Received: 3 January 2024 | Revised: 4 March 2024 | Accepted: 13 March 2024

DOI: 10.1111/sltb.13075

Suicide and Life-Threatening BEHAVIOR

ORIGINAL ARTICLE

A step forward in conceptualizing psychological closeness/distance to suicide methods: A qualitative approach

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Funding information
Texas State University Research Enhancement Program

Abstract

Introduction: Suicide is a leading cause of death, making suicide prevention a major public health priority. Increasing understanding of factors influencing suicidal behavior is paramount. Previous research has implicated psychological closeness, characterized by perceptions of how close/distant or attached/detached one feels to a particular object, as a cognitive factor that influences suicidal behavior. However, a better understanding of how psychological closeness to suicide methods is conceptualized by relevant populations is needed to improve its assessment and understand how it may confer risk for suicide.

Methods: The goal was to refine the conceptualization of psychological closeness to suicide methods by incorporating feedback from relevant populations. We conducted 30 interviews with those primarily identifying as having lived experience of suicide ($n = 10$), clinicians who work with suicidal patients ($n = 11$), and suicide researchers ($n = 9$). A rigorous thematic approach using NVivo software was used to uncover common themes.

Results: Primary themes included familiarity, comfort, and attachment, with one emerging theme of symbolism. We define these themes, provide context to their meaning, and share exemplary quotes across diverse participants.

Conclusion: We consider clinical, research, and policy implications from an interdisciplinary lens and discuss the strengths and limitations of this study.

KEYWORDS

attachment, comfort, familiarity, psychological closeness, qualitative, suicide

INTRODUCTION

Psychological closeness, at its core, refers to the perceptual and emotional proximity one has to an object, event, or another person. Psychological closeness is grounded in the framework of construal level theory, which posits that individuals vary in their mental representations of objects/events based on their psychological distance from those objects/events (Liberman et al., 2007). According to construal level theory, the greater the psychological distance an individual perceives themselves as having from an object or event (be it spatial, temporal,

interpersonal, or hypothetical), the less accessible that object becomes in their consciousness (Trope & Liberman, 2010). In other words, an individual's perception of an event or object can be shaped by its proximity in terms of physical distance (spatial), time (temporal), the interpersonal relationship with the event or object, and even the hypothetical, abstract nature of the event itself. Psychological closeness—and its converse, psychological distance—can exert an influence on personal choices, with studies showing individuals may be more likely to donate time, money, and support to those they perceive as psychologically close (Ferolino & Labaclado, 2016; Hahn & Lee, 2014; Kogut et al., 2018; Lee et al., 2018; Lee & Kim, 2021; Wakefield et al., 2022), and may also be related to climate change engagement and tourist misbehavior (Jones et al., 2017; McDonald et al., 2015; Spence et al., 2012; Wan et al., 2021). Beyond these aforementioned studies, psychological closeness/distance has accumulated initial empirical evidence regarding its relation to suicide methods and suicide risk more generally.

How is psychological closeness relevant to suicide methods?

More than 700,000 people globally die by suicide each year (WHO). Estimates further suggest that approximately 25 suicide attempts occur for every death by suicide, and countless individuals seriously consider suicide each year (CDC, 2023). These statistics underscore the gravity of this global public health concern and highlight the urgent need for additional evidence-based approaches for suicide risk assessment and prevention. The development of such assessment and prevention strategies is often guided by theoretical frameworks that strive to pinpoint factors contributing to various stages of the suicide continuum. Among contemporary frameworks, one consistently central construct is capability for suicide, which pertains to an individual's capacity to engage in lethal self-harm (Chu et al., 2017; Klonsky & May, 2015; Ribeiro & Joiner, 2009). Capability for suicide is considered multidimensional, incorporating dispositional (i.e., inherent, often genetic, traits, such as pain sensitivity; Klonsky & May, 2015; Young et al., 2012), acquired (i.e., development of physical pain tolerance and desensitization to fear of death/pain/suicide; Van Orden et al., 2010), and practical (i.e., tangible factors, such as knowledge, comfort, and access to lethal means; Klonsky & May, 2015) dimensions. For instance, firearm ownership, representing one facet of practical capability, has been consistently shown to be significantly associated with suicidal behavior (Houtsma & Anestis, 2017; Miller et al., 2005; Shahnaz et al., 2020).

Given the importance of practical capability, mental health practitioners have implemented lethal means counseling into suicide risk assessment and management efforts. Lethal means counseling involves a collaborative discussion between mental health professionals and patients/close others (e.g., family and friends) to develop and implement strategies that create physical distance between a patient and their preferred suicide means (Bryan et al., 2011). The central focus is to reduce one's immediate physical access to these lethal means, providing a critical barrier during moments of personal crisis. Studies have highlighted the effectiveness of lethal means counseling strategies (e.g., physically separating firearms from ammunition, gun locks, and/or safes) in mitigating the risks associated with firearms during a moment of crisis (Anestis et al., 2021; Betz et al., 2022). Similarly, studies have found strategies like storing medications with a trusted family member or friend, using medication organizers, and limiting the quantity of medications available at one time to be effective prevention strategies (Barber & Miller, 2014; Miller et al., 2020; Sullivant et al., 2022).

