

Toward a Further Understanding of Suicide Risk from a Mindset Framework among Older Adults

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Abstract

Introduction: Suicide rates are highest among older adults, yet existing risk factors do not fully explain variability in suicidal ideation in later life. Mindset theory, which distinguishes between fixed (entity) and growth (incremental) beliefs about the malleability of personal attributes, has been linked to psychological adjustment across the lifespan, but it has not been empirically examined in relation to suicidality among older adults. This study investigated associations between fixed mindset beliefs and suicidal ideation, mood symptoms, and related psychosocial risk factors in later life. **Methods:** Participants were 110 community-dwelling older adults (mean age = 68.3 years) who completed self-report measures assessing entity theory (fixed mindset), suicidal ideation, depressive and anxiety symptoms, emotional dysregulation, negative attitudes toward aging, sociotropy, and autonomy. **Results:** Bivariate correlational results revealed that entity theory was significantly and positively associated with suicidal ideation, age distancing, negative age stereotyping, and sociotropy. Contrary to hypotheses, entity theory was not significantly related to depression or anxiety. To test for predictors of suicidal ideation, in a multiple regression analysis, the overall model accounted for a substantial proportion of variance in suicidal ideation (adjusted $R^2 = 0.70$), with fixed mindset beliefs and depressive symptoms emerging as significant independent and positive predictors. **Discussion:** Findings suggest that fixed mindset beliefs may represent a distinct cognitive vulnerability factor for suicidal ideation in older adulthood, independent of mood symptoms. Mindset theory may offer a novel framework for understanding late-life suicide risk and inform the development of scalable, cognitive-focused interventions targeting modifiable beliefs about change and adaptability.

Keywords

Suicidal Ideation, Mindset Theory, Entity Theory, Aging, Cognitive Vulnerability

1. Introduction

Suicide remains a persistent global public health concern. Older adults have the highest suicide rates of any age group, particularly in high-resource countries such as the United States, with especially elevated risk among older men (Maynard, Gregory, Davies, & Fox, 2024). Despite advances in mental health care and suicide prevention, late-life suicide rates have remained stable or increased in recent decades, underscoring the need to identify modifiable psychological factors associated with both risk and resilience in later adulthood (Van Orden, Silva, & Conwell, 2019). Established risk factors include male gender, depression, cognitive impairment, chronic illness and pain, functional disability, bereavement, financial strain, hopelessness, social isolation, and perceived burdensomeness (Beghi et al., 2021; Maynard et al., 2024). However, these factors do not fully explain why some older adults develop suicidal thoughts or behaviors while others who are facing similar stressors do not.

One promising but underexplored construct in this context is mindset, defined as individuals' implicit beliefs about the malleability of personal attributes, capacities, and internal states. Within Dweck's (2000) implicit theories framework, *entity theory* reflects a fixed mindset, characterized by beliefs that traits such as intelligence, emotional functioning, and coping ability are largely immutable. In contrast, *incremental theory* reflects a growth mindset, characterized by beliefs that these characteristics can be developed through concerted effort, learning, and adaptation (Dweck & Yeager, 2019). Although mindset theory originated in educational psychology, growing evidence suggests that these belief systems extend beyond academic contexts and have important implications for mental health, coping, and psychological adjustment across adulthood (Burnette et al., 2013; Schroder, 2021).

Research indicates that growth mindset beliefs are associated with lower psychological distress, greater use of adaptive coping strategies, and increased engagement in help-seeking behaviors, whereas fixed mindsets are linked to greater avoidance, disengagement, and hopelessness in response to setbacks (Burnette et al., 2013; Crum et al., 2017). Meta-analytic evidence further suggests that a fixed mindset is modestly but reliably associated with helpless-oriented goal operating strategies and more negative emotions about goal monitoring (Burnette et al., 2013). These associations are particularly relevant in older adulthood, a developmental period often characterized by cumulative losses, increased exposure to uncontrollable stressors, and vulnerability to subsyndromal yet clinically meaningful depression and anxiety (Segal, Qualls, & Smyer, 2018).

