The interaction between personality and interpersonal needs in predicting suicide ideation

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A B S T R A C T

The Interpersonal Psychological Theory of Suicide (i.e., IPTS) proposes that suicidal desire occurs when an individual simultaneously experiences thwarted belongingness (TB) and perceived burdensomeness (PB) (i.e., interpersonal needs). However, interpersonal needs have been inconsistent in predicting suicide ideation in Koreans. Therefore, we examined depressogenic personality dimensions—sociotropy and autonomy—as individual differences that may alter the effects of TB and PB on suicide ideation. We hypothesized that sociotropy will amplify the influence of TB on suicide ideation and that autonomy will regulate the degree to which PB leads to suicide ideation. This study was conducted with undergraduate students from a university located in Seoul, Korea. 313 students of whom 113 were males (36.1%) and 200 were females (63.9%) were included in the final analyses. Among the 313 participants, 42 (20.3%) endorsed suicide ideation. Significant correlations were identified between sociotropy and depression, and autonomy and depression. PB and sociotropy were valid predictors of suicide ideation even after controlling for depression. In addition, significant interactions were found between sociotropy and TB, and autonomy and PB.

1. Introduction

South Korea has the highest suicide rate among the 33 countries of the Organisation for Economic Co-operation and Development (OECD) (OECD, 2015). In 2015, South Korea reported a suicide rate of 26.5 per 100,000 people, which was 2.5 times greater than the global average (Statistic Korea, 2016b; World Health Organization, 2017). Previous studies have leaned towards the unique social circumstances of Korea (e.g., rapid modernization and industrialization, transformation in family structures, economic crisis of the late 1990s) to explain its extraordinary suicide rate (Chang et al., 2009; Hong, 2006; Kwon et al., 2009; Park, 2013).

However, explanations based on socioeconomic changes are insufficient as not all countries that undergo similar processes experience an increased suicide rate (Chang et al., 2009; Hintikka et al., 1999; Yip et al., 2005; Zhang et al., 2010). A recent review suggested that the psychological factors associated with socioeconomic changes may be more important than the changes themselves (Park et al., 2017). For instance, rapid modernization has reduced family sizes and promoted a nuclear family structure, which can lead to increased feelings of isolation. Moreover, economic polarization, together with Korea's heavy emphasis on parental and filial duties, can increase thoughts of being a liability in parents who cannot sufficiently provide for their children,

and in children who do not meet the expectations of their parents.

Such feelings of isolation and senses of being a liability are similar to the constructs of suicidal desire as proposed by the Interpersonal Psychological Theory of Suicide (IPTS). According to the IPTS, the desire to die by suicide comprises two related but independent interpersonal needs: thwarted belongingness (TB) and perceived burdensomeness (PB) (Joiner, 2005; Van Orden et al., 2010). TB is a lack of social relationships, which is accompanied by loneliness. PB is the thought that one is a burden upon one's loved ones and is accompanied by self-hatred. The IPTS proposes that the existence of a single state leads to passive suicidal desire (i.e., "I wish I were dead."), whereas the concurrence of both states confers active suicide ideation (i.e., "I want to kill myself" ; synergy hypothesis).

An important contribution of the IPTS is that it provides a comprehensive theoretical framework in which suicide can be empirically studied. In addition, its adequacy has been examined in multiple samples of different ages, ethnicities, and clinical circumstances (Christensen et al., 2013; Cukrowicz et al., 2011; Czyz et al., 2015; Davis et al., 2014; Garza and Pettit, 2010; Kanzler et al., 2012; Zhang et al., 2013). A recent cross-cultural study that compared the applicability of the IPTS among American and Korean university students indicated TB and PB as valid predictors of suicide ideation in both populations (Suh et al., 2017). However, Korean university students

had significantly higher scores on both constructs compared to their American counterparts.

Despite their potential value, studies that have examined the direct effects of TB and PB among Koreans have been relatively scant compared to those that have examined the constructs in other populations. In addition, their results have been inconsistent. While some have supported both constructs as valid predictors of suicide ideation (Ha et al., 2010; Lee et al., 2015), others have identified only PB to be significant (Hong and Chung, 2012; Kim and Yang, 2015).

