



Research Report

Future disposition and suicidal ideation: Mediation by depressive symptom clusters

Elizabeth D. Ballard^{a,*}, Amee B. Patel^b, Martha Ward^c, Dorian A. Lamis^c^a Experimental Therapeutics & Pathophysiology Branch, National Institute of Mental Health, National Institutes of Health, Bethesda, MD, United States^b G.V. (Sonny) Montgomery VA Medical Center, South Central Mental Illness Research, Education and Clinical Centers (MIRECC), United States^c Emory University School of Medicine, United States

ARTICLE INFO

Article history:

Received 20 June 2014

Accepted 19 August 2014

Available online 27 August 2014

Keywords:

Depression

Hopelessness

Suicidal ideation

ABSTRACT

Background: In line with hopelessness theory, both increased negative expectancies and reduced positive expectancies for the future have been associated with suicidal ideation. This study evaluated two depression symptom clusters as mediators of the relationship between future disposition and suicide: subjective feelings of depression and self-blame.

Methods: Data from 140 undergraduate students with moderate to severe depression symptoms are presented who completed the Beck Scale for Suicidal Ideation, Beck Depression Inventory, and the Future Disposition Inventory.

Results: On mediation analysis, subjective depression mediated the relationship between positive disposition and suicidal ideation. In contrast, the relationship between negative disposition and suicidal ideation was mediated by self-blame. The reverse of these relationships was not significant.

Limitations: This is a cross-sectional study of an undergraduate sample and results warrant replication in clinical samples with clinician-administered assessments.

Conclusions: Findings suggest two potential pathways to suicidal thoughts with implications for assessment and treatment. Depressed individuals with few positive expectations of the future may benefit from interventions focusing on subjective depression symptoms, such as sadness or anhedonia. For depressed individuals with negative expectations for the future, a clinical focus on negative attributions or self-blame may be warranted.

Published by Elsevier B.V.

1. Introduction

Suicide is a significant public health concern and the third leading cause of death among adolescents and young adults (Centers for Disease Control and Prevention, 2013). A robust and consistent predictor of suicidal ideation is depressive symptoms (e.g., Garlow et al., 2008; Kisch et al., 2000); however, the presence of depressive symptoms alone is not a reliable predictor of suicide risk. Thus, a better understanding of how and why depressed individuals become suicidal is critically needed. One promising area of study related to depression and suicidal ideation is the identification of maladaptive cognitions (Wenzel and Beck, 2008). Identification of maladaptive cognitive patterns associated with suicide has been proposed by the National Action Alliance for Suicide Prevention Research Prioritization Task Force (2014).

Research into such patterns is instrumental in developing specific treatment targets for suicide-focused interventions.

1.1. Future-oriented cognitions

One extensively evaluated cognitive risk factor for suicide is hopelessness about the future. Individuals who endorse hopelessness tend to overestimate the probability that current stressors will remain or worsen while simultaneously underestimating the likelihood of relief from emotional, physical, or psychic pain (Chang et al., 2011). Moreover, hopelessness is characterized by both negative outcome and helplessness expectancies (Abramson, 1989), such that a person who is hopeless does not believe future events will turn out in his favor and feels unable to change this outcome. Hopeless individuals are more likely to endorse a negative attributional style (Joiner, 2001) or a way of explaining negative events that centers on an overestimation of: (a) their own causal role in the event; (b) the likelihood of negative events occurring in the future; and (c) the probability that negative events will occur across multiple areas of their lives (Seligman et al., 1979).

* Correspondence to: Building 10/CRC, 7-5541, Bethesda, MD 20892. Tel.: +1 301 435 9399; fax: +1 301 402 9360.

According to the hopelessness theory of suicide, negative attributional styles increase risk for future suicidal thoughts and behavior indirectly by increasing hopelessness cognitions (Abramson et al., 1998). This theory, originally developed from theoretical work around depression (Abramson et al., 1998), has been supported in subsequent studies (Smith et al., 2006; Thompson et al., 2005), and has been integrated with the Interpersonal Theory of Suicide (Kleiman et al., 2014). Since this theory has been proposed, research has expanded into the variety of ways people consider the future. For example, MacLeod et al. (1997) demonstrated that individuals with suicide behavior have reduced positive expectations for the future, rather than increased negative expectations for the future; a subsequent analysis demonstrated that hopelessness more closely associated with reduced positive, rather than increased negative, thinking about the future in patients with a history of self-harm (MacLeod et al., 2005). Similar findings have demonstrated that a lack of positive future expectancies is a better predictor of later suicidal ideation than hopelessness (O'Connor et al., 2008). Hope and optimism have also been investigated as protective factors for suicide thoughts and behaviors (O'Keefe and Wingate, 2013). To better investigate these constructs, Osman et al. (2010) developed a Future Disposition Inventory (FDI), which assesses both positive and negative orientation to the future for the purposes of assessing suicide risk and has been shown to be an effective measure of hopelessness and optimism related to suicidal ideation (Bryan et al., 2013).

