



Research report

A test of the Interpersonal Theory of Suicide in a large community-based cohort

Helen Christensen^{a,*}, Philip J. Batterham^b, Andrea Soubelet^b, Andrew J. Mackinnon^c^a Black Dog Institute, The University of New South Wales, Randwick, NSW 2033, Australia^b Centre for Mental Health Research, The Australian National University, Canberra, Australia^c Orygen Research Centre, The University of Melbourne, Melbourne, Australia

ARTICLE INFO

Article history:

Received 21 November 2011

Received in revised form

2 July 2012

Accepted 2 July 2012

Available online 3 August 2012

Keywords:

Suicidal ideation

Suicide attempts

Interpersonal Theory of Suicide

Hopelessness

Thwarted belongingness

ABSTRACT

Background: Joiner's Interpersonal Theory of Suicide (Van Orden et al., 2010; Joiner, 2005) predicts that suicide ideation is strongest in those experiencing both high perceived burdensomeness and thwarted belongingness, and that the combination of suicide ideation and acquired capability for suicide is critical in the development of suicide plans and attempts. However, few datasets exist which allow the examination of these predictions. The present study aimed to test predictions from the model in a population-based cohort. **Methods:** a survey was completed by 6133 participants from the PATH Through Life Project. Scales measuring perceived burdensomeness, thwarted belongingness, hopelessness, capability to self-injure, ideation, plans and attempts were developed using existing items. Regression models were used to predict the outcomes of ideation and of plans/attempts. **Results:** consistent with the Interpersonal Theory, interactions were found between perceived burdensomeness and thwarted belongingness predicting ideation, and interactions of capability and ideation for plans/attempts. However, some predictions of the theory were not fulfilled. Nevertheless, the Interpersonal Theory explained more variance than epidemiological models using mental disorders as predictors. Age differences were evident, with models of older cohorts accounting for less variance. Gender models suggested thwarted belongingness was a stronger predictor of ideation in males than females. **Limitations:** while the fit of the factors assessing the Interpersonal Theory was adequate, the findings will need to be confirmed using previously developed scales of these constructs. **Conclusions:** predictive models of suicide need to take into account multiple risk factors, gender differences and changes in associations over the life span.

© 2012 Elsevier B.V. All rights reserved.

1. Introduction

Mental disorder is a strong predictor of suicide. Psychological autopsy studies suggest greater than 90% of people who die from suicide suffer from a diagnosable mental disorder (Cavanagh et al., 2003) and that similar rates are experienced by those with previous attempts (see Nock et al., 2010; Beautrais et al., 1996). However, despite the predictive value of mood, anxiety, impulse and substance abuse disorders, and the noted additive effects of one psychiatric disorder with up to five other Axis I disorders, many individuals with mental disorder do not attempt suicide (Joiner, 2005; Van Orden et al., 2010). This reduces the predictive value of a diagnosis, or even set of diagnoses (see Nock et al., 2010). In addition, genetic studies suggest that additional variance in suicide outcomes is explained by factors independent of

and additional to mental disorder, indicating that better models of suicide are needed.

Recently, Joiner identified a number of psychological characteristics which may improve the prediction of suicidality (Van Orden et al., 2010; Joiner, 2005). In his Interpersonal Theory, suicide ideation is seen to be strongest in those with both high perceived burdensomeness and thwarted belongingness. The combination of suicide ideation in addition to acquired capability is critical to the development of suicide plans and attempts (Van Orden et al., 2010; Joiner, 2005). However, as Joiner has noted, a range of other psychological or psychosocial characteristics associated with suicide, including loneliness, social isolation, ineffectiveness arising from feelings of shame and guilt (see Van Orden et al., 2010) and impulsivity (see Bender et al., 2011) need to be considered.

Nevertheless, Joiner's model is seen by many commentators as offering distinct advantages over current epidemiological models of suicide. Epidemiological models of suicide usually incorporate mental disorders as predictor variables along with demographic

* Corresponding author. Tel.: +61 0409448718.

E-mail address: h.christensen@blackdog.org.au (H. Christensen).

predictors. To illustrate, Kessler et al. (1999), in the National Comorbidity Survey examined the effects of socio-demographic factors and DSM-III-R disorders on suicide ideation, plans and attempts and on the conversion from ideation to plans and from plans to attempts. The risk of making a suicide attempt was predicted by being female, previous marriage, being younger, and having a low educational level. DSM disorders, particularly mood disorder, but also substance disorder and comorbidity were predictive of suicide ideation. In this paper, Kessler points to the importance of identifying additional factors “if effective interventions to prevent first attempts among ideators with a plan are to be developed”. He notes the “need to go beyond the standard set of risk factors considered in the current report and elsewhere in the literature to gain insights into possible intervention targets in this high-risk segment of the population” (see page 625).