A possible way to account for such inconsistencies is to examine individual differences that may alter of the effects of TB and PB on suicide ideation. Of the many individual differences, personality traits have been of constant interest because (a) personality affects the construal of situations, and (b) personality tends to be stable overtime, which allows for the prediction of behaviors (Paunonen, 2003; Rauthmann et al., 2015; Sherman et al., 2010; Wrzus et al., 2016). Hence, examining personality in relation to the IPTS can provide insight into those who are more vulnerable to TB and PB, and how the interaction between personality and interpersonal needs may lead to current suicide ideation.

This study focuses on two personality configurations, namely sociotropy and autonomy. These configurations have been proposed by Beck (1983) as vulnerabilities of depression, one of the most prominent indicators of suicide (Conner et al., 2001; Nock et al., 2008; Sokero, 2006). Sociotropic individuals exhibit a strong desire for positive relationships and seek social acceptance. Depression occurs when they feel rejected, and it is manifested in terms of excessive loneliness and helplessness. In contrast, autonomous individuals mostly focus on sustaining self-worth and independence, and engage in behaviors that promote achievement. In this personality type, depression most likely occurs upon the failure to accomplish desired goals, and is expressed through feelings of defeat, inferiority, and hopelessness (Fazaa and Page, 2005, 2003; Robins et al., 1997). In support of Beck's (1983) proposal, various studies have identified high levels of sociotropy and autonomy to be associated with depression and general life stress (Frewen and Dozois, 2006; Nietzel and Harris, 1990; Sato and McCann, 2000). Moreover, a recent prospective study by O'Keefe et al. (2016) identified that autonomy, mediated by depression, predicts future TB and PB.

The purpose of this study was to examine how sociotropy and autonomy interact with TB and PB to predict current suicide ideation. In particular, university students were of interest. Suicide has been reported as a leading cause of death in this population (Kim, 2012; Statistic Korea, 2016b). Furthermore, TB and PB have been associated with unemployment stress, which is a robust predictor of suicidal behaviors in Korean university students (Choi, 2015; Park and Kim 2014). Although there has been a previous study that incorporated the sociotropy-autonomy model with the IPTS (O'Keefe et al., 2016), it did not include a direct measure of suicide ideation, which substantiates the need for a more elaborative examination. More importantly, no study has examined how the effects of interpersonal needs on suicide ideation might be moderated by personality. Because sociotropic individuals demonstrate sensitivity to social acceptance, we hypothesized that they will be at more risk of suicide ideation in the presence of TB, which refers to the misperception that one has no one to turn to. Moreover, we hypothesized that autonomous individuals will be most vulnerable to suicide ideation in the presence of PB, which carries a negative perception of the self and feelings of self-hatred. To recap, we hypothesized that sociotropy will exacerbate the effects of TB and that autonomy will exacerbate the effects of PB.

2. Method

2.1. Study procedure

This study was approved by the Institutional Review Board of Sogang University. The study was introduced at the beginning or towards the end of a lecture and students who consented were informed that they would be answering a short survey in paper and pencil. Upon completion, they were debriefed and given a point of contact for further inquiry about the study. In case any participant reported significant distress or suicide ideation after completing the survey, we informed them of the support that was available (i.e., counseling services).

2.2. Participants

Participants were recruited through undergraduate psychology courses at a single university located in Seoul, South Korea. 334 students consented to participate in the study. Among those students, 21 (15.9%) were excluded because they failed to complete the questionnaire, and 313 (84.1%) students were included in the final analyses. The response rate was 93.7%. Regarding gender, 113 participants were male (36.1%) and 200 participants were female (63.9%). The mean age was 21.51 years (SD = 1.95; range: 18–27 years). When asked about religion, 56 claimed to be Protestant (17.9%), 43 Catholic (13.7%), 8 Buddhist (2.6%), 198 none (63.3), 2 other (0.6%), and 6 refused to answer (1.9%). All of the participants were self-identified Koreans.