Consistent with this perspective, Fiske and O'Riley (2016) proposed that suicidal ideation in older adults may result from failures to adapt to functional declines and other developmental changes that undermine perceived control and goal attainment.

Emerging gerontological research suggests that mindset may play an important role in late-life adaptation, although this literature remains limited. Studies of older adults have linked growth-oriented beliefs to better cognitive performance (Plaks & Chasteen, 2013; Sheffler et al., 2023), as well as to lower depressive symptoms and higher well-being (Kyeong et al., 2021). Intervention research further demonstrates that growth mindset beliefs remain malleable in adulthood and can be enhanced through psychosocial programs, with downstream benefits for motivation and perceived control (Yeager et al., 2019).

In contrast, fixed mindsets may exacerbate suicide risk by fostering rigid interpretations of suffering and diminished expectations for change. Research with adolescents indicates that fixed mindsets are associated with greater concurrent and future suicidality, even after controlling for socioeconomic status and prior suicidal ideation (Zhu & Wong, 2022). Although direct evidence linking fixed mindset to suicidality in older adults is limited, the theoretical relevance is substantial. Overall, research explicitly examining fixed versus growth mindset in relation to diverse suicide risk factors among older adults remains scarce. Integrating mindset theory with gerontological models of suicide may therefore advance understanding of risk and resilience processes in aging and inform the development of novel, scalable interventions tailored to older adults.

The purposes of the present study were to examine relationships between mindset beliefs (particularly fixed mindset beliefs) and suicidal thinking, as well as with mood symptoms (depression and anxiety) among older adults. We also included several constructs relevant to suicidal thinking across adulthood and later life. Emotion dysregulation, for example, is a core component of the biosocial theory of borderline personality disorder (Crowell, Beauchaine, & Linehan, 2009), which posits that suicidal behavior emerges in response to heightened emotional sensitivity, low distress tolerance, and prolonged emotional reactions. Negative attitudes toward aging were also examined, given their robust associations with a wide range of adverse physical and mental health outcomes. Finally, we included measures of sociotropy (excessive concern about relationships, akin to dependency) and autonomy (excessive concern about achievement and control, akin to perfectionism). Cognitive styles marked by excessive autonomy have been linked to a range of negative outcomes across the lifespan, and among older adults, O'Riley and Fiske (2012) found that greater autonomy, particularly the need for control, predicted suicidal ideation.

We hypothesized that (1) entity theory (fixed mindset) would be positively associated with suicidal ideation, mood symptoms, age distancing, age stereotyping, emotional dysregulation, sociotropy, and autonomy, and that (2) these variables would significantly predict suicidal ideation.

2. Method

Participants and Procedure

The sample consisted of 110 older adults (men: $n = 21$, 19.1%; women: $n = 89$, 80.9%), with a mean age of 68.3 years ($SD = 7.3$; range = 55 - 84 years). Most participants identified as White/Caucasian ($n = 94$, 85.5%), followed by Multiracial/Multiethnic ($n = 7$, 6.4%), African American ($n = 4$, 3.6%), Other ($n = 2$, 1.8%), and Asian ($n = 1$, 0.9%); 3.6% ($n = 4$) identified as Hispanic or Latino/a. Race data were missing for one participant, and one declined to respond. Full demographic information is presented in **Table 1**.

Participants were recruited through the university's Gerontology Center Research Registry Database and via social media advertisements on Facebook and Twitter. After providing informed consent, participants completed a series of self-report questionnaires. As compensation, participants were entered into a raffle to win one of two \$25 gift cards. The study was approved by the University Institutional Review Board.

Measures

Descriptive statistics for all variables are presented in **Table 2**.