In addition to focusing on strategies that increase physical distance to suicide methods, recent research suggests it may be prudent to consider the cognitive, or psychological, accessibility of these methods. In particular, psychological distance to suicide methods may be linked to one's method selection and overall likelihood of attempting suicide, with more concrete representations and attachment to preferred methods representing greater risk. Indeed, previous research has suggested that greater psychological closeness to one's preferred method is uniquely related to increased suicide risk, beyond the role of physical closeness (Rogers et al., 2019, 2022). Specifically, among suicidal adults, greater psychological closeness to preferred suicide methods was associated with higher concurrent suicidal intent, as well as higher suicidal intent and likelihood of having made suicide plans and preparations at one-week follow-up (Rogers et al., 2019). Moreover, research utilizing ecological momentary assessment revealed that, among adults with severe suicidal ideation, greater psychological closeness was uniquely predictive of higher concurrent and future (2 h later) suicidal intent, controlling for numerous risk factors, including physical proximity (Rogers et al., 2022). Effect sizes in both studies were large. Drawing from these studies, it is conceivable that methods perceived as psychologically distant and/or aversive may be conceptualized as less viable and desirable means for a suicide attempt.

However, these studies were preliminary in nature and had several limitations. First, participants were not provided definitions of "psychological closeness," nor could they provide their own interpretations. Second, both studies used single-item measures of psychological closeness, which limited the ability to calculate reliability indices or fully capture what may be a multidimensional construct. Construct refinement, and an understanding of how those with various degrees of lived and professional experience interpret psychological closeness as it pertains to suicide methods, is needed to improve assessment of psychological closeness, and examine its correlates and role in conferring risk for suicide.

Research aim

The goal of this study was to refine the conceptualization of psychological closeness to suicide methods by incorporating feedback from multiple interested parties (i.e., those with lived experience, clinicians, and researchers). To build upon the current foundational research, the present study aimed to address the identified gaps in the literature, in part, by utilizing a qualitative research design to refine the conceptualization of psychological closeness/distance, especially as it pertains to suicide methods. Through in-depth interviews conducted with participants who had varying relationships with suicide, including clinicians who work with suicidal participants, suicide researchers, and individuals with lived experience, we examined how psychological closeness was perceived and interpreted among populations with relevant connections to suicidality. Employing qualitative methodology allowed us to identify patterns, themes, and factors that may not have been initially considered with quantitative methods (Mohajan, 2018).

MATERIALS AND METHODS

Methodology

The research study was approved by the Institutional Review Board (IRB) at a large institution in Texas before data collection activities began. All research team members completed IRB Collaborative Institutional Training Initiative (CITI) and consistently met with the research team investigators to learn more about the study's background and aims before engaging in research activities. The research team received an internal grant supporting the project from January 2023 to May 2024. This multi-method project includes two phases, and for purposes of this manuscript we only report findings from the qualitative phase one study, which informed the second measurement study.

Researchers' positionality

Positionality is integral to the qualitative research process and is important to acknowledge when considering the implications each researcher's world views, expertise, and experiences has on how the qualitative research study is conducted and how the results are interpreted (Holmes, 2020; Rowe, 2014). The principal investigators (author #1 and #4) both have clinical expertise and experience with suicide risk assessments and conducting ethical online suicide research. Author 1 is a white, female, master's level trained social worker who has clinical experience with brief suicide assessments in an inpatient psychiatric hospital and emergency department. Author 2 is a white, male currently pursuing a master's degree in psychological research and has personal experience with suicidal ideation. Author 3 is a white, female is pursuing a master's degree in social work and has experience working with Veterans and other populations at increased risk for suicidal ideation. Author 4 is a white, female suicide researcher who also has substantial clinical experience in suicide risk assessment and crisis management, dialectical behavior therapy, and other cognitive-behavioral empirically supported interventions.

Data collection

From the beginning, the research team closely followed Levitt et al.'s (2018) evidence based qualitative standards to ensure rigorous qualitative data recruitment strategies, data collection procedures, data analysis, and data reporting. This study involved 30 audio-recorded, confidential Zoom interviews with relevant stakeholders, including 10 adults who predominantly identified as having lived experience (history of suicidal thoughts and/or attempts), 11 who primarily identified as clinicians who work with suicidal patients, and 9 who primarily identified suicide researchers (however, note that intersectionality was common; see Table 1). Participants were recruited to participate in an individual 30-min interview via suicide-focused listservs and snowball sampling, or word of mouth. For consistency purposes, all interviews were conducted by one graduate research team member (author #2), who practiced the interview protocol with the research team investigators before collecting data. The principal

TABLE 1 Sociodemographic characteristics of participants.

