



Self-concealment and perfectionistic self-presentation in concealment of psychache and suicide ideation

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ABSTRACT

This research explored risk factors associated with suicide to identify at-risk individuals who are more likely to conceal their feelings and thoughts. We examined the relationship of traits of self-concealment and perfectionistic self-presentation to suicide ideation and psychache, as well as the role of social support. Both traits were predictors of suicide ideation, and concealment of psychache mediated the relationship of suicide ideation with self-concealment and two subcomponents of perfectionistic self-presentation. Individuals higher on self-concealment and perfectionistic self-presentation were more likely to report psychache as well as concealment of psychache. Social support mediated the relationship between one subcomponent of perfectionistic self-presentation and suicide ideation.

1. Introduction

Suicide is a global issue and understanding its risk factors is essential for identifying at-risk individuals. Nearly one million people die by suicide annually worldwide (National Institute of Mental Health, 2009) and over 100 individuals die by suicide daily in the U.S. (National Center for Health Statistics, 2014). Moreover, the age-adjusted suicide rate in the U.S. has increased by 24% since 1999 (National Center for Health Statistics, 2016). For every death by suicide, 20 attempts occur (World Health Organization, 2014). Moreover, experiencing thoughts surrounding suicide are concerning because those individuals are at an increased risk of attempting or dying by suicide (Beck, Kovacs, & Weissman, 1979). Identifying such individuals is essential for preventing and reducing suicide.

Suicide is deliberate self-inflicted cessation and its core is psychological because it occurs in the mind—it becomes a conscious decision that the individual believes to be the best or only solution (Shneidman, 1998). Central to Shneidman's theory is that psychological pain, termed psychache, is the motivating factor, and lethality prompts life cessation with the belief that psychological pain can be eliminated through suicide (Shneidman, 1998). Psychache is an unbearable psychological pain (e.g., shame, guilt, angst) and is caused by unfulfilled psychological needs (Shneidman, 1993). According to Shneidman (1993), suicide reduces this unbearable pain, and thus effective interventions aimed at high-risk individuals should involve diminishing their psychache. Psychache is a strong vulnerability for suicide behaviors (Verrocchio et al., 2016).

Other theories focus on components that, in combination, lead to suicide, such as Joiner's (2005) interpersonal-psychological theory of suicide, which posits that suicide occurs from thwarted belongingness, perceived burdensomeness, and an acquired capability for suicide. A perceived or actual lack of social support and perceiving oneself as a burden to others increases suicide ideation (Joiner et al., 2009). Alternatively, social support can protect against suicide risk (Johnson, Wood, Gooding, Taylor, & Tarrier, 2011). In fact, suicide rates are lower when large sports-related “pulling together” events occur that are believed to fulfill individuals' need to belong (Joiner Jr., Hollar, & Orden, 2006). Ultimately, many theories regarding suicide exist, however, the current research focuses on Shneidman's and Joiner's (2005) theories, because in tandem, the two theories provide a basis for examining personality and suicide ideation from two unique, but complementary, perspectives.

Suicide risk is commonly assessed by way of suicide ideation (i.e., thoughts, intentions, plans; Beck & Steer, 1993). Much research has examined past behaviors and psychological factors, but, less attention has been paid to the role of certain personality traits in suicide ideation. One reason that identifying individuals at risk for suicide is challenging is because some at-risk individuals conceal their negative painful feelings, thoughts, and behaviors from others (Friedlander, Nazem, Fiske, Nadorff, & Smith, 2012), while many feel a need to present themselves as flawless to others (Roxborough et al., 2012). Shneidman (1994) believed that approximately 10% of those who die by suicide fail to display clues of their suicidal intentions, or the clues are misleading, guarded or masked. Shneidman (1994) termed such actions

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'dissembling', which refers to the concealment of feelings and intentions from others. Interviews with family members bereaved by suicide indicate that nearly 50% were completely surprised by the suicide and only 25% reported warning signs (Rudestam, 1977). As such, many individuals report that a family member who died by suicide did not exhibit warning signs. Ultimately, research is needed to understand suicidal dissemblers because they are exceptionally difficult to identify due to their tendencies to disguise or conceal clues from others. One approach is to examine personality traits that encompass such tendencies. There are two personality traits aligned strongly with Shneidman's (1994) theory surrounding dissemblers: self-concealment and perfectionistic self-presentation.

Self-concealment involves actively hiding negative personal information, including feelings, actions, and events perceived as distressing, intimate, and/or negative (Larson & Chastain, 1990). Typically, these feelings and events are traumatic or painful in nature (e.g., childhood abuse). Self-concealment can lead to decreases in well-being through secret-keeping and maladaptive emotion regulation (Larson, Chastain, Hoyt, & Ayzenberg, 2015). Limited research exists, however, Friedlander et al. (2012) found that self-concealment was associated with suicidal behaviors in undergraduates. No published research on self-concealment and psychache exists, however, noted researchers (Flett & Hewitt, 2013) posit that individuals high in self-concealment should be less likely to disclose psychache to others.

