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The Development and the Structure of the Verbal Suicide Scale (VSS) – Measuring Attitudes Toward Suicide in the Group of Patients Hospitalized in the Psychiatric Unit

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A B S T R A C T

Aim: The assessment of suicidal risk is one of the most difficult diagnostic challenges. The aim of present article is to report the process of development and preliminary validation of the Verbal Suicide Scale.
Material and method: A total of 121 psychiatric inpatients aged 19–67 anonymously completed Verbal Suicide Scale (VSS). The study took place in the Clinic of Psychiatry, Medical University of Warsaw in Mazovia Specialist Health Center in Pruszków, Poland.
Results: Factor analysis validated the three factor structure. Cronbach's alpha reliability for each factor was satisfactory: 0.876 for scale 1, 0.700 for scale 2 and 0.710 for scale 3.
Conclusions: VSS is a short instrument for evaluating the attitude toward suicide and can be a useful tool in mental health nursing practice. Further research and analyses are required to refine the theoretical and external reliability of the method.

Suicidal tendencies do not represent a separate disease entity. They are, however, inseparably connected with many psychological disorders, that present a relevant risk factor of occurring suicidal thoughts and tendencies (WHO, 2003). The phenomenon of a suicide is a multifaceted problem, and not only relates health, but also social, psychological and socioeconomic issues (Brodniak, 2012). Its complexity presents the evaluation of a patient's suicidal risk a considerable challenge in psychiatric nursing practice. According to the American Psychiatric Nurses Association (APNA) "*there are serious gaps in nursing education specifically in the area of suicide risk assessment, prevention, and intervention*". Therefore the need for easy-to-use suicide diagnostic tools is evident (Bolster, Holliday, Oneal, & Shaw, 2015; Puntil et al., 2013).

Determining attitudes toward suicide has been a subject of numerous studies and analyses. There are many research methods, but most of them have a limited reliability and validity. The best psychometric features have been achieved by three multidimensional scales: Suicide Opinion Questionnaire (SOQ), Suicide Attitude Questionnaire (SUIATT) and Attitudes Toward Suicide (ATTS) (Kodaka, Postuvan, Inagaki, & Yamada, 2011). Despite undeniable usefulness of these tools in research, their application in a clinical context appears to be limited. The authors attempted to create a new diagnostic tool for psychiatric nurses, doctors and psychologists that allows to determine attitudes of patients hospitalized in psychiatric units toward suicide. The theoretical background of the Verbal Suicide Scale (VSS) is a mix of cognitive–behavioral and psychoanalytic understandings of said phenomenon. According to the cognitive–behavioral theory the individual's behavior is determined by his/her cognitive processes. It is an expression of their beliefs and attitudes, i.e. established cognitive schemas predisposing the choice of ways of dealing with stress. Negative schemas are the reason for a self-destructive behavior and can impact on the development of suicidal tendencies when dealing with crises and traumas (Brown, Jeglic, Henriques, & Beck, 2006; Rudd, 2006; Rudd, Trotter, & Williams, 2009). Freudian understanding of a self-detrimental act, assumes that such behavior is a manifestation of the imbalance of power balance between life and death drives (Furst & Ostow, 1965). The conflict between the drives is additionally pushed into unconsciousness, therefore research based on a traditional questionnaire can intensify ego defense mechanisms and cause a strong resistance (Ronningstam, Weinberg, & Maltsberger, 2009). As a consequence, the research stops to be reliable and its result has a limited prognostic value.

The Verbal Suicide Scale (VSS) takes a different form to other diagnostic tools available. Instead of answering specific questions, a respondent is asked to mark words, which most accurately describe a suicide. The aim of such approach is to limit the resistance and therefore omit what is consciously declared by an individual, for the sake of what is more primitive and unconscious and, hence, secret (Kächele & Thomä, 1994). Researchers applied a modified mechanism used in the free

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association technique, which implies that the mental apparatus decomposes conflict contents (Freud, 1992; Killingmo, 1995; Kris, 1996; Kutter, 1998), herein conflict of drives and internalized aggression (Meissner, 1977). The modification means, above all, a resignation from a total free association, choosing them from a presented list instead. This restriction, although changing the original concept significantly, was inevitable to shape and standardize the tool as a universal diagnostic method. A relevant restriction observed in most of diagnostic tools is to ignore the fact of resistance caused by the presence of an analyst. It can lead to suppression of a real death intention (Busch, Fawcett, & Jacobs, 2003).

