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Brief report

# Objections to suicide among depressed patients with alcohol use disorders

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ABSTRACT

*Background:* Understanding how alcohol misuse interacts with beliefs that protect individuals against suicide can help to enhance suicide prevention strategies. One measure of suicide non-acceptability is the Moral Objections to Suicide (MOS) subscale of the Reasons for Living Inventory (RFLI). Method: 521 mood disordered patients with and without alcohol use disorders (AUD) were administered a battery of clinical measures including the Scale for Suicidal Ideation and the Reasons for Living Inventory. A multivariate analysis of covariance (MANCOVA) was conducted, examining the effects of alcohol use history on the five RFLI subscales and suicidal ideation, while controlling for differences in age, education, marital status and sex.

*Results:* RFL scores were no different between groups, except in one respect: patients with AUD had fewer moral objections to suicide. Higher suicidal ideation was associated with lower MOS scores. Prior suicidal behavior was associated with lower MOS, and higher current suicidal ideation. However, AUD history was not associated with suicidal ideation.

*Conclusion:* Patients with AUDs had fewer objections to suicide, even though their level of current suicidal ideation was similar to those without AUD, suggesting that attitudes about the acceptability of suicide may be conceptually distinguished from suicidal ideation, and may be differentially associated with risk for suicidal behavior. These findings suggest that alcohol use and suicidal behavior predict current attitudes toward suicide, however causal mechanisms are not clearly understood.



## 1. Introduction

Mood disordered individuals with alcohol abuse or dependence (collectively termed alcohol use disorders or AUDs) are known to have a more debilitating illness compared to those without AUDs including earlier onset of mood symptoms, more negative life events, more severe symptoms, and a greater risk of suicide (Kessler et al., 1997; Leibenluft et al., 1993; Regier et al., 1990). By understanding how alcohol misuse interacts with beliefs related to suicide, we may be able to improve prevention systems to lower the incidence of suicidal behavior among alcohol users.

The reasons for living scale (RFL) was developed to measure life-sustaining beliefs that would prevent someone from engaging in suicidal behavior. The scale has been found to predict suicidal acts in depressed patients (2004), and correlate negatively with "clinical suicidality" which includes measures of hopelessness, suicidal ideation, and self-reported depression (Malone et al., 2000). The Moral Objections to Suicide Subscale (MOS) is of particular interest in the current study because it reflects attitudes about the acceptability of suicide. It contains 4 items, three of which are of a religious nature (only God has the right to end life; I am afraid of going to Hell; My religion forbids it) and one non-religious (I consider it morally wrong). This subscale has been reported to differentiate individuals with suicidal ideation from those without (Connell and Meyer, 1991; Linehan et al., 1983;

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Lizardi et al., 2007a). It has also been shown to discriminate suicide attempters from non-attempters (Malone et al., 2000), and has been found useful in identifying "latent ideators," or patients who are unwilling to disclose suicidal ideation during standard screening, but later report suicidal thoughts (Morrison and Downey, 2000).

Some research suggests that having a belief that suicide is unacceptable may be an important protective factor; however this approach to understanding suicidal ideation has received little empirical attention. For example, Joe et al. (2007), have shown that having an accepting attitude toward suicide predicts the extent of suicide planning, which is known to increase the lethality of attempts (Baca-Garcia et al., 2001; Baca-Garcia et al., 2005; Brent, 1987; Mann and Malone, 1997). Objecting to suicide on moral grounds may also serve a protective function in some minority populations, particularly Blacks and Hispanics who generally demonstrate lower levels of suicidal behavior despite having a disproportionate burden of predisposing sociodemographic factors (Morrison and Downey, 2000; Oquendo et al., 2005). Attention to beliefs about the acceptability/non-acceptability of suicide is vital to the development of suicide prevention programs that target and enhance protective factors while minimizing known risk factors in order to mitigate the possibility of suicide.

This study examines the effects of alcohol use disorders on the degree to which mood-disordered patients object to suicide. Our key dependent measure is the Moral Objections to Suicide Subscale of the Reasons for Living Inventory (RFLI). It is known that a history of AUD places people with mood disorders at a higher risk for suicidal behavior. Our prediction is that presence of AUDs will be associated with fewer objections to suicide.

## 2. Method

### 2.1. Participants

The sample consisted of 521 participants with DSM-IV diagnoses of Major Depressive Disorder (MDD; $N=360$) or Bipolar Disorder current episode depressed (BD; $N=161$). Participants were recruited for participation in clinical research studies via Internet and newspaper advertisements and by clinician referral. Written informed consent, approved by the Institutional Review Board, was obtained from each subject after a complete description of the study.

