

Five factor model traits as a predictor of suicide ideation and interpersonal suicide risk in a college sample

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ABSTRACT

Research has demonstrated an inconsistent relationship between suicide ideation and personality traits. This is the first study to empirically examine the relationship of the Five Factor Model of personality with current, past and no suicide ideation, and with the two interpersonal risk factors of suicide: thwarted belongingness and perceived burdensomeness (Joiner, T., 2005. *Why people die by suicide*. Cambridge, MA, US: Harvard University Press). Results indicate that high neuroticism was associated with both current ideation and a history of suicide ideation and extraversion was associated with current ideation. Neuroticism was positively related to thwarted belongingness and perceived burdensomeness, while extraversion was negatively related to these interpersonal predictors of suicide. Agreeableness was negatively related to thwarted belongingness but not perceived burdensomeness, indicating differentiated patterns of relationships between this personality domain and the two suicide constructs. Furthermore, these personality domains predicted 23.82% of variance for thwarted belongingness and 15.07% of the variance for perceived burdensomeness, above and beyond demographic variables associated with suicide ideation. This study, which was conducted with a college sample, demonstrates the potential benefit of identifying predispositional risk factors for suicide ideation and interpersonal predictors of suicide. This may have implications for the development of upstream preventative measures against suicide.

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1. Introduction

It is estimated that over one million Americans attempted to take their own lives in 2012 (McIntosh and Drapeau, 2012). With these unsettling attempt rates, it is imperative that risk and protective factors are identified to inform the assessment and treatment of individuals who desire to die by suicide. Individual differences in personality can elucidate predispositional factors that indicate a higher susceptibility to develop suicide ideation (SI). Furthermore, identifying these early indicators of suicide risk and resilience may help inform broader theories that explain the development of suicide risk throughout the lifespan and guide the design of early preventative measures of suicide. Personality may be a critical predictor of suicide, as personality characteristics are formed in young adulthood and show stability across the lifespan (Donnellan et al., 2015; Ferguson, 2010). Using a well-established and validated theory of general personality, such as the Five Factor

Model (FFM; Digman, 1990) may help identify these potential predispositional risk and resiliency factors. The FFM consists of five broad domains: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. Each of these five broad domains is further differentiated into six more specific facets (Costa and McCrae, 1995).

1.1. FFM and SI

There is relatively little research aimed at understanding SI and suicide-related constructs in the context of the FFM, and the findings are largely equivocal. Three studies have specifically investigated the relationship between personality and SI. In a study of SI and personality in young adults, Velting (1999) demonstrated a relationship between high neuroticism and low conscientiousness with SI in females with the neuroticism facets of angry hostility and depressiveness positively related with SI. A subsequent undergraduate study found a link between high neuroticism and low extraversion, conscientiousness, and agreeableness with SI, regardless of sex (Kerby, 2003). Finally, Chioqueta

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and Stiles (2005) found that SI was predicted by high neuroticism, high openness to experience, and low extraversion.

Chioqueta and Stiles (2005) also examined the relationship between hopelessness and personality, finding that hopelessness was predicted by high neuroticism and low extraversion. Duberstein et al. (2001) similarly suggested that, in a sample of depressed older adults, two facets of neuroticism (i.e., low self-consciousness and high impulsiveness) were significant predictors of hopelessness scores. Additionally, Duberstein et al. (2001) found a significant negative relationship between extraversion and hopelessness.

There has been some research that has examined personality in relation to suicide outcomes at the state and national levels in the United States and internationally. These studies have yielded inconsistent findings between suicide-related outcomes and FFM personality characteristics. Voracek (2006) assessed the relationship between suicide death rates and a measure of the FFM, and found a significant relationship between suicide death rates with low conscientiousness and agreeableness. Voracek (2009) also demonstrated a positive relationship between neuroticism and historical and contemporary state-level suicide rates in the United States via a comparison of a large online representative data set reporting levels of FFM traits and World Health Organization data regarding suicide rates. A more modest and less reliable negative relationship between national suicide rates and both extraversion and agreeableness were found. Lester and Voracek (2013) did not find a relationship between FFM domains and cross-national SI and suicide attempt rates, arguing that the relationship between FFM and suicide-related outcomes may differ between non-lethal outcomes (SI and suicide attempts) and lethal outcomes (death by suicide). Voracek (2013) demonstrated that only agreeableness was associated with suicide rates.

