

# Differentiating suicide attempters from suicide ideators using the Integrated Motivational–Volitional model of suicidal behaviour



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## ARTICLE INFO

### Article history:

Received 13 May 2015

Received in revised form

3 July 2015

Accepted 6 July 2015

Available online 29 July 2015

### Keywords:

Suicide

Integrated Motivational–Volitional Model (IMV)

Theoretical

## ABSTRACT

**Background:** Suicidal behaviour is a significant public health concern, yet little is known about the factors that enable or impede behavioural enactment (engaging in a suicide attempt).

**Aims:** Drawing on the Integrated Motivational–Volitional (IMV) Model of Suicidal Behaviour (2011), this study examined the factors associated with having thoughts of suicide (ideation) versus those associated with suicide enactment (attempts). Within a multivariate context, it was predicted that the factors associated with ideation formation (motivational factors) would be distinct from those factors which governed behavioural enactment (volitional moderators).

**Method:** Healthy adults ( $N=1,288$ ) completed an anonymous self-report survey. Analyses compared three groups: suicide attempters ( $n=230$ ), suicide ideators ( $n=583$ ), and those without any suicide history ( $n=475$ ).

**Results:** Suicide attempters differed from suicide ideators on all volitional factors (fearlessness about death, impulsivity, and exposure to suicidal behaviour), with the exception of discomfort tolerance. Compared to ideators, attempters were more likely to have a family member and close friend who had self-injured or attempted suicide, and were more impulsive and fearless about death. Conversely, the two suicide groups did not differ on any of the variables (motivational factors) associated with the development of thoughts of death by suicide.

**Limitations:** This is a cross-sectional study based on self-report measures.

**Conclusions:** Further research efforts to distinguish between suicide ideators and suicide attempters is crucial to inform the development of intervention and treatment approaches.

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## 1. Introduction

Approximately 804,000 people worldwide die by suicide each year (World Health Organization, 2014), making it one of the leading causes of death. Indeed, suicide accounts for more deaths each year than all wars and other forms of interpersonal violence combined—meaning that we are more likely to die by our own hand than by someone else's (World Health Organisation, 2014). A history of suicidal behaviour is one of the most robust predictors of future suicide (Hawton and van Heeringen, 2009). Despite increased prevention efforts, based on current trends, by the year 2020, the number of deaths due to suicide is expected to reach nearly 1.53 million around the world. One reason for the limited progress in suicide prevention may be a lack of knowledge about

the factors that determine when suicide ideation is translated into suicidal actions (Klonsky and May, 2014; O'Connor and Nock, 2014).

Although the majority of individuals who consider death by suicide do not make suicide attempts (Kessler, 1999), for the most part, research that has examined the predictors of suicidal behaviour has failed to identify which suicide ideators are at greatest risk of acting on their thoughts (i.e., attempting suicide). This is problematic as recent research has shown that some of the strongest risk factors for suicide attempts (e.g., mental disorders and hopelessness) are less useful in predicting which people with suicide ideation go on to make suicide plans and attempts (Nock, et al., 2009; Nock, et al., 2010). A lack of fine-grained analysis is surprising, as such an approach has proven useful in other areas, such as the study of alcohol use, where, for instance, the factors that predict ever drinking, differ from those that predict high-risk and problem drinking among drinkers, which in turn are different from predictors of alcohol dependence among problem drinkers (Danielsson, 2010; Power et al., 2005). Understanding this

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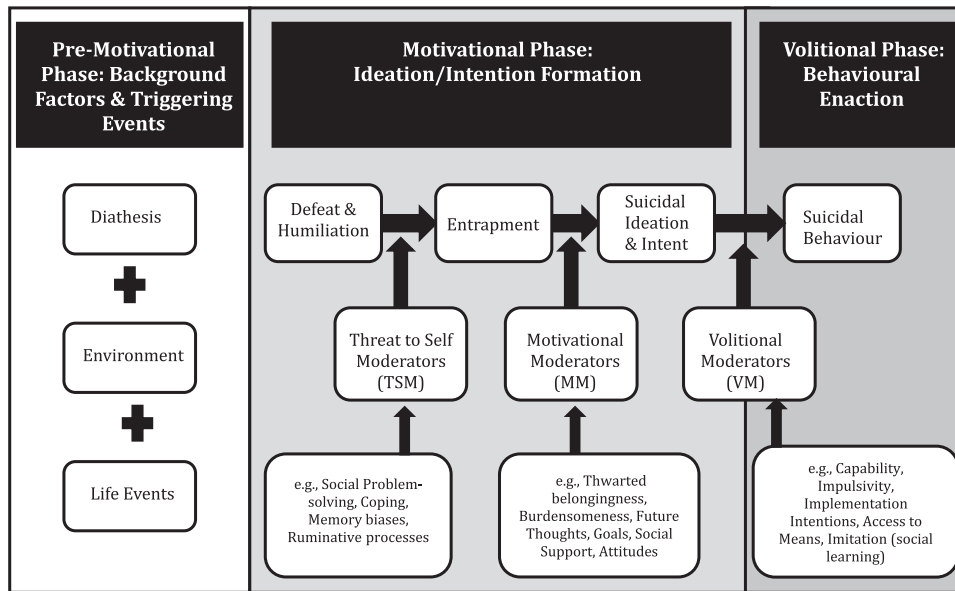