1.2. Depressive symptom clusters

Understanding the role of depressive symptoms is integral to the evaluation of hopelessness and future orientation as a predictor of suicide risk. The cognitive theory of depression postulates that negative beliefs about oneself and the future lead to depressive symptoms (Beck et al., 1979), which in turn increases negative attributions (Abramson, 1989). A factor analysis of the widely used Beck Depression Inventory (BDI; Beck, et al., 1961) identified three symptom clusters of depression: (a) self-blame, characterized by feelings of failure, disappointment, guilt and self-criticism; (b) subjective depression, characterized by sadness, lack of satisfaction and anhedonia; and (c) somatic complaints, characterized by sleep and appetite changes (Grunebaum et al., 2005).

Evaluations of these depressive symptom clusters have demonstrated a differential association to suicide risk. The self-blame symptom cluster has been associated with suicide attempt history, and both the self-blame and subjective depression clusters have been associated with suicidal ideation in cross-sectional analyses (Grunebaum et al., 2005; Kelip et al., 2012). These symptom clusters have also been used as outcome measures of “suicidal depression” in a post-hoc analysis of a clinical trial of paroxetine compared to bupropion (Grunebaum et al., 2013), as well as measures of depression severity in a positron emission tomography (PET) study (Milak et al., 2010). These studies provide limited, but compelling, evidence that depressive symptom clusters offer unique information over the unidimensional construct of depression.

1.3. The current study

Given the robust hopelessness literature and newer evidence on specific depressive symptom clusters, an evaluation of hopelessness theory through the lens of these symptom clusters may provide valuable information about the development of suicidal ideation among depressed individuals. Specifically, the relation between future disposition and suicidal thoughts may be mediated by distinct depression symptom clusters, such that positive and negative future orientations predict suicidal ideation through distinct pathways. Such a relationship would suggest two potential mechanisms for

explaining suicidal ideation and, if replicated, could suggest specific treatment targets for subgroups of suicidal patients.

Thus, the current study was undertaken to evaluate the association among future disposition, depressive symptom clusters, and suicidal ideation. We hypothesized that both positive and negative future dispositions would predict suicidal ideation. In line with hopelessness theory, we hypothesized that the link between negative future disposition and suicidal ideation would be mediated by self-blame, as this cluster is characterized by the “cognitive” aspects of depression. In contrast, we expected that the relationship between decreased positive future disposition and suicidal ideation would be mediated by subjective depression, rather than negative maladaptive cognitions.

To evaluate these hypothesized relationships, we examined symptoms of future disposition, depressive symptom clusters, and suicidal ideation in a sample of undergraduate students. We limited the sample to students reporting moderate to severe depression in order to approximate a sample with clinical relevance. Suicidal ideation was used as an outcome, due to its relationship to both depression and later suicidal behavior (ten Have et al., 2009; Kuo et al., 2001). Mediation models were used to evaluate the role of self-blame and subjective depression in the relationship between future disposition and suicidal ideation.

2. Methods

2.1. Participants

Data were collected from 1200 undergraduate psychology students at a large southeastern university. For the purposes of the current study, only students who reported moderate to severe depression ($N=140$), as determined by a score of 20 or more on the Beck Depression Inventory-II (BDI-II; Beck et al., 1996) were included. Participants were between the ages of 18 and 26 years (M age = 20.09, $SD=1.69$), and 77.9% ($n=109$) were female. The majority described their race/ethnicity as Caucasian ($n=90$, 64.3%), followed by African American ($n=18$, 12.9%), Hispanic/Latino ($n=10$, 7.1%), Asian American ($n=7$, 5.0%), Native American ($n=4$, 2.9%), and an additional 7.9% ($n=11$) of the sample indicated “other” for race/ethnicity. The sample consisted of freshmen ($n=46$, 32.9%), sophomores ($n=42$, 30.0%), juniors ($n=23$, 16.4%) and seniors ($n=29$, 20.7%). Eighty-three (59.3%) of the students reported they were not in a relationship, and 74.3% ($n=104$) reported living with a roommate. Of the students who participated in the study, 20.0% ($n=28$) indicated that they were a member of a social fraternity or sorority.

3. Measures

3.1. Covariates

In addition to age, gender, race, roommate (yes/no), sorority/fraternity affiliation (yes/no), year in school, and relationship status (not in a relationship vs. in a relationship), a measure of social desirability was also included as a covariate given that it has been found to be associated with suicide ideation (Miotto and Preti, 2008).

The Marlowe–Crowne Social Desirability Scale-Form B (MCSD-B; Reynolds, 1982) was used to measure the tendency of making socially desirable responses. The instrument consists of 12 true-false items and was developed from the original Marlowe–Crowne Social Desirability Scale (Crowne and Marlowe, 1960). Sample items include “No matter who I'm talking to, I'm always a good listener” and “I have never deliberately said something that hurt someone's feelings.” Previous research (e.g., Loo and Thorpe, 2000) regarding the MCSD-B has demonstrated adequate internal

Download English Version:

<https://daneshyari.com/en/article/6232132>

Download Persian Version:

<https://daneshyari.com/article/6232132>

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