



Research paper

Painful and provocative events scale and fearlessness about death among Veterans: Exploratory factor analysis

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ABSTRACT

Background: The interpersonal theory of suicide suggests three proximal risk factors for suicide: perceived burdensomeness, thwarted belongingness, and acquired capability. Previous literature indicates that repetitive exposure to painful and provocative events is related to increased acquired capability for suicide. Despite this, research related to the assessment of painful and provocative events has been insufficient. Research has inconsistently administered the Painful and Provocative Events Scale (PPES; a painful and provocative events assessment), and no study has examined the factor structure of the English PPES. This study explored the factor structure of the PPES and the relation between factors and fearlessness about death.

Methods: The sample was a cross-sectional, self-report study comprised of 119 Veterans ($Mage = 46.5$, $SD = 13.5$).

Results: Findings from an exploratory factor analysis indicated a four-factor solution for the PPES; however, no factor from the PPES significantly related to fearlessness about death (measured by the Acquired Capability for Suicide Scale – Fearlessness About Death Scale; all $p > .21$).

Limitations: Cross-sectional, small Veteran sample.

Conclusions: Findings suggest that the PPES lacks the psychometric properties necessary to reliably investigate painful and provocative factors. Consequently, this measure may not reliably capture and explain how painful and provocative events relate to fearlessness about death, which is a barrier to improving suicide risk assessment and prediction. Recommendations for the construction of a new PPES are offered.

1. Introduction

Suicide is the 10th leading cause of death in the United States in the general population (Center for Disease Control and Prevention, 2015). Data from 2009 to 2012 indicated that Veterans accounted for approximately 20% of the deaths by suicide each year in the United States (Kemp and Bossarte, 2013). Furthermore, in 2012, there were approximately 11,000 non-fatal suicide events (e.g., suicide attempts, serious suicidal ideation [i.e., thoughts of suicide by firearm]) among Veterans Health Administration patients (Kemp and Bossarte, 2013). These data highlight a pressing need to enhance our understanding of risk for suicide among Veterans.

Understanding and reliably estimating suicide risk remains a challenging endeavor (cf., Ribeiro et al., 2016). Several factors currently contribute to the inability to reliably estimate future suicide risk, such as the low base-rate of suicide deaths among Veterans as well as the ample cost and resources needed to execute multimodal assessment

and longitudinal studies. Despite these challenges, more research is needed that is multifaceted and utilizes a theoretically-informed framework, while attending carefully to untested theoretical assumptions and methodological considerations.

In the last decade, the interpersonal theory of suicide has become one of the leading suicide-related theories (Joiner, 2005) and has begun to influence how many researchers and clinicians conceptualize suicide risk. The interpersonal theory of suicide suggests that risk for death by suicide is greatest among individuals who experience a thwarted sense of belonging (thwarted belongingness), perceive to be a burden on others (perceived burdensomeness), and have acquired the ability to enact a lethal, or near lethal, suicide attempt (acquired capability for suicide; Joiner, 2005). Importantly, this theory posits that a lethal suicide attempt is unlikely to occur when one only has the *desire* for death by suicide (i.e., the co-occurrence of thwarted belongingness and perceived burdensomeness, which leads to active suicidal desire). Rather, one must have the desire for death in addition

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to having the *ability* to die by suicide (Van Orden et al., 2010).

Acquired capability is comprised of two components: lowered fear of death and increased pain tolerance (cf., Joiner, 2005; Van Orden et al., 2010). It is posited that the capability to enact a lethal suicide attempt is developed over time through repeated exposure to painful and provocative events (e.g., combat exposure, childhood abuse, suicide attempts), which is theorized to increase fearlessness about death and pain tolerance (Van Orden et al., 2010). To date, results across several studies indicate that a history of physically painful and provocative events is associated with increased acquired capability for suicide (i.e., the combination of fearlessness about death and perceived pain tolerance; e.g., Anestis and Joiner, 2012; Smith et al., 2013; Van Orden et al., 2008). Additional research, however, is needed to examine how painful and provocative events relate to fearlessness about death.

Literature further suggests that self-directed violence is the most potent pathway for increasing acquired capability; however, repetitive exposure to *any* type of painful and provocative event has the potential to increase acquired capability (Van Orden et al., 2010). Despite this proposition, little research has explored the potential differential impact of event-type (e.g., self-directed violence compared to unlawful behavior) on acquired capability; therefore, empirical research is also needed to test this consideration. Previous research provides distal support that event-type and frequency of event-type are related to increased suicide risk. For example, results from Bryan et al. (2010) found that combat exposure was significantly related to increased acquired capability. Research also indicates there is a dose-response relation between traumatic events (e.g., childhood abuse) and a history of suicide attempts (e.g., Belik et al., 2009; Dube et al., 2001; Stein et al., 2010). Given this, it is possible that individuals who experience certain forms of trauma or painful events (e.g., abuse, violence, combat, etc.) are at increased risk for engaging in a suicide attempt (compared to other provocative events such as theft) because these events contribute to increased fearlessness about death and pain tolerance.