Entity Theory (Fixed Mindset). Entity theory was assessed using a 14-item self-report scale based on Dweck's (2000) guidelines, covering beliefs about intelligence, personality, kind of person, and worldview. Items were rated on a 6-point Likert-type scale (1 = *Strongly Disagree*, 6 = *Strongly Agree*). Items consisted of entity theory focused statements (e.g., "You have a certain amount of intelligence, and you really can't do much to change it"). Higher scores indicated stronger entity theory beliefs. A total score was used in the present study, due to the positive and mostly strong correlations between each of the separate entity scales (r range = 0.33 to 0.73) and also to simplify the number of correlational analyses conducted thus reducing the chance of Type 1 errors. Internal consistency in the present sample was excellent ($\alpha = 0.93$).

Geriatric Suicide Ideation Scale (GSIS; Heisel & Flett, 2006). GSIS is a 31-item self-report measure of suicidal thinking rated on a 5-point Likert-type scale (1 = *Strongly Disagree*, 5 = *Strongly Agree*). A total score and several subscale scores are provided. Higher scores indicate greater suicidal ideation. Evidence supports its construct validity and strong psychometric properties in older adults (Heisel & Flett, 2006; Segal, Marty, Meyer, & Coolidge, 2012). The total score was used in the present study, and internal consistency was excellent ($\alpha = 0.96$).

Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). The CES-D is a 20-item self-report measure of depressive symptoms rated on a 4-point Likert-type scale (0 = *Not at all or Less than one day*, 3 = *5 - 7 days/Nearly every day for 2 weeks*). Scores range from 0 to 60, with higher scores indicating greater depression. The CES-D has demonstrated good sensitivity and specificity, including in late-life samples (Vilagut et al., 2016; Watson & Pignone, 2003). Internal consistency in the present sample was excellent ($\alpha = 0.94$).

Geriatric Anxiety Scale (GAS; Segal, June, Payne, Coolidge, & Yochim, 2010).

The GAS is a 30-item self-report measure of anxiety symptoms in older adults. Respondents rate how often each item occurs on a 4-point Likert-type scale (0 = *Not at all*, 3 = *All of Time*). Responses are summed for a total core, with higher scores reflecting greater anxiety. The GAS has 25 scorable items which are summed to a total score. It also includes five non-scored items that are used clinically to determine areas of concern for respondents. Potential scores range from 0 to 75 with higher scores indicating higher levels of anxiety. The GAS has strong evidence for validity for use in diverse samples of older adults (Segal, Granier, Stone, & Pifer, 2019). In the present study, internal consistency was excellent ($\alpha = 0.95$).

Distancing from Aging Questionnaire (DAQ; Tyrrell, 2014). An adapted 10-item version of the DAQ was used to assess subjective and objective distancing from aging. The scale includes statements of subjective age-distancing such as “I have a hard time imagining myself any older than I am today;” and objective age-distancing such as “A relationship with an older person is just as rewarding as a relationship with a younger person” rated on a 6-point Likert-type scale (1 = *Strongly Disagree*, 6 = *Strongly Agree*). Positively worded items were reverse-scored, with higher scores indicating greater distancing and more negative attitudes toward aging. In the present study, internal consistency was acceptable ($\alpha = 0.74$).

Agreement with Age Stereotyping (AAS; Kruse & Schmitt, 2006). The AAS is a 24-item measure assessing endorsement of negative age stereotypes, rated on a 6-point Likert-type scale (1 = *Strongly Disagree*, 6 = *Strongly Agree*). Higher scores indicate stronger agreement with negative stereotypes. In the present study, internal consistency was good ($\alpha = 0.84$).

General Emotional Dysregulation Measure (GEDM; Newhill, Bell, Eack, & Mulvey, 2010). The GEDM is a 13-item self-report measure of emotional dysregulation. Items are answered on a 6-point Likert-type scale (1 = *Strongly Disagree*, 6 = *Strongly Agree*). Higher scores reflect greater emotional dysregulation. In the present study, internal consistency was excellent ($\alpha = 0.95$).