2.3. Measures

2.3.1. Korean version of the interpersonal needs questionnaire (K-INQ14)

The Korean version of the interpersonal needs questionnaire (K-INQ14) was applied to measure PB and TB. It was originally developed by Van Orden et al. (2012) and was translated into Korean and validated by Park (2018). Six items refer to PB (e.g., "These days, the people in my life would be better off if I were gone."), and eight items refer to TB (e.g., "These days, I feel like I belong."). Each item is assessed on a seven-point Likert scale, with higher total scores indicating greater severity of PB and TB. In our study, the entire questionnaire ($\alpha = 0.90$), six-item PB ($\alpha = 0.91$), and eight-item TB ($\alpha = 0.89$) were all highly reliable.

2.3.2. Korean version of the personal style inventory-II

The revised version of the personal style inventory was developed by Robins et al. (1994) as a measure of sociotropic and autonomous personality. The Korean version was adapted by Lee (2000). In this version, 19 items refer to sociotropy and 18 items refer to autonomy. Each personality configuration comprises two subscales (i.e., sociotropy: desire for acknowledgment, consideration for others; autonomy: resistance against disturbance, desire for independence). In this study, the 19 items for sociotropy ($\alpha = 0.88$) and the 18 items for autonomy ($\alpha = 0.86$) were highly reliable.

2.3.3. Depressive symptom index suicidality subscale (DSI-SS)

The depressive symptom index suicidality subscale (DSI-SS) is part of the hopelessness depression symptom questionnaire developed by Metalsky and Joiner (1997). It was translated into Korean by Park (2018). The DSI-SS is consisted of four items that measure suicide ideation within a two-week period. Each item is rated on a four-point scale, and the score for the inventory ranges from 0 to 12, with higher scores indicating more severe degrees of suicide ideation (Joiner et al., 2002). The four-item questionnaire revealed high internal consistency ($\alpha = 0.90$).

2.3.4. Beck depression inventory-II (BDI-II)

To measure depressive symptoms, we used the Beck Depression Inventory-II (BDI-II), which was we used the Beck depression inventory-II (BDI-II) developed by Beck et al. (1996). The official version of the Korean version of the BDI-II (K-BDI-II; Lim et al., 2014) was applied in the present study. The K-BDI-II is a 21-item self-report questionnaire that assesses the severity of depression within a two-week period. Each item is rated on a four-point-scale, and a total score ranging from 0 to

63 can be obtained. Higher scores indicate more severe degrees of depression. In this study, the 21 items of the BDI-II demonstrated high reliability ($\alpha = 0.90$).

2.4. Data analyses

Pearson's correlation analysis was conducted with bootstrapping at a sampling rate of 5,000 in order to avoid issues related to multiple comparison (Westfall, 2011). Then, a hierarchical regression analysis was conducted to identify the interaction effects between interpersonal needs (i.e., TB and PB) and personality configurations (i.e., autonomy and sociotropy). The demographic variables (e.g., age, gender, religion) and depression were entered in the first stage to be controlled. The second stage included TB, PB, sociotropy, and autonomy. In the third stage, the four two-way interactions between personality and interpersonal needs (i.e., Sociotropy * TB; Sociotropy * PB; Autonomy * TB; Autonomy * PB) were entered. Missing variables were deleted listwise to include only cases with complete data. All predicting variables were mean centered to control multicollinearity. The data was analyzed using SPSS 21.

3. Results

3.1. Descriptive statistics

Means, standard deviations, and intercorrelations between each variable are shown in Table 1. Although different in degree, 42 participants (13.4%) answered positive (i.e., any score above 0 on the DSI-SS) to current suicide ideation. Furthermore, 59 participants (18.8%) exceeded the BDI-II cutoff score (i.e., 18) that has been suggested by Lim et al. (2011). Significant positive correlations were identified between sociotropy and the BDI-II, r (311) = 0.23, $p < 0.001$, and autonomy and the BDI-II, r (311) = 0.25, $p < 0.001$, in support of Beck's proposition that both personality configurations can act as vulnerabilities of depression. The results from the correlation analysis also

Table 2
Hierarchical regression analyses examining moderation effects ($n = 307$).

