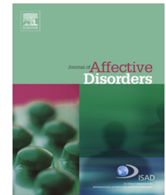
Journal of Affective Disorders 149 (2013) 282–290

Contents lists available at SciVerse ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Research Report

Depressive symptoms and interpersonal needs as mediators of forgiveness and suicidal behavior among rural primary care patients

Sheri A. Nsamenang [a], Jon R. Webb [a], Kelly C. Cukrowicz [b], Jameson K. Hirsch [a],*

[a] Department of Psychology, East Tennessee State University, 420 Rogers Stout Hall, Box 70649, Johnson City, TN 37614, United States
[b] Department of Psychology, Texas Tech University, United States

ARTICLE INFO

Article history:
Received 5 December 2012
Accepted 29 January 2013
Available online 28 February 2013

Keywords:
Forgiveness
Thwarted belongingness
Perceived burdensomeness
Suicidal behavior
Rural
Primary care

ABSTRACT

Background: Suicide is the 10th leading cause of death in the US, and rates of suicide are higher in rural than urban areas. As proposed by the Interpersonal-Psychological Theory of Suicide, thwarted belongingness and perceived burdensomeness are risk factors for suicidal behavior, although protective individual-level characteristics such as forgiveness, may indirectly affect suicidal behavior by decreasing the deleterious effect of thwarted interpersonal needs.
Method: A sample of uninsured adults recruited from a rural primary clinic ($N=101$) completed the Brief Multidimensional Measure of Religiousness and Spirituality; Suicidal Behaviors Questionnaire-Revised; Interpersonal Needs Questionnaire; and Center for Epidemiologic Studies Depression Scale. Parallel and serial multivariable mediation analyses were conducted to test for direct and indirect effects of forgiveness on suicidal behavior.
Results: In parallel mediation, covarying depressive symptoms, forgiveness of self had an indirect effect on suicidal behavior, through perceived burdensomeness. Inclusion of depressive symptoms as a mediator revealed an indirect effect of forgiveness of self and others on suicidal behavior via depression, thwarted belongingness, and perceived burdensomeness in a serial mediation model.
Limitation: A longitudinal study, with an equal representation of males and diverse populations is needed to replicate our findings.
Discussion: Our findings have implications for the role health providers can play in addressing suicide with rural patients. Promoting forgiveness, may, in turn affect interpersonal functioning and decrease risk for suicidal behavior.

© 2013 Elsevier B.V. All rights reserved.

1. Introduction

Suicide is a significant public health concern worldwide (Beautrais and Mishara, 2008); in United States, suicide ranks as the 10th leading cause of death, and over 38,000 individuals die by suicide annually (Centers for Disease Control and Prevention, 2011). Thus, the discovery and investigation of risk and protective factors for suicidal behavior is essential for effective prevention, and primary health care settings may be an ideal "catchment" site to conduct such studies. That is, the majority of Americans receiving mental health care do so from their primary care physician (Ray-Sannerud et al., 2012) and, among adults, approximately 50% of people who die by suicide are in contact with their primary care physician in the month prior to death (Luoma et al., 2002).

Use of primary care settings as a site for early detection and prevention of suicidal behavior may be important in rural areas, where there are higher rates of suicide (17.9/100,000) than in urban areas (14.9/100,000; Hirsch, 2006; Nock and Kessler, 2006), perhaps as a result of rural socio-cultural and socioeconomic economic factors that limit utilization of mental health care (Hirsch, 2006; Kim et al., 2011). These factors may include increased poverty, low education, stigma toward mental illness, reluctance to seek help, belief systems promoting "rugged individualism," firearm and pesticide familiarity, and cost of and access to mental health services.

