychological theories is that the at-risk individual can sense and communicate whether these psychological factors are weighing on them, and to what extent. Yet, when an interventionist's knowledge is lacking or without a theoretical spine, they may fail to start a dialogue with the individual that identifies direct and indirect risks. Rifts in relevant knowledge are an issue for researchers, too. Approaching suicide research with too narrow a scope weakens theory by ignoring "the interplay of many different factors" (De Beurs et al., 2019, pg. 7), unique for each individual. Analysis of risk factors within an individual's social environment is beyond the scope of psychological theories, but another discipline, sociology, provides extensive literature.

Sociology

The foundation for sociological theories examining suicide was laid in 1897, when Émile Durkheim published *Suicide: A Study in Sociology*. Durkheim's text asserted that suicidal behavior (SB) is influenced by institutional disorganization, restrained aspirations, and fatalistic disappointment and defeat. *Anomic suicide* underlies much of the research below; it defines suicides motivated by social disorder, where individuals feel disillusioned and unable to rely on their society for direction (Kar & Singh, 2023). Durkheim's theory is still widely used today.

Through Institutional Anomie Theory, researchers study deficits in a society's organization that lead to anomic suicides. In the United States, economic achievement is

prioritized to the expense of social institutions, increasing anomic suicide risk for Americans who are unable to recognize economic aspirations and admit defeat (Fei, 2021, pg. 178).

Strengthening an individual's connection to other pro-social institutions, such as family and religion, is an empirically proven protective factor, and affixes individuals to the community surrounding them (Fei, 2021, pg. 178).

Another factor in anomic suicide is social capital. Social capital refers to reciprocal and reliable social networks accessible to an individual, and significantly decreases suicide risk. Yet the opposite is also true, when opportunity for social capital is restricted, anomic disillusionment increases suicide risk (Moore, 2022). Income inequality is another factor in anomic despair and increases suicide risk across the nation, worsening in regions with the most inequality (Irish, 2024). It is important to note that suicides linked to social resources are not solely influenced by the lack of resources, but from witnessing the ravine between the at-risk's resources and the resources held by the advantaged (Kar & Singh, 2023, pg. 655). Societal deficits are difficult to address, but defeatism ignores a community's ability to foster social ties and advocate for improved social policy. Some sociological risk factors in a suicidal individual's life might be immutable. Yet improving their ties to their community may result in innovative solutions.

Physiology

Physiology studies the human body and uses empirical evidence to advance our understanding of the processes that sustain our lives. As opposed to psychology and sociology, physiology is thought to be more objective because researcher bias is less likely to corrupt data. A sociologist's theoretical framework may obscure the true reason an event occurs, whereas the study of physiological processes reveals phenomena divorced from the researcher's opinion

(Sokolowski & Wasserman). Observing the function of a gene results in conclusions that are developed from physical evidence, regardless of the researcher's hypothesis.

Genome-wide association studies and whole exome sequencing are network methods used to observe biological coherence, and have identified biologically similar genes implicated in suicide outcomes. Their discovery "provide[s] unbiased biological support" (Sokolowski & Wasserman, 2021, pg. 1) that suicidal behavior can originate at the physiological level. Some of the hypothesis-free genes the researchers observed caused more disruptions to the nervous system, are a known presence in psychiatric disorders, and increase the risk of SB (Sokolowski & Wasserman, 2021, pg. 6). Ultimately, further genetic research is needed into the "proteins, genes, and genetic variations" (Sokolowski & Wasserman, 2021, pg. 1) underlying SB, and researchers must widen their scope, studying genes not traditionally found in hypotheses.

Another method of understanding the physiological processes driving SB is to observe risk factors throughout bodily systems. "Genetics, inflammation, serotonergic systems, peripheral biomarkers such as cholesterol, and changes in the hypothalamic-pituitary-adrenal (HPA) axis" (Tatayeva et al., 2024, pg. 2) are linked to SB via the stress diathesis of suicide, which argues that SB is caused by the interactions of predisposing and provoking risk factors. Regulating stressful stimuli and cognitive behavioral functioning is the task of the HPA axis and serotonergic neurotransmitter systems; when these systems are dysregulated, an individual's ability to endure acute stress is reduced, increasing SB risk. Ideally, this body of research aims to pinpoint peripheral markers in multiple physiological systems that clinicians can easily test while assessing suicide risk. In addition, these markers would indicate risk objectively, arguing for swift intervention for individuals whose SB risk may be overlooked by those administering existing predictive assessments (Tatayeva et al., 2024, pg. 9).

Applications and synthesis

Suicide prevention takes many forms. However, zeroing in on one theory to use as a behavioral intervention method is not practical outside of academic research. Theory informs, but applying one theory without the acknowledgement that humans are a constellation of thoughts, experiences, and life-sustaining processes is threateningly naive. For scientists, it is important to isolate variables so they may be observed without external interruptions. Interventionalists must account for external interruptions, too, but should absorb them into their theoretical foundation while understanding their influence on an individual's behavior.