Perfectionism has been linked to suicide ideation, however, insufficient attention has been given to this relationship (Flett, Hewitt, & Heisel, 2014). Some perfectionism dimensions can lead to positive outcomes (Blatt, 1995), however when individuals high in specific forms of perfectionism (e.g., socially prescribed perfectionism) are exposed to failure, neurotic perfectionism can occur (Hamachek, 1978). Recently, meta-analytic research indicates that the relationship between perfectionism and suicide ideation is robust (Smith et al., 2017). One form of perfectionism currently understudied within suicide is perfectionistic self-presentation, a stylistic personality trait that reflects social pressures to appear perfect, that is a deceptive and maladaptive form of self-presentation (Hewitt et al., 2003). Its three components include: (a) perfectionistic self-promotion: displaying an image of being flawless and successful, with the desire to appear perfect to others; (b) nondisplay of imperfection: avoiding behavioural displays of imperfection, or signs of weakness or flaws, to avoid others' disapproval; and (c) nondisclosure of imperfection: avoiding verbal disclosure of imperfection, such as admitting to making a mistake or disclosing negative self-attributes (Hewitt et al., 2003).

Theoretically, perfectionistic self-presentation is a vulnerability factor for suicide ideation; feelings of inauthenticity increase feelings of despair and negative self-views, reminding individuals of their imperfection (Flett et al., 2014). Additionally, individuals are less likely to disclose feelings of distress for fear of appearing imperfect, increasing their feelings of isolation (Flett et al., 2014). Empirical research is lacking; to our knowledge, only one publication currently exists. The researchers examined psychiatric outpatient adolescents, and all three components of perfectionistic self-presentation were significantly associated with suicide risk (Roxborough et al., 2012). Moreover, nondisplay of imperfection and nondisclosure of imperfection were associated with future likelihood of suicide (Roxborough et al., 2012).

2. The current research

The current research examines self-concealment and perfectionistic self-presentation in suicide ideation and concealment of psychache. The research linking self-concealment and perfectionistic self-presentation to suicide ideation is limited, thus, one goal was to replicate the limited findings that the traits are linked to suicide ideation using healthy adults, because, although suicide is often thought of as a clinical issue, it is both a clinical and nonclinical problem affecting many individuals (Campos et al., 2016). Although some individuals who attempt suicide

or die by suicide meet criteria for a clinical diagnosis, many others do not (Campos et al., 2016). Given that the tendency to conceal thoughts and feelings that are negative in nature and a need to continuously appear perfect is associated with concealing distress (Flett et al., 2014; Larson et al., 2015), we expected both traits to be associated with suicide ideation and psychache.

Hypothesis 1. Self-concealment and perfectionistic self-presentation will be significantly related to suicide ideation.

Hypothesis 2. Individuals higher in self-concealment and individuals higher on perfectionistic self-presentation will report significantly higher psychache scores.

Individuals higher in self-concealment are more likely to conceal negative affect, thus, they should be more likely to conceal psychache from others. Additionally, we expected that individuals higher on perfectionistic self-presentation would report higher levels of concealment of psychache because they actively avoid displaying and disclosing imperfection (Hewitt et al., 2003).

Hypothesis 3. Individuals higher in self-concealment and individuals higher on perfectionistic self-presentation will be significantly more likely to report concealment of psychache from others.

Concealment of psychache and perceived social support were chosen as mediators because they may be more amenable to interventions, whereas personality traits are often considered to be more resistant to interventions. We expected that concealing psychache from others may explain the link between these traits and suicide ideation because individuals higher on both traits are more likely to conceal their distress from others which could lead to increases in suicide ideation.

Hypothesis 4. Concealment of psychache will mediate the relationship between self-concealment and suicide ideation and perfectionistic self-presentation and suicide ideation.

Additionally, we expected that a lack of perceived social support would explain why individuals higher in self-concealment and perfectionistic self-presentation report greater suicide ideation. Self-disclosure in relationships builds trust and strengthens relationship bonds (e.g., Wheelless, 1978). Individuals higher on self-concealment and perfectionistic self-presentation are less likely to disclose their distress (Flett et al., 2014; Larson et al., 2015), thus, they may perceive lower levels of social support because their relationships are weakened by a lack of self-disclosure. In turn, we expected that that lack of perceived social support would lead to more suicide ideation.

Hypothesis 5. A lack of perceived social support will mediate the relationship between self-concealment and suicide ideation and perfectionistic self-presentation and suicide ideation.

3. Method

3.1. Participants

This study was posted on Amazon's Mechanical Turk with a short research description. From an initial sample of 330 individuals, 12 were removed for not completing the survey and 20 for failing any validity check placed throughout the survey. The final sample was 298 adult U.S. residents (175 men, 120 women, 3 unreported). Participants received 2.50 USD. Mean age was 34.24 years ($SD = 10.42$).

3.2. Procedure

Participants completed questionnaires, demographic measures, and were provided with a debriefing form outlining resources in case they experienced any distress. Responding was anonymous and this research

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