Personal Style Inventory-Revised (PSI-II; Robins et al., 1994). The PSI-II is a 48-item self-report measure of sociotropy and autonomy, which assesses concern about relationships and achievement, respectively. Items are rated on a 6-point Likert-type scale (1 = *Strongly Disagree*, 6 = *Strongly Agree*). Subscales are combined to yield total sociotropy and autonomy scores. The sociotropy scale is comprised of the Concern What Others Think, Dependency, and Pleasing subscales, whereas the autonomy scale is comprised of the Perfectionism/Self-Criticism, Need for Control, and Defensive Separation subscales. The PSI-II has demonstrated good internal reliability and good construct validity among adults (Robins et al., 1994) and older adults (O’Riley & Fiske, 2012). In the present study, internal consistency was excellent for sociotropy ($\alpha = 0.90$) and good for autonomy ($\alpha = 0.85$).

3. Results

Data analyses were conducted using IBM SPSS Version 25. Because the assump-

tion of homoscedasticity was violated, Spearman's correlation coefficients were used to examine bivariate relationships between entity theory (fixed mindset) with suicidal ideation, depressive symptoms, anxiety symptoms, age distancing, age stereotyping, emotional dysregulation, sociotropy, and autonomy.

Hypotheses 1: Bivariate Relationships

Consistent with Hypothesis 1, entity theory was positively associated with suicidal ideation (GSIS; $r = 0.23$), reflecting a small effect. Entity theory was also positively associated with age distancing (DAQ; $r = 0.25$), age stereotyping (AAS; $r = 0.40$), and sociotropy (PSI-II; $r = 0.26$), with small to medium effects. Contrary to expectations, associations between entity theory with depressive symptoms, anxiety symptoms, emotional dysregulation, and autonomy were small and nonsignificant (see full results in [Table 3](#)).

Suicidal ideation (GSIS) scores were significantly and positively associated with all variables, as expected, and listed in order of magnitude: depression (CES-D, $r = 0.71$), anxiety (GAS, $r = 0.65$), emotional dysregulation (GEDM, $r = 0.47$), age stereotyping (AAS, $r = 0.34$), autonomy (PSI-II, $r = 0.34$), age distancing (DAQ, $r = 0.33$), and sociotropy (PSI-II, $r = 0.27$).

Hypothesis 2: Prediction Model

To test Hypothesis 2, a standard multiple regression was conducted to predict suicidal ideation (GSIS total score) from entity theory, depressive symptoms, anxiety symptoms, age distancing, age stereotyping, emotional dysregulation, sociotropy, and autonomy (see [Table 4](#)). The assumption of no multicollinearity was met, as all Variance Inflation Factors (VIFs) were below the threshold of 10 (e.g., VIFs ranged from 1.3 to 6.4), indicating no significant multicollinearity issues. Using the enter method, the overall model accounted for a significant proportion of variance in suicidal ideation ($R^2 = 0.72$, adjusted $R^2 = 0.70$). Two predictors emerged as significant: entity theory and depressive symptoms, both positively associated with suicidal ideation.

4. Discussion

The aims of the present study were to examine the relationship between entity theory, reflecting a fixed mindset, and suicidality among older adults, a population at elevated risk for suicide. To our knowledge, this study represents the first empirical investigation of mindset theory in relation to suicidal ideation in later life. Drawing from self-theories literature, it was expected that a composite measure of entity theory would be associated with suicidal ideation as well as related constructs, including mood symptoms, negative attitudes toward aging, emotional dysregulation, sociotropy, and autonomy, given prior evidence that entity beliefs are linked to a broad range of cognitions and behaviors beyond academic contexts (Plaks & Chasteen, 2013).

Consistent with these expectations, findings indicated a modest but significant positive association between entity theory and suicidal ideation. Embedded within entity theory are patterns of helplessness, rigid self-beliefs, and maladaptive re-

sponses to adversity (Miu & Yeager, 2015), which parallel cognitive features commonly observed in people with suicidal ideation. Results further demonstrated modest associations between entity theory and several established or emerging suicide risk factors in older adulthood, including age distancing, negative attitudes toward aging, and sociotropy (i.e., excessive dependency and concern with others' approval). Notably, entity theory was not significantly associated with depression or anxiety in bivariate analyses, suggesting that fixed mindset beliefs may relate to suicidal ideation through pathways that are partially independent of mood symptoms. Collectively, these findings support the broader premise that mindset theory represents a promising, yet understudied, framework for understanding late-life suicide risk.