As indicated above, research has generally supported the central tenets of the interpersonal theory of suicide across diverse samples (e.g., Anestis et al., 2011; Monteith et al., 2013; Van Orden et al., 2008); however, the body of research testing the theory is not without its limitations. Continued empirical investigation of the interpersonal theory of suicide components is warranted given that the interpersonal theory gained significant momentum relatively quickly due to its comprehensive and novel framework (Smith and Cukrowicz, 2010). Of particular concern is that self-report measures were developed to test components of the theory, yet some measures are more psychometrically sound than others. For example, formative studies have been published related to the measurement of perceived burdensomeness and thwarted belongingness (i.e., the Interpersonal Needs Questionnaire; e.g., Van Orden et al., 2012). More recently, Ribeiro et al. (2014) published a study supporting a 7-item self-report measure assessing fearlessness about death (i.e., Acquired Capability for Suicide Scale - Fearlessness About Death: ACSS-FAD). Notable shortcomings, however, exist within the literature regarding how to reliably capture or assess 1) painful and provocative events and 2) how painful and provocative events relate to acquired capability.

Methodological and instrument considerations contribute to the aforementioned limitations. To date, the field has often, but not exclusively, used the Painful and Provocative Events Scale (PPES) or a combination of the PPES and the Impulsive Behaviors Scale (IBS; Rossotto et al., 1998) to evaluate the relation between painful and provocative events and acquired capability. Many studies, however, have administered the PPES without uniformity. Researchers have added, altered, or removed items to the PPES, utilized varying response criteria, and used differing scoring approaches. Studies have used a 10-item version of the PPES (e.g., Bender et al., 2011; Hawkins et al., 2014; Van Orden et al., 2008), an 18-item PPES (Bender et al., 2011), a 24-item PPES (e.g., Mitchell et al., 2015), a 25-item PPES (e.g., Franklin et al., 2011), a 26-item PPES (Anestis and Joiner, 2012), a

49-item PPES (Smith et al., 2010), and a 74-item PPES (Smith et al., 2013). A few studies added items to the PPES (e.g., Mitchell et al., 2014) or selected items from the PPES in conjunction with items from other measures (e.g., Smith et al., 2013). Notably, many of these studies do not explicitly outline which items were administered and why.

In addition, studies utilized varying Likert scale descriptions, with some studies electing to use the descriptions: “never,” “once,” “2 to 3 times,” “4 to 20 times,” and “more than 20 times” (e.g., Mitchell et al., 2014); whereas other studies use the descriptions: “never,” “once,” “on occasion,” “sometimes,” and “regularly” (e.g., Hawkins et al., 2014; Ribeiro et al., 2014). Some studies only administered the PPES and used a PPES total score (e.g., Franklin et al., 2011; Ribeiro et al., 2014), yet others elected to use a combined total score from the PPES and IBS (e.g., Bender et al., 2011; Smith et al., 2010; Van Orden et al., 2008). Although these studies lend support more generally to the relation between painful and provocative events and aspects of acquired capability, the lack of measurement continuity or measurement validity significantly limits the ability to generalize the meaning of these findings, in aggregate.

Only one study, to our knowledge, has attempted to evaluate the psychometric properties of the original PPES (Teismann et al., 2015). This study validated the German version of the PPES (25-item PPES), which also examined the relation between responses on the German version PPES and responses on the German version of the acquired capability scale. Results from this study suggested that the PPES yielded a two-factor solution (active and passive painful and provocative events), with 12 of the 25 items retained. The factors evidenced low loadings and construct reliabilities across samples. Teismann et al. concluded that the German PPES is likely an insufficient measure for assessing painful and provocative events. No research, that we are aware of, has considered the factor structure of the English version of the PPES and how this factor structure is associated with fearlessness about death. Further, no research has been conducted that has validated the PPES. Psychometric validation of the English PPES is imperative, as this would help advance the field’s understanding of acquired capability in the context of painful and provocative events.

To that end, this study was comprised of two aims. First, we aimed to explore the factor structure of the English PPES, and therefore, no specific hypotheses were generated for this aim. Second, we examined whether factors from the PPES were significantly associated with fearlessness about death. Previous studies utilized total scores from the PPES; however, total scores may misrepresent how painful and provocative events relate to fearlessness about death (e.g., obtaining tattoos or piercings compared to self-directed violence or sexual abuse may impact fearlessness about death differently). As such, regarding this second aim, it was hypothesized that only factors related to painful and provocative events resulting in injury would be significantly associated with fearlessness about death.

2. Method

The sample was comprised of 119 Veterans. Inclusion criteria included: Veterans between the ages of 18 and 89, English speaking, eligible to receive care, and able to adequately respond to questions regarding the informed consent procedure (See Table 1 for full demographics and Table 2 for psychiatric features of the current sample). Exclusion criteria included: active duty military or those sentenced to incarceration, probation, or parole.

2.1. Procedures

The current study was part of a larger study examining suicide risk in Veterans (Nazem, Forster, and Brenner, 2016). The university’s institutional review board and the local Veteran’s Affairs Research and Development Committee approved this study. All procedures were in

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