Fig. 1. Integrated Motivational-Volitional Model of Suicidal Behaviour (O'Connor, 2011).

kind of specificity in relation to suicidal behaviour may help in the development of more effective interventions. Indeed, Klonsky and May (2014) argued that an “ideation-to-action” framework should guide all suicide theory, research, and prevention.

The Integrated Motivational-Volitional (IMV; Figure 1) Model of suicidal behaviour (O'Connor, 2011) attempts to address this very issue. It provides a theoretical basis for examining the factors associated with the development of suicidal ideation and the translation of these thoughts into suicidal behaviour. It integrates predominant factors from existing models including Williams' arrested flight model (Williams, 2001), the diathesis-stress hypothesis (Schotte and Clum, 1987), and the theory of planned behaviour (Ajzen, 1991). The IMV conceptualises suicide as behaviour (rather than a by-product of mental disorders) that results from a complex interplay of factors, the proximal predictor of which is one's intention to engage in suicidal behaviour. Intention, in turn, is determined by feelings of entrapment where suicidal behaviour is seen as the salient solution to life circumstances, and entrapment is triggered by defeat/humiliation appraisals. The transitions from the defeat/humiliation stage to entrapment, from entrapment to suicidal ideation/intent, and from ideation/intent to suicidal behaviour are determined by stage-specific moderators (i.e., factors that facilitate/obstruct movement between stages), entitled threat-to-self (e.g., ruminative processes and memory biases), motivational (e.g. thwarted belongingness, burdensomeness, and goals), and volitional (e.g., exposure to the suicidal behaviour of others and impulsivity) moderators, respectively. In addition, background factors (e.g., personality and individual difference variables), which comprise the pre-motivational phase (i.e., before the commencement of ideation formation), provide the broader biosocial context for suicide. A key premise of the model is that the factors and processes underpinning the development of thoughts of suicide are different from those associated with engaging in suicidal behaviour.

Although the IMV model is relatively new, there is growing empirical evidence to support its utility in understanding both suicidal behaviour and self-harm (self-injurious behaviour irrespective of intent). For instance, in a large sample of adolescents ( $N=5604$ ), as predicted by the IMV, pre-motivational phase and motivational phase variables (i.e., socially prescribed perfectionism, self-esteem, brooding rumination and optimism) did not distinguish between adolescents who only thought about self-

harm (i.e., ideators only) and those who actually engaged in self-harm (i.e., enactors); whereas, the volitional phase variables (i.e., self-harm by family, self-harm by friends, descriptive norms and impulsivity) did (O'Connor et al., 2012). In another study, defeat and entrapment were found to be univariate predictors of suicide attempts four years after an index suicide attempt, along with other established predictors of suicidal behaviour (i.e., depression, suicide ideation, hopelessness, and past suicide attempts). Importantly though, in multivariate analysis, only entrapment and past suicide attempts emerged as significant predictors (O'Connor et al., 2013). Consistent with the IMV, how individuals respond to unachievable goals (reengagement vs. disengagement) has also been found to predict repetition of self-harm/suicide (O'Connor, 2012, O'Connor et al., 2009).

Other research findings are also in line with the IMV's contention that pre-motivational/motivational and volitional phase variables should differentially predict suicidal ideation and behaviour. Séguin et al. (2004) did not find significant differences between adolescents who attempted suicide ( $n=24$ ) from those who only experienced suicidal ideation ( $n=50$ ) on measures of depression, self-esteem, irrational beliefs, reasons for living, parent-child relationships, or family functioning. Taliandro and Muehlenkamp (2014), using data from the 2010 Minnesota Student Survey, found that hopelessness and depression were higher among adolescent ideators compared with non-suicidal adolescents, but comparable between ideators and attempters; conversely, a self-injury history (a volitional phase factor) was more likely among attempters than ideators. There is also emerging evidence that suicide capability is elevated among suicide attempters relative to suicide ideators (Smith, Cukrowicz, 2010; Van Orden, 2008), and that restricted physical access to lethal means may reduce the likelihood of suicide attempts (Baber and Miller, 2014).

### 1.1. The current study

The aim of the present research, therefore, is to test theory-driven hypotheses about the factors associated with the development of suicidal thoughts vs. those associated with acting on such thoughts. Based on the central tenets of the IMV, within multivariate analyses it is predicted that (a) suicide ideators and attempters would differ significantly from controls on the

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