To further examine these relationships, a multivariate regression model was tested that included entity theory alongside other theoretically relevant predictors of suicidal ideation. This model was significant and accounted for a substantial proportion of variance in suicidal ideation. Entity theory and depressive symptoms emerged as the only significant predictors, underscoring the unique contribution of fixed mindset beliefs beyond traditional affective risk factors. These results suggest that entity theory may function as a distinct cognitive vulnerability factor in late-life suicidality. That being said, the standardized Beta coefficient for depression was larger than the standardized Beta for entity theory, indicating that depression contributed more to the overall model.

A notable strength of the present study is its application of an established psychological theory (mindset theory) to suicidality in later adulthood, using a comprehensive measure of entity beliefs. Nevertheless, several limitations warrant consideration. The sample size, while adequate for preliminary analyses, was modest, and the sample lacked racial and ethnic diversity and was disproportionately female, precluding examination of gender differences. Additionally, participants were largely community-dwelling older adults with relatively low levels of psychopathology. Future research should replicate and extend these findings in larger, more diverse samples and among older adults experiencing higher clinical risk.

From a conceptual standpoint, it is intuitive that entity theory, a cognitive framework that undermines perceptions of personal agency, adaptability, and potential for change, would be associated with suicide risk. Fixed mindset beliefs may foster hopelessness by reinforcing perceptions that psychological distress, functional decline, or adverse life circumstances are immutable. Hopelessness is a well-established predictor of suicidal ideation and behavior across the lifespan, including in older adulthood (Ribeiro, Huang, Fox, & Franklin, 2018; Segal, Marty, Coolidge, & Armstrong, 2025). When older adults with fixed mindsets encounter age-related challenges such as physical illness, loss of independence, or social isolation, they may be more likely to interpret these stressors as permanent and insurmountable, leading to cumulative distress and diminished coping capacity.

Relatedly, fixed mindset beliefs may erode protective factors such as self-efficacy and self-esteem, both of which are critical for resilience in later life. Reduced

perceived control and diminished confidence in one's ability to influence outcomes may exacerbate feelings of burdensomeness or thwarted belongingness, central constructs in contemporary models of suicide risk (Joiner, 2005). Additionally, rigid self-beliefs may impair problem-solving and emotional regulation, increasing vulnerability during periods of acute stress and limiting the use of adaptive coping strategies.

Importantly, mindset beliefs are modifiable. Experimental research demonstrates that orienting individuals toward incremental theory can attenuate the negative effects of entity beliefs and promote adaptive responses to stress (Miu & Yeager, 2015). Thus, interventions designed to foster growth mindset beliefs may hold promise as scalable, low-intensity approaches to enhancing hope, perceived control, and resilience among older adults. Although mechanisms were not directly examined in the present study, the findings highlight several theoretically grounded pathways that warrant further empirical evaluation. Continued research integrating mindset theory with gerontological models of suicide risk may inform novel prevention and intervention strategies tailored to the unique challenges of aging.

Table 1. Sample demographics.

Variable	Older adults ($n = 110$)
Age	$M = 68.32$ ($SD = 7.34$)
Sex	
Male	19.1% (21)
Female	80.9% (89)
Ethnicity & Race	
White/European American	85.5% (94)
Multiracial/Multiethnic	6.4% (7)
Black Diaspora/African American	3.6% (4)
Asian	0.9% (1)
Other	1.8% (2)
Native American/Alaskan Native	--
Native Hawaiian/Pacific Islander	--
Latin/Hispanic	3.6% (4)
Relationship Status	
Single	4.5% (5)
Partnered	3.6% (4)
Married	46.4% (51)
Other	2.7% (3)
Divorced	24.5% (27)
Widowed	15.5% (17)

Table 2. Variable alphas, means, and standard deviations.

