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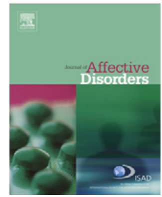

Research report

Reasons for suicide attempts in a clinical sample of active duty soldiers

Craig J. Bryan [a,*], M. David Rudd [a], Evelyn Wertenberger [b]

[a] National Center for Veterans Studies, The University of Utah, Salt Lake City, UT 84112, USA
[b] Fort Carson, Colorado (CO 80913), USA

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ABSTRACT

Background: Self-reported reasons for suicide attempts were examined in a sample of active duty soldiers who had attempted suicide using a functional approach that classifies suicidal behaviors into four primary functions of reinforcement: automatic negative (AN-R; to reduce aversive internal experiences), automatic positive (AP-R; to generate desired internal experiences), social negative (SN-R; to avoid aversive contextual demands), and social positive (SP-R; to generate desired environmental contexts). Based on previous theory and research, the authors hypothesized that soldiers would attempt suicide primarily to reduce aversive internal experiences (i.e., AN-R).

Methods: 72 soldiers (66 male, 6 female; 65.3% Caucasian, 9.7% African-American, 2.8% Asian, 2.8% Pacific Islander, 4.2% Native American, and 9.7% "other"; age $M=27.34$, $SD=6.50$) were interviewed using the Suicide Attempt Self Injury Interview to assess suicidal intent, method, lethality, and reasons for attempting suicide.

Results: Soldiers endorsed attempting suicide for both automatic and social reasons, with multiple functions being endorsed in 95% of attempts. AN-R was endorsed in 100% of suicide attempts, and was primary to other functions. Suicidal intent was weakly correlated with AN-R, AP-R, and SN-R functions ($rs < .22$), and medical lethality was very weakly correlated with only the SP-R function ($r=.18$).

Limitations: Small sample size and retrospective self-report methodology.

Conclusions: Soldiers attempt suicide primarily to alleviate emotional distress. Reasons for attempting suicide do not correlate strongly with suicidal intent or medical lethality.

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1. Introduction

Since 2004, the number of suicides by members of the U.S. Armed Forces has more than doubled, which has presented a particularly vexing and frustrating problem for military leaders, mental health professionals, and suicide experts. Suicide attempts, which are defined as self-enacted, potentially injurious behaviors with nonfatal outcomes for which there is evidence, whether explicit or implicit, of intent to die (Silverman et al., 2007), also appear to be increasing in frequency among military personnel, although estimates of this behavioral pattern are less reliable (Ramchand et al., 2011). Suicidal behavior is a problem that is not solely confined to the military, however. Over 30,000 deaths by suicide occur each year in the U.S., consistently placing suicide among the top ten causes of death (Centers for Disease Control, 2011). Nonfatal suicide attempts are much more common than suicide deaths, with an estimated prevalence rate of 2.7% within the U.S. general population (Nock and Kessler, 2006). Suicide attempts are the clearest and most robust predictors of future suicide deaths (Beautrais, 2004; Joiner et al., 2005; Ostamo and Lonnqvist, 2001) and are the closest behavioral pattern to completed suicide; improved understanding of suicide attempts can therefore provide critical information for understanding suicide deaths.

Traditional approaches for understanding suicidal behavior have primarily adopted a psychiatric syndromal model, which focuses on the classification and treatment of behaviors based upon their topographical features, typically signs and symptoms of associated psychiatric disorders. In the syndromal approach, suicidal behavior is generally conceptualized as a symptom manifestation of the underlying psychiatric disorder (Jobes, 2006). In contrast, a functional approach classifies and treats behaviors according to the functional processes or underlying mechanisms that activate and maintain the behaviors over time, which are typically understood to be antecedent and consequent contextual influences (Hayes et al., 1996) that impact suicidal behaviors regardless of the associated psychiatric condition. Although the use of functional approaches has contributed to significant advances in understanding and treating psychological and behavioral disorders, it has not been widely or systematically applied to understanding suicidal behaviors within the military. In order to sufficiently address the problem of military suicide, it is necessary to first understand *why* service members attempt suicide.

* Corresponding author.
E-mail addresses: craig.bryan@utah.edu, craig.bryan@psych.utah.edu (C.J. Bryan).

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Nock and Prinstein (2004) have proposed four primary functions of nonsuicidal self-injury that differ along two dimensions: reinforcement that is positive (i.e., followed by a pleasant stimulus) versus negative (i.e., followed by the removal of an unpleasant stimulus), and contingencies which are automatic (i.e., internally-focused) versus social (i.e., externally-focused). These four functions have also been identified among women with borderline personality disorder (Brown et al., 2002). In the current study, we seek to extend this functional model to suicide attempts among active duty military personnel.

Automatic reinforcement contingencies include reasons for attempting suicide that are designed to modify or regulate one's own internal psychological state. *Automatic negative reinforcement* refers to attempting suicide for the purpose of reducing or alleviating unpleasant emotional or psychological states (e.g., "to stop bad feelings" or "to escape from my thoughts"). Most leading theories of suicidal behavior are based in large part on this specific function, conceptualizing suicidal behaviors in large part or in full as an attempt to reduce or escape intense psychological pain (Joiner, 2005; Linehan, 1993; Rudd, 2000; Schneidman, 1993). Supporting this claim are findings that the most common reasons given for suicide attempts include dying and escaping/obtaining relief from emotional distress (Boergers et al., 1998; Brown et al., 2002; Varadaraj et al., 1986). *Automatic positive reinforcement* refers to attempting suicide for the purpose of obtaining desired psychological states (e.g., "to feel something, even if it was pain" or "to punish yourself"). In automatic positive reinforcement, the individual seeks to *create* an emotional or psychological state, in contrast to automatic negative reinforcement, in which the individual seeks to *remove* an emotional or psychological state.