In addition to rurality, demographic characteristics such as age, and inter- and intra-personal factors, such as depressive symptoms and interpersonal relationships, may contribute to risk (Van Orden et al., 2008). Of note, current epidemiological research suggests that middle-age adults have greater rates of suicide than in previous decades (Karch et al., 2011), including among individuals in the age groups of 35–44 (15.1/100,000 population), 45–54 (18.9/100,000 population), and 55–64 (15.9/100,000 population). These rates are higher than the national suicide rate of 11.8/100,000 individuals (Centers for Disease Control, 2011).

* Corresponding author.
E-mail address: hirsch@etsu.edu (J.K. Hirsch).

0165-0327/$ - see front matter © 2013 Elsevier B.V. All rights reserved.
http://dx.doi.org/10.1016/j.jad.2013.01.042

Because age and many other demographic characteristics are unalterable, it is important to identify potentially modifiable factors associated with suicidal behavior, such as interpersonal functioning and spirituality. According to the Interpersonal-Psychological Theory of Suicide (IPTS; Joiner, 2005; Joiner et al., 2009; Van Orden et al., 2010), thwarted belongingness and perceived burdensomeness increase desire for suicide. Thwarted belongingness is the feeling that one is not socially connected nor integrated into valued relationships (Joiner, 2005), and refers to an unmet need to belong (Van Orden et al., 2012), or an absence of reciprocal caring relationships (Van Orden et al., 2010). This construct is similar to other known predictors of suicide such as feelings of loneliness and social isolation, and lack of social integration (Duberstein et al., 2004; Van Orden et al., 2012); conversely, when an individual's need to belong is satisfied, suicide risk is mitigated (Gordon et al., 2011).

Perceived burdensomeness is the sense that one ineffectively contributes to the welfare of others in their social network (Joiner, 2005), and develops when the need for social competence, or the desire to be effective in one's social group, is unmet. Affectively-laden cognitions of self-blame, shame, and self-hatred, and beliefs that one is flawed or a liability to others, may lead an individual to believe their death would be a relief to others (Van Orden et al., 2010). Such thoughts and emotions may be triggered by family conflict, unemployment, physical illness or disability, and homelessness (Van Orden et al., 2010), among other negative life events, and may elevate risk for suicide (Motto and Bostrom, 1990), whereas low levels of perceived burdensomeness decrease suicide risk (Gordon et al., 2011). An interaction between perceived burdensomeness and thwarted belongingness may contribute to increased risk for suicidal behavior (Van Orden et al., 2008), and perceived burdensomeness may be a more robust contributor to suicidal behavior than thwarted belongingness, perhaps because it diminishes motivation associated with self-preservation (Joiner et al., 2009). Further, risk is exacerbated when, in addition to the presence of thwarted belongingness and perceived burdensomeness, individuals acquire the capability for suicide (Joiner, 2005; Van Orden et al., 2012).

Despite the growing support for the ITPS theory of suicide risk (Tomassini et al., 2003), few studies have examined potential mechanistic individual-level characteristics, such as forgiveness, that may decrease suicide risk by decreasing perceived burdensomeness and thwarted belongingness. Although religiousness and spirituality are commonly associated with less suicidal behavior (Koenig et al., 2012), such findings are broad and do not identify specific beneficial aspects of religiousness and spirituality. Forgiveness, which is common but not unique to all mainstream world religions (Webb et al., 2012), consists of an internalized process of motivation and volition whereby there is a reduction in negative emotional, cognitive, and behavioral responses to an offender or offense (Toussaint and Webb, 2005; Worthington et al., 2001). Targets of forgiveness can include, but are not limited to, the self, others, or from God (Toussaint and Webb, 2005). The practice of forgiveness is associated with better physical and mental health (Webb et al., 2012, in press), and with reduced risk for suicidal behavior (Hirsch et al., 2011).

Self-forgiveness may include forgiveness for interpersonal transgressions, which involve forgiving oneself for offending another person, or intrapersonal transgressions, which involve forgiving oneself for offending the self (Hall and Fincham, 2005). Lack of self-forgiveness may be indicative of an intrapunitive dispositional style, whereby the individual internalizes blame and feels "unworthy of acceptance" (Ross et al., 2007, p. 159). On the other hand, failure to forgive others may be indicative of an extrapunitive dispositional style, whereby an individual externalizes blame, and experiences anger or holds grudges (Rye et al., 2004).