Variable	Older Adults		
	α	M	SD
1. Entity Theory (Fixed Mindset)	0.93	2.81	0.88
2. GSIS	0.96	58.03	27.61
3. CES-D	0.94	9.52	11.74
4. GAS	0.95	12.05	11.94
5. DAQ	0.74	24.28	6.23
6. AAS	0.84	66.50	12.32
7. GEDM	0.95	34.77	13.62
8. PSI Autonomy	0.85	74.95	13.13
9. PSI Sociotropy	0.90	78.61	15.42

Note. GSIS = Geriatric Suicide Ideation Scale; CES-D = Center for Epidemiologic Studies Depression Scale; GAS = Geriatric Anxiety Scale; DAQ = Distancing from Aging Questionnaire; AAS = Agreement with Age Stereotyping; GEDM = General Emotional Dysregulation Measure; PSI = Personal Style Inventory-Revised.

Table 3. Bivariate spearman rho correlations between major variables ($n = 110$).

	1	2	3	4	5	6	7	8	9
1.	--	0.23*	0.07	0.03	0.25**	0.40**	0.05	0.10	0.26**
2.		--	0.71**	0.65**	0.33**	0.34**	0.47**	0.34**	0.27**
3.			--	0.78**	0.38**	0.30**	0.48**	0.40**	0.35**
4.				--	0.32**	0.22*	0.56**	0.32**	0.41**
5.					--	0.65**	0.24*	0.33**	0.27**
6.						--	0.24*	0.21*	0.27**
7.							--	0.41**	0.49**
8.								--	0.24*

Note. 1. Entity Theory (Fixed Mindset); 2. Geriatric Suicide Ideation Scale; 3. Center for Epidemiologic Studies Depression Scale; 4. Geriatric Anxiety Scale; 5. Distancing from Aging Questionnaire; 6. Agreement with Age Stereotyping; 7. General Emotional Dysregulation Measure; 8. Personal Style Inventory-Revised Autonomy; 9. Personal Style Inventory-Revised Sociotropy. Note: * $p < 0.05$, ** $p < 0.01$.

Table 4. Results of the standard multiple regression analysis.

	t	Sig	β	F	df	R^2	Adjusted R^2
Overall Model				32.18**	8.101	0.72	0.70
Entity Theory (Fixed Mindset)*	2.30	0.024	0.138				
DAQ	-0.78	0.438	-0.056				
AAS	0.179	0.859	0.013				

Continued

CES-D**	4.99	0.000	0.659
GAS	1.20	0.232	0.161
GEDM	1.48	0.142	0.118
PSI Autonomy	-0.029	0.977	-0.002
PSI Sociotropy	-1.92	0.057	-0.130

Note: The dependent variable was the Geriatric Suicide Ideation Scale Total Score; * $p < 0.05$, ** $p < 0.01$. Bolded items indicate significant predictors.

Ethical Approval

This study was approved by the Institutional Review Board at the University of Colorado at Colorado Springs. Informed consent was obtained from all participants prior to their participation.

Note

This paper is dedicated to the memory of Dr. Kadija N. Williams.

Conflicts of Interest

The authors report no conflict of interest.