In contrast to automatic reinforcement contingencies, social contingencies include reasons for attempting suicide that are designed to modify or regulate one's external environment. *Social negative reinforcement* therefore refers to suicide attempts for the purposes of avoiding interpersonal tasks or demands (e.g., "to get out of doing something" or "to get away or escape from other people"). Within the military, this function is a source of particular concern to military leaders and medical professionals given that some service members use suicidal behaviors (or the appearance of suicidal behaviors) for the explicit purpose of avoiding undesirable tasks such as reporting to duty, deploying, and continued service in the military. Unfortunately, despite general consensus that this is a very real issue and clinical situation for most military leaders and health care providers, there are currently no estimates of how prevalent this particular function is among service members who attempt suicide. *Social positive reinforcement* refers to suicide attempts for the purpose of obtaining or creating a desired environmental or interpersonal condition (e.g., "to get help" or "to communicate or let others know how desperate you were"). This fourth function, typically referred to by clinicians as "manipulation" or "attention-seeking," has similarly received little empirical attention (Nock and Prinstein, 2004).

The primary aim of the current study was to examine the reasons for attempting suicide among a clinical sample of active duty soldiers. Consistent with prior reports, we considered the following hypotheses: (1) automatic negative reinforcement would be the most frequently endorsed reasons for attempting suicide, and (2) relative to other functions, automatic negative reinforcement would be the primary reason for suicide attempts.

2. Method

2.1. Participants

Participants included 93 active duty soldiers referred for a standardized evaluation as part of a randomized clinical trial testing a brief psychotherapy to reduce suicide attempts. Soldiers were evaluated within 48 h of discharge from one of several local inpatient psychiatric facilities due to either a suicide attempt or acute suicide risk. Of these 93 soldiers, 72 (77.4%) reported at least one suicide attempt during their lives. Because the purpose of the current study was to identify reasons for attempting suicide, only these 72 suicide attempters were included. The 72 suicide attempters were predominantly male (66 male, 6 female) and aged 19 to 44 years ($M=27.34$, $SD=6.50$). Participants had been in the military an average of 5.45 years ($SD=4.01$, range: 1 to 19 years), and self-reported the following racial status: Caucasian (65.3%), African-American (9.7%), Asian (2.8%), Pacific Islander (2.8%), Native American (4.2%), and "other" (9.7%). Separate from race, 22.2% reported Hispanic or Latino ethnicity. The majority of participants were married (53.5%), followed by single (18.3%), separated (14.1%), dating/engaged (7.0%), divorced (5.6%), and widowed (1.4%). There were no demographic differences between those who had attempted suicide versus those who had never attempted suicide.

2.2. Procedure

Data were obtained from comprehensive evaluations administered to all soldiers participating in a clinical trial testing an outpatient treatment to reduce suicidal behaviors. Participants were referred upon discharge from inpatient hospitalization due to acute suicide risk, and completed self-report measures and structured interviews at intake and at 3- and 6-month follow-ups. The study was approved by the Institutional Review Boards of the Madigan Army Medical Center and the University of Utah.

2.3. Measure

The suicide attempt self-injury interview (SASII; Linehan et al., 2006a) is a structured clinical interview designed to assess the factors involved in nonfatal suicide attempts and intentional self-injury, which can be used to differentiate suicide attempts from nonsuicidal self-injury and/or other forms of deliberate self-harm. The SASII assesses factors including method, lethality, impulsivity, subjective versus objective intent, reasons for the attempt, and consequences of the attempt. On the basis of all information obtained, the evaluator classified the behavior as a suicide attempt (whether ambivalent or not) versus nonsuicidal self-injury, based primarily on the assessed level of subjective and/or objective intent. A suicide attempt (regardless of level of ambivalence) was defined as a self-enacted, potentially injurious behavior with nonfatal outcome for which there is evidence, whether explicit or implicit, of intent to die (cf. Silverman et al., 2007). The SASII has high interrater reliability (.871–.978, $Mdn=.956$) across the assessor-related items. Very high consistency has been found between retrospective (4+ months) report of suicide attempts by patients as compared to weekly reports (ICC=.91), suggesting that retrospective report is comparable to regular, ongoing reports of suicide attempts. Comparison of reports on the SASII relative to medical record verification has additionally supported the instrument's validity in assessing medical lethality and outcome. In the current study, the SASII was used to assess up to three distinct suicide attempts made during the assessment period: the first attempt, the "worst point" suicide attempt (i.e., the episode during which the patient most strongly desired death), and the most recent suicide attempt. In the current study, interrater agreement was assessed via review of assessment notes by a second rater. Raters agreed on the classification of suicide attempts in all cases in the current study.

Suicidal intent was assessed by asking participants to self-rate the intensity of their desire for suicide during each attempt on a

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