Overall, the most consistent results are relationships between suicide-related constructs with high neuroticism and low extraversion. However, there are a number of discrepant findings across the studies regarding the relationships between suicide-related constructs with the FFM domains, indicating the importance of continued research to better elucidate these relationships. A clearer understanding of the relationship between personality and SI can have implications for early interventions. It may be that research reveals a model of suicide in which predispositional personality traits directly and/or indirectly influence suicide through more proximal indicators of suicide risk.

One potential explanation for the equivocal findings may be that previous studies have assessed participants who were *currently* experiencing SI. Feelings of strong distress may cause individuals difficulty in providing an accurate assessment of their personality functioning, as there is evidence for bias in retrospective reporting of symptomology and past experiences when experiencing negative affect (Haslam and Jayasinghe, 1995; Schraedley et al., 2002). The examination of these relationships in individuals who have a history of SI, as compared to those currently experiencing SI and those who have never experienced SI, may provide a more comprehensive understanding of how personality relates to SI.

1.2. FFM and the interpersonal theory of suicide

An additional area of interest is the examination of the relationship between personality and suicide risk within the context of a broader, well-established theory – this is nonexistent in the literature. The Interpersonal Theory of Suicide (Joiner, 2005) is one of the most current and empirically researched theories of suicide. The theory proposes a framework of suicide risk centered on interpersonal dysfunction and habituation to the fear and physiological pain associated with suicide. This theory posits three main risk factors for suicide that, when experienced together,

encompass the greatest risk for a lethal or near lethal suicide attempt. The desire to die by suicide develops through simultaneous feelings of extreme social disconnection (Thwarted Belongingness; TB) with a belief that one's existence burdens others (perceived burdensomeness; PB). Although both TB and PB have been associated with suicide risk individually (Joiner et al., 2009; Van Orden et al., 2008), it is when these interpersonal constructs co-occur that an individual is likely to have the strongest desire to die (Joiner, 2005). The third and final construct of this theory is acquired capability, which suggests that individuals who are exposed to painful and provocative events become desensitized to the pain and fears associated with suicide, and thus are able to carry out a lethal or near-lethal suicide attempt if the desire to die by suicide is present. Acquired capability has been found to be somewhat genetically determined (approximately 60%) while TB and PB are largely influenced by environmental factors (Smith et al., 2012).

Both TB and PB are interpersonal constructs that are integral to the *desire* to die by suicide. The significant relationship between suicide and TB and PB as proximal risk factors for suicide has been well-established (Joiner et al., 2009; Van Orden et al., 2008). Given that research has demonstrated these constructs as important, malleable predictors of SI (Joiner et al., 2009), it is vital that research investigates potential contributing factors to feelings of TB and PB. No research has examined the relationship of the FFM with the interpersonal theory of suicide. However, there has been some work that examined similar trait-like variables. Research has suggested that basic need satisfaction as theorized by self-determination theory (autonomy, relatedness, and competence) may influence the experience of TB and PB (Hill and Pettit, 2013; Tucker and Wingate, 2014). Prospective research has indicated that an autonomous personality style predicts variations in TB and PB through symptoms of depression (O'Keefe et al., *in press*). In addition, trait-like variables such as emotion dysregulation, negative urgency, and anger associated with specific personality disorders (e.g., Borderline and Antisocial) have been shown to correlate to TB and PB (Anestis and Joiner, 2011; Anestis et al., 2011; Hawkins et al., 2014).

Although trait-like personality variables such as anger and autonomous personality styles have been linked to these interpersonal dysfunctions, no research has directly examined the potential impact FFM traits have on TB and PB. Studying the potential connection of the FFM with TB and PB may help pinpoint associated predispositional personality risk factors. Clarity on how personality influences these predictors may allow for the development of preventative measures that can be introduced early in treatment, before the desire to die by suicide occurs. Clinicians could possibly identify early warning signs in clients and base prevention efforts on decreasing their susceptibility to TB, PB, and potentially the desire for suicide.

1.3. The present study

The current study investigated the relationships between the FFM among three groups of participants of differing levels of SI and the interpersonal risk factors of suicide. This study is novel because it is the first to examine differences in personality functioning between those with ideation within the last two weeks (current SI), those with a history of ideation (past SI), and those with no current or past ideation (no SI). This is important as individuals experiencing extreme distress may be biased reporters (Haslam and Jayasinghe, 1995; Schraedley et al., 2002), thus a comparison of personality characteristics across varying levels of experiences of SI may highlight important differences. Additionally, the current study investigated the relationship between personality and SI within the context of an established theory of suicide (Interpersonal Theory of Suicide; Joiner, 2005), which has

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