References

- Beghi, M., Butera, E., Cerri, C. G., Cornaggia, C. M., Febbo, F., Mollica, A. et al. (2021). Suicidal Behaviour in Older Age: A Systematic Review of Risk Factors Associated to Suicide Attempts and Completed Suicides. *Neuroscience & Biobehavioral Reviews*, *127*, 193-211. <https://doi.org/10.1016/j.neubiorev.2021.04.011>
- Burnette, J. L., O'Boyle, E. H., VanEpps, E. M., Pollack, J. M., & Finkel, E. J. (2013). Mindsets Matter: A Meta-Analytic Review of Implicit Theories and Self-Regulation. *Psychological Bulletin*, *139*, 655-701. <https://doi.org/10.1037/a0029531>
- Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A Biosocial Developmental Model of Borderline Personality: Elaborating and Extending Linehan's Theory. *Psychological Bulletin*, *135*, 495-510. <https://doi.org/10.1037/a0015616>
- Crum, A. J., Akinola, M., Martin, A., & Fath, S. (2017). The Role of Stress Mindset in Shaping Cognitive, Emotional, and Physiological Responses to Challenging and Threatening Stress. *Anxiety, Stress, & Coping*, *30*, 379-395. <https://doi.org/10.1080/10615806.2016.1275585>
- Dweck, C. S. (2000). *Self-Theories: Their Role in Motivation, Personality, and Development*. Psychology Press.
- Dweck, C. S., & Yeager, D. S. (2019). Mindsets: A View from Two Eras. *Perspectives on Psychological Science*, *14*, 481-496. <https://doi.org/10.1177/1745691618804166>
- Fiske, A., & O'Riley, A. A. (2016). Toward an Understanding of Late Life Suicidal Behavior: The Role of Lifespan Developmental Theory. *Ageing & Mental Health*, *20*, 123-130. <https://doi.org/10.1080/13607863.2015.1078282>
- Heisel, M. J., & Flett, G. L. (2006). The Development and Initial Validation of the Geriatric Suicide Ideation Scale. *The American Journal of Geriatric Psychiatry*, *14*, 742-751. <https://doi.org/10.1097/01.jgp.0000218699.27899.f9>

- Joiner, T. E. (2005). *Why People Die by Suicide*. Harvard University Press.
- Kruse, A., & Schmitt, E. (2006). A Multidimensional Scale for the Measurement of Agreement with Age Stereotypes and the Salience of Age in Social Interaction. *Ageing & Society*, *26*, 393-411. <https://doi.org/10.1017/S0144686X06004703>
- Kyeong, Y., Sheffler, P., Kürüm, E., Ferguson, L., Davis, E., Strickland-Hughes, C. et al. (2021). Growth Mindset and Older Adults' Well-Being During the COVID-19 Pandemic. *Innovation in Aging*, *5*, 94-94. <https://doi.org/10.1093/geroni/igab046.355>
- Maynard, H., Gregory, J. D., Davies, A., & Fox, J. (2024). Psychological Factors Protecting against Suicidality in Older Adults: A Systematic Review. *Clinical Psychology & Psychotherapy*, *31*, e3029. <https://doi.org/10.1002/cpp.3029>
- Miu, A. S., & Yeager, D. S. (2015). Preventing Symptoms of Depression by Teaching Adolescents That People Can Change: Effects of a Brief Incremental Theory of Personality Intervention at 9-Month Follow-Up. *Clinical Psychological Science*, *3*, 726-743. <https://doi.org/10.1177/2167702614548317>
- O'Riley, A. A., & Fiske, A. (2012). Emphasis on Autonomy and Propensity for Suicidal Behavior in Younger and Older Adults. *Suicide and Life-Threatening Behavior*, *42*, 394-404. <https://doi.org/10.1111/j.1943-278x.2012.00098.x>
- Plaks, J. E., & Chasteen, A. L. (2013). Entity versus Incremental Theories Predict Older Adults' Memory Performance. *Psychology and Aging*, *28*, 948-957. <https://doi.org/10.1037/a0034348>
- Radloff, L. S. (1977). The CES-D Scale: A Self-Report Depression Scale for Research in the General Population. *Applied Psychological Measurement*, *1*, 385-401. <https://doi.org/10.1177/014662167700100306>
- Ribeiro, J. D., Huang, X., Fox, K. R., & Franklin, J. C. (2018). Depression and Hopelessness as Risk Factors for Suicide Ideation, Attempts and Death: Meta-Analysis of Longitudinal Studies. *British Journal of Psychiatry*, *212*, 279-286. <https://doi.org/10.1192/bjp.2018.27>
- Robins, C. J., Ladd, J., Welkowitz, J., Blaney, P. H., Diaz, R., & Kutcher, G. (1994). The Personal Style Inventory: Preliminary Validation Studies of New Measures of Sociotropy and Autonomy. *Journal of Psychopathology and Behavioral Assessment*, *16*, 277-300. <https://doi.org/10.1007/bf02239408>
- Schroder, H. S. (2021). Mindsets in the Clinic: Applying Mindset Theory to Clinical Psychology. *Clinical Psychology Review*, *83*, Article 101957. <https://doi.org/10.1016/j.cpr.2020.101957>
- Segal, D. L., Granier, K. L., Pifer, M. A., & Stone, L. E. (2019). Geriatric Anxiety Scale. In D. Gu, & M. Dupree (Eds.), *Encyclopedia of Gerontology and Population Aging* (pp. 1-7). Springer International Publishing. https://doi.org/10.1007/978-3-319-69892-2_1103-1
- Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and Initial Validation of a Self-Report Assessment Tool for Anxiety among Older Adults: The Geriatric Anxiety Scale. *Journal of Anxiety Disorders*, *24*, 709-714. <https://doi.org/10.1016/j.janxdis.2010.05.002>
- Segal, D. L., Marty, M. A., Coolidge, F. L., & Armstrong, M. (2025). Suicidal Ideation in Older Adults: Exploring the Role of Depression, Hopelessness, Perceived Burdensomeness, and Thwarted Belongingness. *Psychological Reports*.
- Segal, D. L., Marty, M. A., Meyer, W. J., & Coolidge, F. L. (2012). Personality, Suicidal Ideation, and Reasons for Living among Older Adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *67*, 159-166. <https://doi.org/10.1093/geronb/gbr080>