	Predicting variables	F value	R^2	df	β	t value	p
1		40.40	0.35	302			0.000***
	Age				−0.02	−0.45	0.651
	Gender				−0.02	−0.40	0.688
	Religion				0.04	0.82	0.412
	BDI-II				0.59	12.54	0.000***
2		24.82	0.40	298			0.000***
	TB				−0.01	−0.12	0.906
	PB				0.24	0.42	0.000***
	Sociotropy				−0.11	−2.26	0.025*
	Autonomy				−0.01	−0.20	0.844
3		18.37	0.43	294			0.000***
	TB*Sociotropy				−0.11	−2.01	0.045*
	TB*Autonomy				−0.08	−1.27	0.205
	PB*Sociotropy				0.09	1.72	0.086
	PB*Autonomy				0.19	2.94	0.004**

Note. TB = Thwarted belongingness; PB = Perceived burdensomeness.
* $p < 0.05$;
** $p < 0.01$;
*** $p < 0.001$.

indicated autonomy and its subscales to be correlated with suicide ideation, r (311) = 0.16, $p < 0.01$. Contrary to previous studies that have indicated low to moderate correlations between sociotropy and autonomy (Robins et al., 1994; Robins et al., 1997), no significant correlation was observed between the two constructs, r (311) = 0.07, $p = 0.24$.

3.2. Moderation effects

The results of the regression analysis are presented in Table 2. Deleting missing data listwise allowed the inclusion of 307 cases. Model 1, which included the demographic variables and depression, significantly predicted suicide ideation, $R^2 = 0.35$, F (4,302) = 40.40, $p < 0.001$. Examination of independent variables indicated that only depression,

Table 1
Descriptive statistics of and intercorrelations between interpersonal needs, depression personality configurations, and suicide ideation ($n = 313$).

	TB	PB	BDI-II	Acknowledge	Consideration	Sociotropy	Disturbance	Independence	Autonomy	DSI-SS
TB	–									
PB	0.45**	–								
	(0.35, 0.54)									
BDI-II	0.45**	0.55**	–							
	(0.33, 0.55)	(0.42, 0.66)								
Acknowledge	−0.10	−0.01	0.20**	–						
	(−0.23, 0.02)	(−0.10, 0.09)	(0.04, 0.35)							
Consideration	−0.05	0.13*	0.22**	0.65**	–					
	(−0.16, 0.07)	(0.03, 0.22)	(0.10, 0.33)	(0.58, 0.72)						
Sociotropy	−0.08	0.07	0.23**	0.89**	0.93**	–				
	(−0.20, 0.04)	(−0.0.02, 0.17)	(0.08, 0.36)	(0.87, 0.91)	(0.91, 0.94)					
Disturbance	0.22**	0.25**	0.20**	0.07	−0.03	0.02	–			
	(0.10, 0.32)	(0.15, 0.35)	(0.11, 0.29)	(−0.04, 0.19)	(−0.16, 0.09)	(−0.12, 0.14)				
Independence	0.23**	0.17**	0.25**	0.17**	0.05	0.12*	0.66**	–		
	(0.11, 0.34)	(0.05, 0.27)	(0.15, 0.36)	(0.06, 0.28)	(−0.06, 0.16)	(0.01, 0.23)	(0.59, 0.73)			
Autonomy	0.24**	0.23*	0.25**	0.13*	0.01	0.07	0.93**	0.89**	–	
	(0.13, 0.35)	(0.13, 0.33)	(0.15, 0.34)	(0.01, 0.24)	(−0.12, 0.13)	(−0.06, 0.19)	(0.91, 0.95)	(0.86, 0.91)		
DSI-SS	0.33**	0.51**	0.60**	−0.03	0.08	0.03	0.13*	0.17**	0.16**	–
	(0.19, 0.45)	(0.34, 0.65)	(0.47, 0.71)	(−0.17, 0.12)	(−0.05, 0.19)	(−0.10, 0.16)	(0.02, 0.23)	(0.07, 0.27)	(0.06, 0.26)	
Mean	24.30	9.94	11.57	37.19	38.92	76.12	35.78	32.99	68.77	0.65
SD	8.29	4.79	8.49	6.19	7.34	12.32	6.73	5.43	11.10	1.52
SEM	0.47	0.27	0.48	0.35	0.42	0.70	0.38	0.31	0.63	0.09
Skewness	0.56	2.06	1.52	−0.29	−0.28	−0.30	−0.30	−0.12	0.17	2.95
Kurtosis	0.36	6.64	3.68	0.17	−0.26	0.05	0.56	0.02	0.41	10.04