Finally, feeling forgiven by a God is the perception that one's shortcomings have been alleviated or accepted as reasonable by the divine (Toussaint et al., 2008a). Divine forgiveness may heal interpersonal and intrapersonal wounds, facilitate social interactions, and may lead to possible psychological benefits such as reduced guilt and feelings of unworthiness, decreased depressive, anxiety and somatic symptoms, and increased life satisfaction (Krause and Ellison, 2003; Toussaint et al., 2001; Webb et al., 2012).

Forgiveness, overall, may have both a direct and indirect effect on psychological well-being and interpersonal functioning (Hui-chi and Ming-xia, 2011; Worthington et al., 2001). Its direct effect on suicidal behavior may be via the resolution of negative emotions such as anger, hostility, and fear (Hirsch et al., 2011; Webb et al., 2011). An indirect effect of forgiveness on suicidal behavior may operate through mediating variables such as mental health, social support, and interpersonal functioning (Hirsch et al., 2011; Webb et al., 2011; Worthington et al., 2001). Alternatively, difficulty forgiving may promote negative affect about ones' self or perceived imperfections, and may interfere with maintenance of affiliation and emotional bonds, perhaps affecting burdensomeness and belongingness (Worthington et al., 2001; Worthington and Scherer, 2004).

Although some evidence exists linking forgiveness to suicidal behavior (Hirsch et al., 2011, 2012), ours is the first study to examine such relationships in a rural, primary care sample. Importantly, rural factors such as low population density may increase isolation, loneliness (Hirsch, 2006; Stark et al., 2011), and the likelihood for thwarted belongingness. Greater levels of economic crisis and financial loss in rural areas (Hirsch, 2006; Turvey et al., 2002), may increase the likelihood for perceived burdensomeness.

We conducted a series of statistical mediation analyses, including parallel and serial multivariable mediation models. In a parallel model, we examined mechanisms by which forgiveness may affect suicidal behavior, through thwarted belongingness and perceived burdensomeness. We hypothesized that (i) forgiveness would be negatively associated with suicidal behavior, thwarted belongingness, and perceived burdensomeness; (ii) thwarted belongingness and perceived burdensomeness would be positively associated with suicidal behavior; and (iii) thwarted belongingness and perceived burdensomeness would mediate the relationship between forgiveness (of self, of others, and feeling forgiven by God) and suicidal behavior, such that greater forgiveness would be associated with less thwarted belongingness and perceived burdensomeness which, in turn, would be related to less suicidal behavior.

Utilizing a serial mediation model, we assessed depressive symptoms, thwarted belongingness and perceived burdensomeness as a series of potential mediators (Hirsch et al., 2011). Depression, a well-established suicide risk factor (Lake, 2008), may affect interpersonal functioning and satisfaction of interpersonal needs (Joiner, 1995); indeed, in a study of suicide notes, interpersonal difficulties were reported more frequently in notes from depressed versus non-depressed writers (O'Connor et al., 1999). It is possible that the negative cognitive shift commonly associated with depressogenic thinking may contribute to negative feedback-seeking behavior and consequent social rejection, as well as to negative cognitions about personal effectiveness in social and vocational endeavors (Adler et al., 2006; Beck and Weishaar, 2008; Furukawa et al., 2011; Joiner et al., 2009; Stellrecht et al., 2006). Yet, forgiveness may reduce the effect of depression on these variables; thus, our serial model included depressive symptoms as a first order mediator, thwarted belongingness as the second order mediator, and perceived burdensomeness as the third order mediator. It was hypothesized that

Download English Version:

https://daneshyari.com/en/article/6234652

Download Persian Version:

https://daneshyari.com/article/6234652

Daneshyari.com