	Lived experience ($n=10$)		Clinician ($n=11$)		Researcher ($n=9$)		Full sample ($n=30$)	
Primary identity	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Gender								
Cisgender man	1	10.0	2	18.2	2	22.2	5	16.7
Cisgender woman	7	70.0	9	81.8	6	66.7	22	73.3
Transgender man	0	0.0	0	0.0	0	0.0	0	0.0
Transgender woman	0	0.0	0	0.0	0	0.0	0	0.0
Non-binary/gender fluid	2	20.0	0	0.0	0	0.0	2	6.7
Genderqueer woman	0	0.0	0	0.0	1	11.1	1	3.3
Marital status								
Single/never married	1	10.0	5	45.5	3	33.3	9	30.0
Serious relationship	0	0.0	1	9.1	1	11.1	2	6.7
Engaged	0	0.0	0	0.0	1	11.1	1	3.3
Married	7	70.0	3	27.3	4	44.4	14	46.7
Separated	2	20.0	0	0.0	0	0.0	2	6.7
Divorced	0	0.0	2	18.2	0	0.0	2	6.7
Widowed	0	0.0	0	0.0	0	0.0	0	0.0
Race/ethnicity								
White/European American	9	90.0	7	63.6	8	88.9	24	80.0
Hispanic/Latino/a	2	20.0	3	27.3	0	0.0	5	16.7
Asian	2	20.0	2	18.2	1	11.1	5	16.7
Black/African American	0	0.0	1	9.1	0	0.0	1	3.3
Pacific Islander/Native Hawaiian	0	0.0	0	0.0	0	0.0	0	0.0
American Indian/Native American	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	0	0.0
Sexual orientation								
Heterosexual/Straight	6	60.0	7	63.6	6	66.7	19	63.3
Gay/Lesbian	1	10.0	0	0.0	1	11.1	2	6.7
Bisexual/Pansexual	3	30.0	3	27.3	1	11.1	7	23.3
Asexual	0	0.0	0	0.0	0	0.0	0	0.0
Queer	0	0.0	1	9.1	1	11.1	2	6.7
Lifetime suicidal ideation	10	100.0	6	54.5	5	55.6	21	70.0
Lifetime suicide attempt	8	80.0	2	18.2	2	22.2	12	40.0
Multiple identities								
Lived experience	10	100.0	3	27.3	4	44.4	17	56.7
Clinician	5	50.0	11	100.0	2	22.2	18	60.0
Researcher	1	10.0	0	0.0	9	100.0	10	33.3

Note: Participants were allowed to select more than one race/ethnicity and thus totals may add up to more than 100%.

investigator (author #4), who is trained in suicide risk assessments, was available if an emergency arose during all interviews; no risks or adverse events came up during the duration of the project.

Participants

Participants were deemed eligible if (a) they identified as part of one of the three groups, (b) were 18 years or

older, (c) currently lived in the United States, and (d) spoke English. A total of 30 participants completed the study. Please refer to Table 1 for sociodemographic information.

Interview process

Interviews lasted approximately 17.52 min (SD = 3.35, range of 12–24 min). All Zoom meetings had a waiting room built in to ensure that only the research team member and the research participant were allowed in the room, reducing the chance of confidentiality breaches. At the beginning of the interview, the graduate research interviewer built rapport with each participant, reviewed the informed consent document, answered questions and concerns related to the study, and then gathered verbal, voluntary consent from each participant on the audio-recorded file. To reduce risks related to confidentiality breaches and to uphold safeguards of the study, participants' names were changed to their research assigned ID number, and participants were reminded they could skip questions they did not feel like answering, could end the interview at any time, and could turn their camera off if they felt inclined to do so. Interview topics included (1) interpretations and perceptions of "psychological closeness" and "psychological distance;" (2) how psychological closeness and distance relate to suicide risk; (3) the brainstorming of potential items/topics that could assess psychological closeness/distance to suicide methods, and (4) other/general thoughts about psychological closeness/distance. The interview protocol can be found in the Appendix A. All Zoom interviews were audio recorded to the Zoom cloud. Transcripts were then downloaded and sent to Rev (a company that provides accurate transcription services for audio recordings) for transcribing and reviewed for accuracy purposes by re-listening to the audio recordings, identifying information was redacted, and then audio files were destroyed. Notes and commonalities were also documented during this process to begin the analytic procedure (Heron, 2005). All participants were compensated with a $25 Amazon e-gift card.

Analytic procedure

All interviews were transcribed verbatim via Rev for data analysis purposes. Identifying information was redacted to ensure confidentiality of participants. A draft codebook with five codes was initially developed by the first author based on the interview protocol. The draft codebook included the name of the code, rules on when to use and not use it, quote examples, and the number of times it was used across participants. The codebook can be found in the Appendix B. Before line-by-line coding began, the research team reviewed the codebook, provided feedback, and updated it accordingly. Line by line coding is a rigorous approach that is based out of Grounded Theory (Bradley et al., 2007). All transcripts were uploaded to NVivo 14 Mac. NVivo is one of the most cited qualitative data analytic software programs. The lead author has used this software with numerous qualitative studies as it provides tools to organize and visualize data, collaboration between coders, and diverse features to assess for rigor and in-depth analyses. Two graduate research team members (authors #2 and #3) completed all data coding and analysis. Established researchers support the use of multiple coders in qualitative data analysis (Campbell et al., 2013; Creswell, 2009).