Note. TB = Thwarted belongingness; PB = Perceived burdensomeness; Acknowledge = Desire for Acknowledgment subscale; Consideration = Consideration for Others subscale; Disturbance = Resistance against Disturbance; Independence = Desire for Independence; DSI-SS: Depressive Symptom Index-Suicidality Subscale; SD = Standard Deviation; SEM = Standard Error Mean. The numbers in the parenthesis indicate the 95% bias corrected bootstraps.
* $p < 0.05$;
** $p < 0.01$.

$\beta = 0.59$, $t\ (302) = 12.54$, $p < 0.001$, significantly predicted current suicide ideation, whereas age, gender, and religion did not. Model 2, which included TB, PB, sociotropy, and autonomy, explained an additional 5% of the variance to demonstrate its significance in predicting current suicide ideation, $R^2 = 0.40$, $F\ (8,298) = 24.82$, $p < 0.001$. Unlike what we expected, TB was not a valid predictor of suicide ideation. However, PB, $\beta = 0.24$, $t\ (298) = 0.42$, $p < 0.001$, and sociotropic personality, $\beta = -0.11$, $t\ (298) = -2.26$, $p < 0.05$, demonstrated significance in predicting current suicide ideation. Model 3, which included the interactions between interpersonal needs and personality configurations, explained an additional 3% of the variance and proved to be a significant predictor of current suicide ideation, $R^2 = 0.43$, $F\ (12,294) = 18.32$, $p < 0.001$. As we expected, only the interactions between TB and sociotropy, $\beta = -0.11$, $t\ (294) = -2.01$, $p < 0.05$, and PB and autonomy, $\beta = 0.19$, $t\ (294) = 2.94$, $p < 0.01$, demonstrated significance.

Upon identifying significant interactions, we conducted additional simple slope analyses as suggested by Aiken et al. (1991). More specifically, the simple effects of sociotropy and autonomy were tested at different levels (i.e., -1 SD, mean, and $+1$ SD) of TB and PB, respectively. Results indicated that the effects of sociotropy on suicide was significant when the level of TB was high (i.e., one standard deviation above the mean), $t(294) = -2.62$, $p = 0.009$. On the other hand, autonomy was a valid predictor of suicide when the levels of PB were either low (i.e., one standard deviation below the mean), $t\ (294) = -2.35$, $p = 0.019$, or high (i.e., one standard deviation above the mean), $t(294) = 2.56$, $p = 0.011$. Depiction of the interaction revealed that when the level of TB was high, sociotropy reduced suicidal thoughts. Different functions of autonomy were identified depending on the level of PB. When PB was low, autonomy reduced suicide risk, however, when PB was high, autonomy exacerbated one's risk of suicidal ideations (see Fig. 1).

4. Discussion

The main purpose of this study was to examine if the interaction between interpersonal needs (i.e., TB and PB) and depressogenic personality (i.e., sociotropy and autonomy) would significantly predict suicide ideation. Because sociotropic individuals exhibit excessive desire for social acceptance and focus on interpersonal relationships, we assumed that sociotropy would be most detrimental upon high TB. Conversely, autonomous individuals are preoccupied with the desire for success and focus on internalized positive self-images. Hence, the effects of autonomy were hypothesized to interact with PB, which contains negative self-perception, to predict suicide ideation.