- Segal, D. L., Qualls, S. H., & Smyer, M. A. (2018). *Aging and Mental Health* (3rd ed.). Wiley. <https://doi.org/10.1002/9781119133186>
- Sheffler, P., Kürüm, E., Sheen, A. M., Ditta, A. S., Ferguson, L., Bravo, D. et al. (2023). Growth Mindset Predicts Cognitive Gains in an Older Adult Multi-Skill Learning Intervention. *The International Journal of Aging and Human Development*, *96*, 501-526. <https://doi.org/10.1177/00914150221106095>
- Tyrrell, C. (2014). *A Distancing from Aging Questionnaire and Its Correlations with Personality Variables [Poster Presentation]*. Annual Scientific Meeting of the Gerontological Society of America, Washington, D.C.
- Van Orden, K. A., Silva, C., & Conwell, Y. (2019). Suicide in Later life. In B. Knight (Ed.), *Oxford Research Encyclopedia of Psychology (Psychology and Aging)* (2019). Oxford University Press. <https://doi.org/10.1093/acrefore/9780190236557.013.421>
- Vilagut, G., Forero, C. G., Barbaglia, G., & Alonso, J. (2016). Screening for Depression in the General Population with the Center for Epidemiologic Studies Depression (CES-D): A Systematic Review with Meta-Analysis. *PLOS ONE*, *11*, e0155431. <https://doi.org/10.1371/journal.pone.0155431>
- Watson, L. C., & Pignone, M. P. (2003). Screening Accuracy for Late-Life Depression in Primary Care: A Systematic Review. *Journal of Family Practice*, *52*, 956-956.
- Yeager, D. S., Hanselman, P., Walton, G. M., Murray, J. S., Crosnoe, R., Muller, C. et al. (2019). A National Experiment Reveals Where a Growth Mindset Improves Achievement. *Nature*, *573*, 364-369. <https://doi.org/10.1038/s41586-019-1466-y>
- Zhu, S., & Wong, P. W. C. (2022). What Matters for Adolescent Suicidality: Depressive Symptoms or Fixed Mindsets? Examination of Cross-Sectional and Longitudinal Associations between Fixed Mindsets and Suicidal Ideation. *Suicide and Life-Threatening Behavior*, *52*, 932-942. <https://doi.org/10.1111/sltb.12891>