Before beginning, the principal investigators provided an in-depth overview of qualitative data analysis, the goals of coding, how to code in NVivo, and how to use the draft codebook to ensure they felt confident in coding. Further, weekly research team meetings transpired to ensure concerns were addressed, biases were discussed, interpretations were noted, and the codebook was updated appropriately. To begin, five random transcripts were selected to begin initial coding among the graduate research team members (author #2 and author #3). After the codebook was updated, five additional transcripts were selected to code, to ensure that one third (i.e., 10 interviews) of the transcripts were coded by *both* graduate research team members. After this was completed, inter-rater reliability was run in NVivo. Inter-rater reliability was high across all five codes—it was at least 75% across both coders, which is considered substantial agreement (Landis & Koch, 1977). Reliability in qualitative research is important to address and can be established in multiple ways including member checking, reinterviewing participants, triangulation of data, transparent research procedures, assessing inter-rater reliability of coders, and reporting the positionality of the researchers (McDonald et al., 2019). Because of the high consistency between the two coders, each coder was then randomly assigned to independently code the remaining 10 additional transcripts (with no overlap) to complete the coding of all 30 transcripts.

Once transcripts were fully analyzed, the two coders met with the research team to discuss overall themes, terms, and commonalities across the participants. Then, the two coders utilized a thematic analysis approach (Braun & Clarke, 2006) to dig deeper into overarching themes across participants and codes. The two coders consistently met to discuss their findings, biases, and interpretations to determine the final themes. The research team then met to discuss, dissect, and piece together the proposed themes. Three primary themes were uncovered

which describe psychological closeness as it relates to suicide methods and are reported below. In addition, one emerging theme is discussed as an additional area to consider developing in future research. The primary themes manifested frequently and consistently across all participant groups, whereas the emerging theme appeared less often and with less consistent representation across the three groups.

RESULTS

After meticulous coding of the interview transcripts and multiple team discussions, several recurring themes were identified. Three primary themes (Familiarity, Comfort, and Attachment) were prominently observed, and one emerging theme (Symbolism) was also uncovered. The first theme, "Familiarity," can be understood as a degree of personal knowledge, experience, or history with a specific suicide method. The second theme, "Comfort," can be interpreted as a profound sense of ease, security, or reassurance that individuals may associate with potential suicide means. Lastly, the third theme, "Attachment," embodies a deep emotional connection extending beyond mere possession that individuals form with a particular suicide method. Below, we discuss each theme in more detail with an expanded definition, the frequency with which it was discussed across participants, and exemplary quotes. Quotes are shared with contextual factors of each participant including their primary selected identity as a researcher (R), clinician (C), or person with lived experience (L), age, and gender identity.

Familiarity

Familiarity with suicide methods refers to the extent to which individuals are acquainted with a particular method, which often stems from prolonged exposure, either mental or physical, to that method. Participants consistently discussed the concept of familiarity as being important to understanding psychological closeness/distance to suicide methods. The term "familiarity" and similar relevant terms (e.g., familiar and unfamiliar) commonly surfaced during the interviews, with a total of 47 mentions, underlining its significance. Multiple participants suggested that a high level of familiarity with a specific suicide method might result from persistent exposure, ultimately increasing an individual's knowledge, competence, and confidence in utilizing that method. This increased knowledge and self-assurance might, in turn, make them more inclined to choose that method for a suicide attempt. For instance, participants illustrated this concept by discussing the familiarity that military Veterans have with firearms. This heightened familiarity with firearms within the Veteran community may be related to their extensive exposure and training with firearms, which may thereby affect their perception of these methods and elevate the likelihood of considering them as viable options for self-harm. For example, one participant shared:

> Veterans using firearms, they're more likely to own firearms, and also probably more psychologically near to these things, than somebody else ... people who are very pro-gun are A., more likely to have guns and B., more likely to be familiar with those guns, and C., more likely to end their own life with those guns.—(R8, 39 years old, Cis-Man).

This participant shared their thought process regarding why a certain group of people may be more likely to feel comfortable with using firearms. Moreso, participants also recounted how consistent interactions with substance use led to them becoming familiar with drugs and how eventually, this could often develop into attempting to overdose on a similar drug or medication. To illustrate this concept, one individual explained their own experience:

> With my own personal attempt, I chose pills. It was very normalized in my family to use substances. My mom specifically, took several medications for mental health issues. My stepdad had pain medications and things like that around. Not only did I have a physical closeness to them, but there was also that demonstration of the behavior that it was very acceptable to use substances.—(L17, 26 years old, Non-Binary/gender fluid).