Each of the disciplines I researched recognized that behavior was the most important factor to influence. The identification of behavioral risk factors was the objective for most of the above articles, because interrupting SB from any method allows intervention to happen before fatalities occur. This is where disciplines must converge; attempting to alter an individual's behavior through cognitive methods of alleviating defeat will not decrease risk for someone whose defeatist attitude results from an untreated physiological dysregulation, for example. Risk factors from psychological and physiology would combine to motivate a fatality for this individual that can be prevented if the interventionist synthesizes disciplines.

Theories and applications of these three disciplines are seamless to integrate in most aspects. Yet conflict may occur when one discipline's insight is assumed to be more important than another, even when the interventionist attempts synthesis. One individual may assert that their inability to endure stressful stimuli (physiology) outweighs the influence of their lack of social capital (sociology) when examining their risk factors. Yet this would not be applicable to another individual who feels that one of the worst side effects of their stress dysregulation (physiology) is witnessing others bask in social capital they struggle to obtain (sociology).

Individuals and their risk factors are never ‘textbook cases,’ and must be understood uniquely through a case-by-case approach.

Oftentimes, individuals are able to communicate why they behave the way they do. However, many suicidal individuals seeking treatment will not be familiar with suicide theories. Why does this matter? Well, an individual who firmly assumes that SB is tied to one discipline—psychology, is less likely to discuss sociological factors with an interventionist. They may state that their lack of belonging triggers suicidal thoughts (IPT), but intervention can be improved with the additional context that their lack of belonging originated from disillusionment with the social institutions around them (Institutional Anomie Theory).

When disciplinary-trained interventionists synthesize interdisciplinary theories of behavior, they are better positioned to offer individuals comprehensive education on risk factors. Learning about the interplay between the interpersonal theory of suicide and institutional anomie theory may be a lightbulb moment for a suicidal individual. This knowledge would then provide a launching point for the individual and their interventionist to focus on decreasing the individual's sense of social disillusionment in multiple areas of their life.

Familiarity with other disciplines is useful for interventionists even if they cannot apply insight from outside their field themselves. A therapist trained in psychology is not qualified to treat risk factors from physiological processes. However, if the therapist recognizes the impact of physiological dysregulation on a suicidal individual, they can communicate that it may be a risk factor another professional could alleviate. Simply knowing that SB is motivated by a constellation of factors may inspire hope in a suicidal individual. Every person has elements of their life that they cannot change. Widening the scope of suicide risk factors reveals to an

individual that they have not reached the end of the line; other disciplines provide additional options to alleviate SB and ensure their survival.

There is a whole universe of research and theory focused on decreasing suicide rates and saving the lives of individuals who find life intolerable or meaningless. Knowing that preventing suicide is the focus of numerous theories that transcend disciplines may help a suicidal person realize how fiercely their life is valued.

Interdisciplinary understanding saves lives in this field, and endangers lives when relevant risk factors are ignored or dismissed. The rigidity of scholarly study is not applicable in the real world, where nothing is simple, and disciplines collide every minute of the day. Variables are never isolated, and additional disciplines outside the scope of this paper similarly influence behavior and suicide risk. If you want to study the human being, disciplinary allegiance reveals insight; but if you want to save the life of a human being, the same allegiance reveals ignorance.

Conclusion

Suicide is a worldwide crisis that must be addressed at the psychological, sociological, and physiological level to decrease fatalities and the resulting anguish surrounding them. Restraining inventionalists to one discipline is unrealistic and potentially dangerous for the person they are treating, whose needs will go unmet. Interdisciplinary methods respect that humans are intricate creatures whose behavior results from not only their thoughts, but also their surrounding social world and each individual cell inside them. Through an interdisciplinary lens, we see a clearer picture of why suicide occurs, and a wider variety of methods to understand and intervene in suicidal behavior, before it is too late.

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Extra Credit

To begin with, if I had to redo this assignment, I would choose a different topic and disciplines to research. While researching, I discovered that numerous researchers already approach suicide prevention with integrated theories and methods. This made finding articles that solely focused on one discipline challenging. The research librarian I worked with even remarked that I set myself up for 'research hell'.

In the initial weeks of this course, emotion led me to research suicide prevention, as it plays a significant role in my life. If I chose a topic based upon reason, I would ensure the disciplines examining it were more remote from one another. I would also research theory immediately, instead of paging through research papers only to learn they were irrelevant because they did not use a theoretical approach. Although I used disciplinary databases to begin with, eventually I had to switch to Google Scholar to find relevant articles. No amount of adjusted keywords and Boolean operators were finding articles that *were* in our databases, but that I located through Google instead. I am not certain why this occurred.

Assuming my paper is satisfactory, I did not find it difficult to write. However, I spent much of my time developing an outline with instructions, a synthesis table, breakdowns of themes, and quotes from my articles to either use or reference to ensure that I understood the researchers correctly. Since there are detailed requirements for this assignment, organizing your instructions and my research alongside each other was immensely helpful.

Thank you for your expertise throughout this course, I truly feel that I have learned new skills. I hope you have a wonderful winter break.