First, the correlation analysis demonstrated significant positive correlations between both personality configurations and depression. In other words, those who are highly sociotropic or autonomous tend to be more depressive. These findings are consistent with Beck's (1983) proposition that sociotropic and autonomous personalities can act as vulnerabilities of depression. Regarding suicide ideation, only autonomy and its subscales were warranted as significant correlates. This result is congruent with the studies by Robins et al. (1997) and many others (Bamonti et al., 2014; Campos et al., 2012; Fazaa and Page, 2009, 2003; O'Riley and Fiske, 2012), which reported suicidality as a unique characteristic of autonomous personality.

Second, we investigated whether TB and PB were valid predictors of suicide ideation (see Table 2). Results from our regression analysis, which controlled for depression, identified the main effect of only PB; that of TB was not supported. However, TB as an insignificant predictor of suicide ideation is not a novel finding. Previous meta-analysis has shown that TB demonstrated significance in only 40% of the studies that examined its effect on suicide ideation (Ma et al., 2016). Van Orden et al. (2012) showed that TB, being more prevalent in our daily lives, may overlap more with mere symptoms of depression and, therefore, might not appear to be a valid predictor of suicide ideation when depression is controlled for.

Third, in the same regression analysis, we examined the interaction between personality and interpersonal needs as predictors suicide ideation. Consistent with our expectations, only the interactions between TB and sociotropy, and PB and autonomy were substantiated. However, the direction of the interaction between TB and sociotropy was opposite to what we hypothesized. The results showed that in high TB, sociotropy acts as a buffer to suicide ideation, meaning that those who are highly sociotropic will be less vulnerable to thoughts related to suicide.

Although no previous studies have provided a direct explanation for our results, we refer to cultural differences to find possible explanations. According to a recent research by Cho et al. (2011), expressions of sociotropy and autonomy may vary depending on culture. In Western
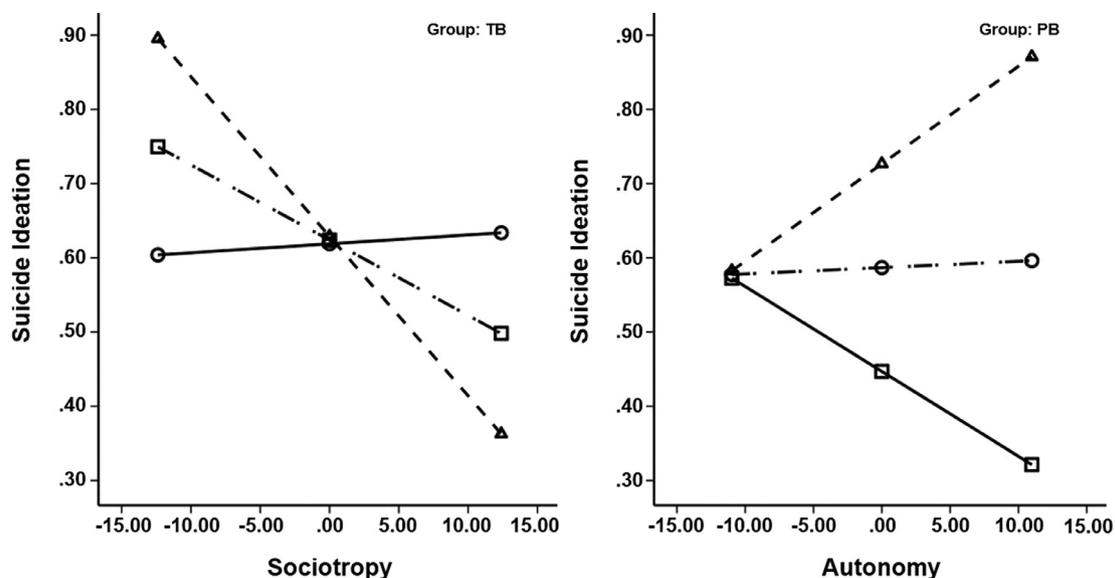

Fig. 1. Interaction effects of personality and interpersonal needs.
Note: PB = Perceived burdensomeness; TB = Thwarted belongingness. Triangles indicate one standard deviation above; Circles indicate the mean; Squares indicate one standard deviation below.

societies that emphasize individualistic values, high levels of sociotropy indicate excessive dependency, which leads to unfavorable consequences (Bagby et al., 1998; Morse and Robins, 2005; Robins et al., 1997). However, in Korea, which stresses collectivistic values and emphasizes intergroup relations, the maladaptive effects of sociotropy seem to attenuate as it manifests in prosocial behaviors, such as actively seeking relationships (Cho et al., 2011). In other words, highly sociotropic individuals may reach out more to others to alleviate their experiences of TB, which ultimately plays a protective role and prevents them from developing suicidal desires.