This person reiterated how consistent exposure caused them to feel as if the use of substances was normalized and acceptable. Another participant provides additional insight into how frequent exposure and increased accessibility to medication can influence the perception of it as a feasible and familiar method for suicide:

> I'll use my own personal experience. When I was 12, the first way I tried to attempt suicide was overdose. My brother has been chronically ill his whole life, so there's always medication in the house. And this is the late 80's, so before the internet and social media and ways to look up how to kill yourself.—(C2, 47 years old, Cis-Woman).

The theme of familiarity provides valuable insights into understanding individuals' relationships with specific suicide means, demonstrating the significance of personal knowledge and experience. Familiarity with a particular suicide method may actually pave the way for a sense of comfort and security. Indeed, as we delved into the theme of comfort, it became evident that these two themes are intimately connected. When individuals are well acquainted with a method, they may develop a sense of ease and reassurance in its presence. The following section explores how comfort plays a critical role in the decision-making process of suicide method selection.

Comfort

Comfort in relation to suicide methods can be understood as a profound and enduring sense of contentment, security, and well-being that is more than just a fleeting feeling. Comfort signifies a lasting connection individuals establish with specific objects or methods, which may hold a pivotal role in the decision-making process related to the selection of, and decision to use, a suicide method. Throughout the interviews, the theme of comfort emerged repeatedly, with the term "comfort" and similar relevant terms (e.g., comfortable, uncomfortable, and comforting) being said at least 140 times. Participants conveyed how an inherent sense of ease and reassurance tied to certain methods instills a deeper sense of security, making them more inclined to consider such methods as viable options for self-harm during distress. This aspect of comfort often stemmed from not only familiarity with the method but also the emotional peace it brought, thereby reinforcing the enduring connection between the individual and the method.

As previously alluded to, some participants proposed that familiarity with suicide methods may extend and evolve into a comforting presence over time. For instance, one participant shared:

> It could be that somebody grew up always hunting, and so they always had guns around them. So having them there is a comfort versus not having them there would be awkward or not safe. They'd feel like, 'I don't have that there, that I'm used to.'—(L16, 51 years old, Cis-Woman).

This participant mentions how familiarity with a suicide method can bring about comfort with that same suicide method. Another participant explained how comfort may be related to suicide method selection and overall risk of suicide:

> If they're close to the suicide method, meaning that they're comfortable, more comfortable with utilizing this method, they're comfortable thinking about it, comfortable planning it out, comfortable exploring the materials around it, then I can see that being an increased risk.—(C5, 32 years old, Cis-Woman).

This person reiterated the term comfortable numerous times by repeating it, emphasizing the magnitude of the feeling. Another participant further demonstrated this by explicating on how a lack of comfort with a certain suicide method may prevent individuals from selecting that certain method:

> I try to ask a little bit about how comfortable or uncomfortable somebody feels with that method, how much they've thought about it. If the result of thinking about that becomes soothing or uncomfortable would be an important idea for me. And how much fear is associated with it, how much fear, how much familiarity, I think both of those constructs would be important to assess.—(R2, 35 years old, Cis-Man).

While examining the transcripts, it became apparent that feelings of comfort surrounding a suicide method may translate into an attachment to that method over time. Just as familiarity may lead to comfort in the context of suicide methods, comfort too may lead to attachment. We found that comfort plays a role in forging these bonds of attachment. In the following section, we will discuss the concept of attachment and how it represents a deep emotional connection that influences an individual's perception and relationship with specific means of suicide.

Attachment

Attachment to suicide methods can be characterized as an individual's deeply ingrained reliance on a particular method. It transcends ownership/possession of an object and is strongly related to accessibility. Individuals who are attached to an object tend to have that object easily accessible, as they may incur negative feelings when that object is not readily available. Participants consistently emphasized that the construct of attachment is a vital component for understanding psychological closeness/distance to suicide methods, and the term "attachment" and relevant similar terms (e.g., detachment, attaching, attach, and attached) emerged a substantial 211 times across all the interviews. The interviews suggest that individuals

may develop attachments to certain objects or methods because of the familiarity, comfort, security, and reassurance the item(s) or method(s) provide. Again, this attachment may be a product of the comfort provided by the familiarity of the suicide method.

Most interviewees reported that individuals can develop meaningful attachments to objects as well as people, and multiple participants analogized this attachment to children's blankets and stuffed animals. One participant shared a personal example:

> When I think about attachments to objects, you see that especially with children. My daughter has a bunny. I mean, it's like the Velveteen Rabbit. That thing is so worn down. And when she lost it one day, it was hard for her to sleep...it really does cause psychological distress and emotional distress to not have that object or that person in their life.—(C7, 45 years old, Cis-Woman).

Moreso, another participant discussed the importance of identifying attachment to suicide methods and brought up how their attachment to firearms stemmed from their family history:

> I do own firearms and I own some heirloom firearms, and they mean something to me because they were my great grandfathers, and they've been in the family for a long time, and I don't even know if they work, but they're passed down and therefore I'm attached to them.—(R8, 39 years old, Cis-Man).