### 2.2. Materials

DSM-IV diagnoses of mood disorders and AUD were determined by the Structured Clinical Interview for DSM-IV, Axis I (SCID-I; First et al., 1996). The Columbia Suicide History Interview recorded lifetime history of suicide attempts. A suicide attempt was defined as a deliberate self-injurious act performed with at least some intent to die (Mocicki et al., 1988). Suicidal thoughts were measured using the Scale for Suicidal Ideation (Beck et al., 1975). Protective attitudes against suicide were recorded using the Reasons for Living Inventory (Linehan et al., 1983). Responses on this 48-item scale load onto six main factors that include: survival and coping beliefs (e.g., I believe I can learn to adjust or cope with my problems), responsibility to family (e.g., I have a responsibility and commitment to my family), child related concerns (I want to watch my children as they grow), fear of suicide (e.g., I am afraid of the unknown), fear of social disapproval (e.g., I am concerned about what others would

**Table 1**
Sample characteristics.

| | | | AUD history | | | |
|---|---|---|---|---|---|---|
| | | Stat | AUD | No AUD | Test | *p* value |
| Sex | Male | *N* (%) | 99 (56) | 78 (44) | KW $X^2$ ($df=1$) = 17.2 | <0.001* |
| | Female | *N* (%) | 127 (37) | 217 (63) | | |
| Age | | Mean ± SD | 36 ± 11 | 38 ± 12 | $F$ (1,518) = 2.0 | 0.15 |
| Education | Years | Mean ± SD | 15 ± 3 | 15 ± 3 | $F$ (1,515) = 6.7 | 0.01* |
| Marital status | Single | *N* (%) | 112 (46) | 130 (54) | KW $X^2$ = ($df=1$) = 6.6 | 0.01* |
| | Ever married | *N* (%) | 113 (41) | 165 (59) | | |
| Number of children | | Mean ± SD | 1.0 ± 1.4 | 1.1 ± 1.5 | $F$ (1,504) = 0.52 | 0.47 |
| Diagnosis | Bipolar | *N* (%) | 88 (55) | 73 (45) | KW $X^2$ ($df=1$) = 12.7 | <0.001* |
| | MDD | *N* (%) | 138 (38) | 222 (62) | | |
| Suicidal ideation | | Mean ± SD | 5.9 ± 7.7 | 5.3 ± 6.8 | $F$(1,495) = 1.06 | 0.303 |
| Prior attempt? | Yes | *N* (%) | 123 (52) | 115 (48) | KW $X^2$ ($df=1$) = 15.5 | <0.001* |
| Number of attempts | | Mean ± SD | 2.4 ± 1.8 | 2.6 ± 2.2 | $F$(1,235) = 0.84 | 0.36 |
| Reasons for living total | | Mean ± SD | 18.8 ± 5.6 | 19.4 ± 6.0 | $F$(1,501) = 1.2 | 0.27 |
| Survival coping beliefs | | Mean ± SD | 3.5 ± 1.2 | 3.5 ± 1.3 | $F$(1,516) = 0.002 | 0.96 |
| Responsibility to family | | Mean ± SD | 4.0 ± 1.4 | 4.1 ± 1.4 | $F$(1,522) = 1.4 | 0.24 |
| Child-related Concerns | | Mean ± SD | 3.4 ± 2.0 | 3.4 ± 2.0 | $F$(1,504) = 0.006 | 0.94 |
| Fear of suicide | | Mean ± SD | 2.7 ± 1.1 | 2.8 ± 1.2 | $F$(1,518) = 1.1 | 0.29 |
| Fear of social disapproval | | Mean ± SD | 2.6 ± 1.5 | 2.6 ± 1.5 | $F$(1,521) = 0.09 | 0.75 |
| Moral objections to suicide | | Mean ± SD | 2.6 ± 1.5 | 2.9 ± 1.7 | $F$(1,519) = 5.6 | 0.02* |
| MOS items | | | | | | |
| Only God... | | *N* (%) | 83 (36.7) | 109 (36.9) | KW $X^2$ = ($df=1$) = 0.0 | 0.98 |
| Afraid of hell | | *N* (%) | 36 (15.9) | 72 (24.4) | KW $X^2$ = ($df=1$) = 5.6 | 0.02* |
| Religion forbids | | *N* (%) | 40 (17.7) | 80 (27.1) | KW $X^2$ = ($df=1$) = 6.3 | 0.01* |
| Morally wrong | | *N* (%) | 44 (19.5) | 80 (27.1) | KW $X^2$ = ($df=1$) = 4.0 | 0.04* |

*Alpha level for statistical significance $p=.05$.