Unlike sociotropy, the effects of autonomy varied on different levels of PB. When PB was high, highly autonomous individuals were likely to be at a greater risk of suicide ideation. Conversely, when PB was low, autonomy functioned as a protective factor of suicide ideation. Autonomy as a risk factor is consistent with previous studies that have identified significant correlations between autonomy and suicide ideation and autonomy and PB (Fazaa and Page, 2009, 2003; O'Keefe et al., 2016). Because of their lack of interest in building relationships, autonomous individuals more often deprive them of adequate interpersonal skills (Nelson et al., 2001). As a result, it is possible that they lack external resources to help them rebound from the psychological adversities (e.g., feelings of incompetence and burdensomeness) they experience Thus, on experiencing feelings of burdensomeness, which is a direct threat to their identity, they may be most susceptible to suicidal desires. Although autonomy as a protective factor demands further investigation, a possible explanation might be that autonomous personality actually fosters independence that relates to overall well-being in Koreans, when levels of PB are low.

Despite the significant results of this study, there are some limitations as well. First, although we focused on cultural influences to explain the direction of the interaction between TB and sociotropy, we did not include any measures that can warrant our proposal. Hence, future studies should employ a cross-cultural design to explore whether the manifestation of personality is culturally dependent to the extent that it influences the construal of TB and PB. Second, our participants were recruited from a single university located in Seoul, which has one of the highest socioeconomic status in Korea (Statistic Korea, 2016a). Considering that socioeconomic factors have been constantly associated with suicidal behavior (Cubbin et al., 2000; Daly et al., 2013; Qin et al., 2003), these factors ought to be controlled for in further studies. Third, our study only included Korean university students, which restrict the generalizability of our results. Fourth, our stance on personality configurations might have been oversimplified as we viewed sociotropy and autonomy as dichotomous configurations. However, several studies have indicated the possibility of a mixed personality type in which individuals express high levels of both sociotropy and autonomy (Layne et al., 2006; Shahar et al., 2003). We did not account for such a personality type in this study. Furthermore, we are unaware of any studies that have examined the mixed type in relation to suicidal behavior. This topic presents possibilities for further research.

Nevertheless, our study makes a crucial contribution in understanding how individual differences might alter the individual experience of TB and PB. Inspecting the role of personality in suicidal behavior is important because it may provide profound insight into the development of customized prevention (or intervention) programs. Joiner and Van Orden (2008) discussed the clinical applications of the IPTS and provided thorough guidelines for assessing suicide risk. However, how to treat patients upon identifying suicide risk is a complicated issue. Previous research has emphasized the importance of personality styles in psychotherapies (Blatt et al., 2001; Blatt and Zuroff, 2005; Haslam and Beck, 1994). Findings from the study by Blatt et al. (2001) suggested that sociotropic individuals respond better to long-term supportive therapy than psychoanalysis. In such cases, building strong rapport is of primary concern. In contrast, autonomous individuals improve more in psychoanalysis than in long-term supportive therapy as it elicits active involvement through self-reflection

Application of such results in suicide prevention might indicate an emphasis on the quality of the therapist–client relationship when dealing with individuals with high TB and on providing insight when dealing with individuals with high PB.

In conclusion, our study suggests that depressogenic personality might alter the personal experience of TB and PB and significantly influence their pathway to suicide ideation. Although both sociotropy and autonomy were significantly associated with suicide ideation, sociotropy actually might be a protective factor of suicide risk, especially among Koreans. The results suggest how individual differences might compensate for the inconsistent findings of the ITPS in relation to suicide ideation. Individual difference, especially depressogenic personality, merits attention when assessing suicide risk and developing intervention strategies.

Acknowledgment

Supplementary materials

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