Furthermore, participants explained how they have witnessed attachment to suicide methods among their patients and how it informs their strategy moving forward. This participant shared:

> Overall psychological distance would be preferable because there's no attachment to a particular method. Right now, I have a client that has a preference for pills, so everything has to stay locked up. If she didn't have that preference, we'd be looking more for a global suicide behavior versus specific.—(L11, 53 years old, Cis-Woman).

Emerging theme

Having explored the primary themes of familiarity, comfort, and attachment and the insights they offer into the relationship between individuals and suicide methods, we now turn our attention to the emerging theme of symbolism. Although this emerging theme was less pronounced than their primary counterparts, they still offer unique opportunities for future investigations. Symbolism might be relevant, though potentially less driving, but it is a factor to consider when identifying how psychological closeness/distance relates to suicide method selection.

Symbolism

Symbolism can be defined as the assignment of specific meanings, emotional significance, or representation to certain suicide methods or related objects. It involves the transformation of these methods or objects into powerful symbols that carry additional weight or connotations beyond their practical utility, impacting individuals' psychological closeness and perceptions of these methods in the context of suicide. Symbolism can be rooted in personal experiences, cultural influences, or social contexts and contributes to the multifaceted nature of an individual's relationship with suicide methods, affecting their considerations when selecting a method for self-harm. The term "symbolism" and similar relevant terms (e.g., symbol, and symbolic) were addressed four times across the interviews.

Some participants reported symbolism being relevant to understanding psychological closeness to suicide means. One participant shared:

> Inquiring with a potential patient about whether they knew someone or if they had a suicide death in their family or in their friendship circle or social network that involved that particular means. Certainly, having a suicide death, witnessing it, surviving a suicide loss increases suicide risk in and of itself. But sometimes, I think the method chosen, depending on who the person was in relation to the patient, it might become symbolic in a way. I think that that might imbue certain methodologies with more meaning and overall closeness than others.—(R11, 33 years old, Cis-Woman).

The previous participant pointed to the idea of symbolism influencing the selection of suicide means. Another participant shared how they consider symbolism when creating safety plans with their patients. The participant had this to say:

> I guess we would probably be doing an assessment and then the person might say that

> they have a plan or they've attempted. And I might ask something about the symbolism or the meaning behind that modality. And if it was just because it was close by or for another reason.—(R10, 49 years old, Cis-Woman).

DISCUSSION

The primary goal of this qualitative study was to expand Rogers's foundational work examining the concept of "psychological distance" in the context of suicide methods (Rogers et al., 2019, 2022). Given the large effect sizes observed in initial studies, future investigations were warranted to more clearly conceptualize this construct and increase its accessibility in both clinical and research settings. Thus, we sought to refine and broaden our conceptualization of psychological closeness/distance to suicide methods by inquiring about the interpretations of this construct from relevant stakeholders (i.e., individuals with lived experience, clinicians, and suicide researchers). Incorporating feedback from these varying—and often intersecting—identities allowed us to determine components that comprise psychological closeness, enhancing clarity, and consistency across settings. Specifically, our study unveiled several recurring themes that encapsulate the multifaceted nature of psychological closeness. The results of the interviews revealed three primary themes of familiarity, comfort, and attachment that, at first blush, appear to have a chronological relationship. It is possible that these themes are hierarchical in nature, a proposition that should be tested empirically in future research.

The identification of familiarity with suicide methods as a key factor related to suicide fits consistently with the extant literature. Multiple studies have uncovered significant associations between suicide method familiarity and the risk of suicidal behavior (Anestis & Capron, 2018; Butterworth et al., 2018; Klieve et al., 2009). For instance, Anestis & Capron's (2018) investigation revealed a significant relationship between the frequency of an individual's firearm usage and various risk factors, including a diminished fear of death, increased pain tolerance, and a history of lifetime suicide attempts. One could certainly argue that firearm use frequency extends to familiarity. Similarly, qualitative analyses carried out in the United Kingdom emphasized the importance of the "ease of implementation" of a chosen suicide method in predicting actual attempts (Biddle et al., 2010). Participants in that study reported that their attraction or aversion to ligatures was influenced by their prior knowledge and proficiency in using the method effectively. This emphasis on an individual's prior knowledge and experience closely aligns with our definition of familiarity as a key component of psychological closeness to suicide methods. These findings collectively contribute to the comprehensive understanding of the role of familiarity in the decision-making process related to suicide methods, emphasizing its importance in suicide prevention and intervention efforts.

The theme of comfort exerting a significant influence on suicide is also consistent with previous research. Recent qualitative literature has identified "death without suffering" as a major theme related to suicide method selection (Pires et al., 2023). This theme reflects a fundamental human desire to avoid prolonged agony or suffering. Individuals may find comfort in the idea of avoiding pain or a protracted death while attempting suicide. Moreover, research has shown that individuals who experience comfort when contemplating suicide are at greater risk for suicide than those who do not (Crane et al., 2014). Increasing our understanding of comfort as a determinant of method choice, and the ways it ultimately contributes to increasing one's overall risk, may have substantial implications for suicide prevention and intervention strategies, ultimately contributing to more effective approaches in addressing this public health issue.