Potentially, Joiner's model offers testable predictions about the psychological factors associated with ideation, and of intent/attempt (see Joiner, 2005; Van Orden et al., 2010) which may improve prediction. The model contends that people acquire gradually the ability to enact lethal self-injury through a variety of experiences that are painful such as self-injury, sexual abuse, or combat exposure. Acquired capability for suicide arises from “both increased physical pain tolerance and reduced fear of death in response to repeated exposure to physically painful and/or fear-inducing experiences” (see Van Orden, 2010, p. 585). The theory further asserts that this capability is not acted upon unless death is perceived as desirable, with the latter arising from the person experiencing a strong sense of perceived burdensomeness coupled with a sense of thwarted belongingness (Joiner, 2005, p. 305). In earlier descriptions of the Interpersonal Theory, hopelessness is posited to exacerbate the effects of burdensomeness and thwarted belongingness. For example, Joiner (2005, p. 301) stated “suicidal people are specifically hopeless about feelings of being a burden on others and of failed belongingness”. More recently, hopelessness is seen to be the driver of the transition from passive ideation to that of the active desire for suicide (see Van Orden et al., 2010).

To date, the Interpersonal Theory is supported by a number of population-based and clinical research studies. For example, in a sample of 309 undergraduates, thwarted belongingness and perceived burdensomeness were found to predict suicide ideation (Van Orden et al., 2008), and the interaction of the two explained additional variance, even when the level of depression was controlled. Capability to enact self-harm characterised those with a history of previous attempts in a clinical sample, and clinician-assessed suicide risk was found to be associated with the combination of capability and burdensomeness. Joiner et al. (2009) found that perceived burdensomeness and thwarted belongingness interacted to predict suicide ideation, and that lifetime suicide attempts (as a measure of acquired capability for suicide) predicted suicide attempts in a three-way interaction with perceived burdensomeness and thwarted belongingness. Nevertheless, a limitation of empirical tests of the theory to date has been that there have been few investigations of the critical interactions, particularly in large studies that include samples not already selected because of depression or suicide risk. The relationship between hopelessness and these critical measures has also not been examined systematically. For example, the study of the undergraduates (Van Orden et al., 2008) described above examined thwarted belongingness and perceived burdensomeness, but did not include a measure of capability or of hopelessness. The study of the three way interactions (Joiner et al., 2009) was undertaken on a subsample identified to experience symptoms of depression or suicidality. Moreover, most studies to date have focused on young people. If expected relationships were to be found over the lifespan, the model would be considerably strengthened.

In this present study we examined four constructs from the Interpersonal Theory in association with two outcomes—suicide ideation and suicide plans/attempts. The four predictive constructs were feelings of thwarted belongingness, perceived burdensomeness, hopelessness and capability for self-harm. The sample for the study was a large sample of 6133 community dwelling individuals, selected from a representative sample of the Australian population drawn from three age groups: those aged 28–32; 48–52 and 68–72 yr.

We tested the following predictions of the theory:

- (a) That both thwarted belongingness and perceived burdensomeness independently correlate with suicide ideation, and that their interaction will account for additional variance. A previous study suggested that perceived burdensomeness, rather than thwarted belongingness may be the stronger predictor (Van Orden et al., 2008).
- (b) That the capability to hurt oneself is necessary in order to undertake a suicide attempt, but that a suicide attempt will be possible only in association with the desire to die (i.e. with suicide ideation). Acquired capability and experience with painful and provocative experiences has been linked to attempts and death by suicide (see Van Orden et al., 2010). In the model, it is the combination of suicide ideation in association with capability that is thought to lead to suicide attempts. We therefore expected to observe an interactive effect of capability and suicide ideation on the risk for suicide attempt. Since ideation (alone) and capability (alone) are not seen to be sufficient to predict attempts, neither of these alone should strictly predict an attempt.
- (c) That hopelessness in association with both perceived burdensomeness and thwarted belongingness will increase levels of suicide ideation and suicide attempt. Hopelessness is hypothesised to play a key role in converting passive suicide ideation to active intent and attempts. In our operationalisation of the model, we hypothesised that hopelessness in combination with perceived burdensomeness and thwarted belongingness (the interaction) would contribute additional variance to the prediction of suicide ideation.

In addition to the specific predictions described above, we aimed to determine whether the explanatory value of the Interpersonal Theory exceeded that of a model which aimed to predict attempts on the basis of mental disorder variables. Much of the suicide epidemiological literature has focussed on mental disorders such as anxiety, depression, substance abuse and panic disorder, along with demographic and contextual predictors such as gender, education, physical health status and a range of negative experiences (relationship breakdown, trauma) to explain suicidal ideation and behaviour. More recently, different types of mental disorder have been implicated in different aspects of suicidality, with different predictors found for ideation and suicide intent/attempts. Nock et al. (2010), reported that “although major depression is among the strongest predictors of suicide ideation (OR=2.3), it does not significantly predict suicide plans or attempts among ideators (ORs=1.0–1.3). Rather, suicide plans and attempts are predicted by anxiety, impulse control and substance use disorders” (p. 872). Thus, we had two secondary aims: first, to examine the extent to which mental disorder predicted suicidality compared to Joiner's, Interpersonal Theory, and second, to determine, based on Nock et al.'s (2010) research, whether depression strongly predicts ideation, while anxiety, substance abuse, trauma and life events strongly predict plans and attempts. Specifically, the comparative model tested whether demographic, contextual and mental health predictors of suicidality accounted for more of the variance in suicidality than those

Download English Version:

<https://daneshyari.com/en/article/4186157>

Download Persian Version:

<https://daneshyari.com/article/4186157>

[Daneshyari.com](https://daneshyari.com)