The aim of the research team was to create a tool which will allow a fast evaluation of the respondent's attitude toward suicide. VSS can be easily conducted by psychiatric nurses in their everyday practice thanks to its short form and simple instruction. The knowledge of a patient's attitude toward suicide can be a valuable information in foreseeing the danger, as well as choosing the right prevention schema. Based on the theoretical background, the researchers distinguished three initial groups of attitudes to form working scales: tendency, aversion and aggressive fantasies. The tendency scale refers to deficits in personality connected with hopelessness, which lead to the creation of wrong cognitive mechanisms. As a result, perception, motivation and decision-making processes narrow and stiffen and the individual tends to choose auto-aggressive forms of stress reaction (Van Orden et al., 2010). These dysfunctional personality traits are understood as the individual's tendency to treat suicide as a preferable problem solution, because it is effective and subjectively attractive (Neimeyer & Winter, 2006). The aversion scale is connected with the ego power, i.e. the critical - rational part of personality (Freud, 1991). The aversion scale reflects the negative attitude toward suicide and the opinion that it is an unacceptable and objectionable way of resolving problems. The aggressive fantasies scale refers to the narcissistic need of an omnipotential control over the outside world, where suicidal behavior fulfils a practical function in the communication with the outside world, e.g. as punishment, manipulation, extortion, maintaining the feeling of control (Maltsberger, 1998; Ronningstam, Weinberg, & Maltsberger, 2008). According to the psychoanalytical theory of internalized aggression, in the suicidal person's life, aggressive fantasies appear about other people, as he/she cannot satisfy his drives in an accurate and adult way. In this situation a suicide is a manifestation of a suppressed aggression (Meissner, 1977).

MATERIALS AND METHOD

The subjects of this research were 121 patients hospitalized in the Clinic of Psychiatry, Medical University of Warsaw in Mazovia Specialist Health Center in Pruszków. The respondents were in the age group 19–67 and 52% of the group were women (N = 63) and 48% men (N = 58). The participation in the research was voluntary and anonymous. The patients included in the research were in a stable psychological condition and capable of making an informed choice about their participation. The research was conducted during their psychiatric hospitalization. The patients had different diagnoses and they were coopted to the study according to their arrival to the hospital. In this way, the representation close to the real hospital population was achieved. 10% (N = 12) of the researched group were patients with diagnoses F06-F07 (mostly organic mood and personality disorders), 18% (N = 22) patients with diagnoses F10-F19 (addictions and psychological disorders in the course of addiction), 29% (N = 35) persons with diagnoses F20-F29 (schizophrenia and schizophrenic disorders), 22% (N = 26) persons with diagnoses F30-F39 (affective disorders), 8% (N = 10) patients with diagnoses F40-F49 (anxiety and adaptation disorder) and 13% (N = 16) F60 (personality disorders). The research was conducted between 2014–2015. The Ethics Committee of Medical University of Warsaw was informed about the research and did not have any objections.

Table 1
Statements by Scale Presented to the Expert Reviewers.

Tendency scale	Aversion scale	Aggressive fantasies scale
A better world	Abandonment	Accusation
A new life	Annihilation	Aggression
Altruism	Arrogance	Agitation
Assuagement	Austerity	Amok
Caring for others	Capitulation	Anger
Catharsis	Cowardice	Annoyance
Change	Crisis	Atonement
Connection with dead ones	Defeat	Bitterness
Contempt of death	Dereliction	Compensation
Courage	Desertion	Control
Deliverance	Destruction	Demonstration
Dignified death	Disaster	Disappointment
Dignity	Dishonesty	Failure
Force	Disloyalty	Fault
Freedom	Egoism	Finding the solution
Godsend	Escape	Frenzy
Honor	Extermination	Frustration
Hope	Fancying comfort	Fury
Ingenuity	Helplessness	Hate
Liberation	Inability to act	Intrigue
Mercy	Irresponsibility	Irritation
Passage	Killing	Lesson
Peace	Lack of adaptation	Letdown
Power	Laziness	Manifest
Pride	Limitation	Manifestation
Purification	Massacre	Manipulation
Rebirth	Murder	Payment
Redemption	Perplexity	Punishment
Release	Powerlessness	Rage
Relief	Resignation	Reckoning
Relieving from a burden	Selfishness	Repayment
Rescue	Sin	Repression
Safety	Stupidity	Resentment
Salvation	Submission	Retaliation
Saving others	Tragedy	Revenge
Sensitivity	Treason	Satisfaction
Sleep	Unfaithfulness	Spite
Solace	Unreliability	Trick
Solution	Waste	Vendetta
Victory	Weakness	Vengeance

Development of the Scale

In order to select statements highly associated with a suicide, the researchers compiled a list of 120 words and presented them to 15 expert reviewers (psychiatrists and psychologists). The statements were assigned to one of three groups: positive suicide connotations (the tendency scale), negative connotations (the aversion scale), representations of a suppressed aggression toward others (the aggressive fantasies scale). The statements are listed in the table (see Table 1).

Fifteen expert reviewers evaluated each statement in the Likert's seven-level-scale in the questionnaire prepared for this purpose. The analysis of received responses helped choosing 10 most pointed words for each scale. In this way, the initial 30-item version of the Verbal Suicide Scale, shown in the table (see Table 2), was prepared.

Table 2
30-Item Version of the Verbal Suicide Scale.

Anger	Hate	Relief
Assuagement	Lesson	Relieving from a burden
Capitulation	Liberation	Resignation
Crisis	Manifestation	Sin
Demonstration	Manipulation	Solace
Escape	Peace	Solution
Fault	Perplexity	Spite
Freedom	Powerlessness	Submission
Frustration	Punishment	Tragedy
Godsend	Release	Weakness