Although research has largely neglected the exploration of attachment to specific suicide methods, substantial attention has been devoted to examining the accessibility and availability of these means (Anestis et al., 2020; Barber & Miller, 2014; Khazem et al., 2015; Mann & Michel, 2016; Theis et al., 2021). For instance, qualitative research examining suicide method choice among adolescents revealed that access played a significant role in shaping method selection (Almeida et al., 2023). Participants in that study reported that they would not have attempted suicide if they did not have access to their preferred method. Further, studies have proposed that firearm access, particularly inadequate firearm storage, is positively correlated with suicide and suicidal behavior (Anestis et al., 2020; Butterworth et al., 2018). Based on our study's findings, it could be that attachment and accessibility are interconnected, as being emotionally attached to an object may make it more likely to be available, accessible, and ready for use. Understanding this relationship between attachment and suicide methods is crucial when assessing suicide risk and developing effective prevention strategies. It will offer insight into why certain methods may be favored and more likely to be used, and the emotional component of this relationship highlights the complex interplay of psychological factors in the decision-making process surrounding suicide methods.

We conducted interviews with multiple participant groups with direct lived and/or professional experience related to suicide. This diversity of identities enriches the comprehensiveness and depth of the data collected, allowing for a more holistic understanding of the concept of

psychological distance as it pertains to suicide methods. Further, this study employed multiple coders seeking to identify themes shared across participants. These perspectives drawn from our multidisciplinary team will assist in the development and validation of a future self-report instrument. Lastly, the present study focuses on a topic of critical importance: suicide prevention. By exploring psychological distance to suicide methods, the research has direct implications for developing more effective suicide prevention strategies, making it highly relevant and impactful.

Implications

The results of this study have further implications related to research within numerous academic fields, especially social work, psychology, and public health. Whereas this sample of researchers, practitioners, and adults with lived experience gravitated toward themes of familiarity, comfort, and attachment when considering psychological closeness to suicide methods, our findings suggest there may be alternative forms of conceptualization when we expand our scope to other populations. Veterans/active military members, first responders, and other groups with firearms training may conceptualize psychological closeness differently due to their training, work, and unique experiences. Additionally, the results of our study indicate that, although the assessment of psychological closeness to suicide methods is in its infancy, it may be a predictor of suicidal behavior. Our findings also have bearing when we consider policy. Understanding the usefulness and application of this construct could lead to changes in the use—and potential requirement of—this measure in clinical settings, particularly with patients who are actively considering suicide and/or have made prior suicide attempts. Moreover, pending future research underlying psychological closeness to suicide methods, further training on this measure may be encouraged as well as reported among national organizations.

Limitations

This study is one of its first in this line of research and has several strengths, including the use of an interdisciplinary research team—researchers and students from a psychology and social work background—and the use of qualitative methods. Nevertheless, it is imperative to acknowledge that while qualitative research may offer invaluable insights into the intricacies of psychological closeness, it is not without its own inherent limitations. These include potential subjectivity in data interpretation, limited generalizability, and the resource-intensive nature of qualitative data collection and analysis (Ochieng, 2009). By acknowledging and addressing these challenges, we aim to strike a balance between the depth of understanding gained and the associated constraints of our chosen research methodology.

First, although 30 is a respectable sample size of a qualitative study (Hennink & Kaiser, 2022), the categories of eligible participants, which includes primarily-identifying 11 clinicians, 10 with lived experiences, and 9 researchers, do not represent the entire population across those identities. For example, participants were on average 40.17 years old. Results may have varied if we were working with a significantly younger or older population. Additionally, the majority of participants self-identified as cisgender women (73.3%, $n = 22$) and/or White (80.0%, $n = 24$). It is unclear to what extent these findings are generalizable to other populations, particularly those of minoritized identities. A future study may consider focusing on one identity, such as those with lived experiences or those with clinical experiences, to dive deeper into their unique experiences. Moreso, a study outside of the United States may also derive nuanced results. Next, we only used one listserv to reach our quota sample of 30 participants, which was obtained quickly across a 3-week period. Results may have differed if additional recruitment strategies were utilized or if the study occurred during a different time of the year. Another limitation that warrants consideration is the potential for selection bias within the "lived experience" category. Participants were asked to prioritize/select the identity that they believed they most closely aligned with, however, during the post-interview debrief, some participants revealed that they opted for "lived experience" as their primary identity out of concerns that our team might face challenges in recruiting individuals from this specific category. Although the majority of our sample reported experiencing suicidal ideation, the primary category of those who solely identified with "lived experience" itself (without also identifying as a clinician or researcher, $n = 4$) may be underrepresented. Lastly, although all efforts were made to ensure qualitative rigor, it is possible that employing additional coders or a different coding/thematic analysis method such as narrative analysis (Franzosi, 1998) may have yielded different results.

CONCLUSION

Overall, the results of this study highlighted several themes that may underlie psychological closeness to suicide methods: familiarity, comfort, and attachment. Future research may benefit from the development and validation of a multidimensional assessment tool, as well

as the examination of these facets of psychological closeness as differential predictors of suicide risk. Ultimately, pending empirical investigation of these themes, expanding the assessment and management of psychological closeness to suicide methods into routine clinical care may mitigate suicide risk and save lives.

ACKNOWLEDGMENTS

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of the article: FY 2023 Texas State University Research Enhancement Program.

FUNDING INFORMATION

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of the article: FY 2023 Texas State University Research Enhancement Program.

CONFLICT OF INTEREST STATEMENT

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

DATA AVAILABILITY STATEMENT

Research data are not shared.

ETHICS STATEMENT

The Texas State University Institutional Review Board approved this study on December 2, 2022, and was assigned IRB #8628. All participants provided voluntary consent before participating in any research activities.

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How to cite this article: Clary, K. L., Murley, W. D., Ortiz, R. S., & Rogers, M. L. (2024). A step forward in conceptualizing psychological closeness/distance to suicide methods: A qualitative approach. *Suicide and Life-Threatening Behavior*, *00*, 1–14. https://doi.org/10.1111/sltb.13075

APPENDIX A

Interview protocol

1. Please introduce yourself as you feel comfortable
   a. (e.g., educational background, current position, and type of agency you work at)
   b. Is this an adult: (a) with lived experience (history of suicide attempts), (b) clinician who works with suicidal patients, or (c) suicide researcher?
2. When you think/hear the word "psychological closeness" what comes to mind?
   a. Is this negative or positive?
3. When you think/hear the word "psychological distance" what comes to mind?
   a. Is this negative or positive?

Introduce the construct of psychological distance/closeness to suicide methods: Psychological distance to suicide methods is a concept intended to capture how attached/detached or emotionally/psychologically close/distant one feels to their preferred suicide method. This can be contrasted from physical distance to suicide methods, which can be understood as how physically close or distant someone is to their preferred suicide method.

4. How do you think psychological *distance to suicide methods* relates to suicide risk?
5. How do you think psychological *closeness to suicide methods* relates to suicide risk?
6. What questions should clinicians ask their patients to assess for psychological *distance* to suicide methods?
7. What questions should clinicians ask their patients to assess for psychological *closeness* to suicide methods?
8. Is there anything else you would like to add/share regarding suicide risk assessment/screening?

APPENDIX B

Qualitative codebook

Code	When to use	Examples	When NOT to use	# times used, # of transcripts
1. Psychological closeness	Discussion related to this term—such as their definition, interpretations, experiences, or feelings when hearing this word. Can be negative, positive, or neutral	"I guess my initial thoughts on it are maybe somebody who is very in the moment, very in touch, very reactive, who's not separated from their emotions or their experiences, not disassociating in the moment, but as an active participant in their life in any given moment"—C8 "Psychological closeness comes across as positive to me"—L10	When a participant suggests a question to ask *related* to this term	218 times across 30 transcripts
2. Psychological distance	Discussion related to this term—such as their definition, interpretations, experiences, or feelings when hearing this word. Can be negative, positive, or neutral	"I think somewhere in the middle. I think it depends on the context, like the last one. But in relation to suicide, I think it's still in the middle because if it's psychological distance from a suicide means or method, that's a positive thing because it's preventing you from hurting yourself."—C2 "So the psychological distancing, I see that as more of a negative, fear-driven response."—C4	When a participant suggests a *question* related to this term	158 times across 28 transcripts
3. Psychological closeness questions	Suggestions related to or specific questions to ask to assess this phenomenon	"How regularly or consistently do you relate to a particular method? And then if so, what is that particular method? I might also want to, well, it's more of a grounding question. What shows up when they think about that method? Do they find relief in thinking about that method?"—C13 "How do you envision your death coming about? And is that important to you that your body remains intact? And is this method part of ensuring that your body remains intact or that you feel no pain?"—R8	When discussing feelings, experiences, or interpretations of this term	62 times across 29 transcripts
4. Psychological distance questions	Suggestions related to or specific questions to ask to assess this phenomenon	"Do you feel any attachment to that object? Or do you feel distance from that?"—R4 "Do you not have the thoughts or are they less intense or less frequent? What kinds of things help you to feel more like you want to be here and then try to explore those things and build on those things."—C9	When discussing feelings, experiences, or interpretations of this term	51 times across 25 transcripts
5. Other Suggestions/ advice related to suicide risk/ assessment	Any suggestions, advice, or thoughts related to the process of suicide risk assessment, screening, intervention, and evaluation. Can be positive, negative, or neutral	"Be respectful in how questions are prepared and how information is solicited from individuals who have experienced a suicidal crisis and might actually be experiencing or close to experiencing one in the moment."—R11 "One of the things that I say we want is that we want to engage in a conversation. Don't just sit there performing a routine assessment, making sure that you've covered your butt. Make sure that you're really engaging us and trying to explore what it is that drove us to our attempt."—L6	When discussing experiences, thoughts, feelings, related to either psychological closeness or psychological distance. This should be coded as 1 or 2	104 times across 30 transcripts