



## Research report

## The role of impulsivity in self-mutilators, suicide ideators and suicide attempters – A study of 1265 male incarcerated individuals

Vladimir Carli<sup>a,1</sup>, Nikolina Jovanović<sup>b,\*</sup>, Anja Podlešek<sup>c</sup>, Alec Roy<sup>d</sup>, Zoltan Rihmer<sup>e,f</sup>, Stefania Maggi<sup>g</sup>, Dragan Marusic<sup>h</sup>, Caterina Cesaro<sup>i</sup>, Andrej Marusic<sup>h</sup>, Marco Sarchiapone<sup>a</sup>

<sup>a</sup> University of Molise, Department of Health Sciences, Loc. Tappino, Campobasso, Italy

<sup>b</sup> University Hospital Centre Zagreb and School of Medicine, Department of Psychiatry, Zagreb, Croatia

<sup>c</sup> University of Ljubljana, Faculty of Arts, Department of Psychology, Askerceva 2, Ljubljana, Slovenia

<sup>d</sup> Veterans Affairs Medical Center, Psychiatry Service, East Orange, NJ 07018, USA

<sup>e</sup> Department of Clinical and Theoretical Mental Health, Semmelweis, University of Budapest, Faculty of Medicine, Hungary

<sup>f</sup> Department of Psychiatry and Psychotherapy, Semmelweis, University of Budapest, Faculty of Medicine, Hungary

<sup>g</sup> Foundation for Medical Science "Leonardo", Montegrotto, Padova Italy

<sup>h</sup> University of Primorska, Health Research Centre, PINT, Muzejski trg 2, Koper, Slovenia

<sup>i</sup> Rehabilitation Center "Al Parco", Rome, Italy

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## ABSTRACT

**Objective:** We explored differences between high and low-impulsive incarcerated individuals in the context of lifetime self-mutilation, suicide ideation and suicide attempt.

**Methods:** A total of 1265 males detained in Italian penitentiary institutions were studied between January 2006 and December 2008. The study raters were specifically trained to discriminate between suicide attempters, ideators and self-mutilators. Participants completed the Barratt Impulsivity Scale, Childhood Trauma Questionnaire (CTQ), Eysenck Personality Questionnaire (EPQ), Connor–Davidson Resilience Scale (CD-RISC), Brown–Goodwin Assessment for Lifetime History of Aggression (BGLHA) and Buss and Durkee Hostility Inventory (BDHI). Based on BIS 7 total score distribution, two extreme quarters – high-impulsive group ( $n = 306$ ) and low-impulsive group ( $n = 285$ ) – were compared.

**Results:** Over 42% of participants had lifetime suicide ideation, 13% attempted suicide and 17% were self-mutilators. High-impulsive subjects were younger, more often single and with more prominent psychotism, extraversion, aggression, hostility and resilience capacity. They were more frequently diagnosed with substance use disorders and engaged in self-mutilating behaviour. There was no difference in the rate of suicide attempts between the two groups.

**Conclusion:** Although high-impulsive subjects were more prone to suicidal behaviour, it was not predicted by higher impulsivity when other psychological variables were accounted for.

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## 1. Introduction

Impulsivity is a personality trait characterized by novelty seeking behaviour, rapid processing of information, person's

inability to delay gratification or act with regard for consequences of their behaviour (Barratt, 1993). It is often conceptualized as a continuum of a personality trait that includes a wide range of risky behaviours and undesirable outcomes (Evenden, 1999).

What predisposes individuals toward rapid, unplanned reactions and, thus, suicide behaviour is a question of enormous clinical relevance. It has been reported that when impulsive subjects are severely depressed (Dumais et al., 2005) or disinhibited by psychoactive substances (Sher, 2006; Maloney

\* Corresponding author. University Hospital Centre Zagreb and School of Medicine, Department of Psychiatry, Kispaticeva 12, 10000 Zagreb, Croatia. Fax: +385 1 24 21 843.

E-mail address: [nikolina.jovanovic@gmail.com](mailto:nikolina.jovanovic@gmail.com) (N. Jovanović).

<sup>1</sup> Both authors equally contributed to this paper.

et al., 2009) they are more likely to attempt and complete suicide. Furthermore, it has been shown that persons with borderline personality disorder may be at very high risk of impulsive self-injurious behaviour, especially in situations of perceived rejection and loss (Blasco-Fontecilla et al., 2009; McGirr et al., 2007). Impulsive subjects are also more likely to have a familial loading of suicidal behaviour (Diaconu and Turecki, 2009) and childhood abuse. For example, Brodsky et al. examined familial transmission of sexual abuse and impulsivity in a group of 507 offspring of 271 parent probands with major depressive disorder. Results show that reported childhood sexual abuse in the proband correlated with suicide attempts, higher levels of impulsivity and greater likelihood of childhood sexual abuse in the offspring (Brodsky et al., 2008). Additionally, high impulsivity has been also associated with severe self-destructive behaviour such as self-mutilation (Stanley et al., 2001). Self-mutilation is deliberate self-harm that resides from the failure to resist impulses to harm oneself physically. It is not associated with conscious suicidal intent and the most usual forms are cutting and burning (Favazza and Rosenthal, 1993).

Even though incarcerated individuals are at high risk for self-destructive behaviour (Fazel and Danesh, 2002), our current understanding of its psychological determinants is insufficient. The relationship with impulsivity is not really clear because only a few studies have been performed, and with conflicting results. High-impulsive male offenders appear to be characterized with more frequent suicide behaviours (Sanislow et al., 2003; Taylor et al., 2006), more severe criminal histories and poor psychosocial functioning (Taylor et al., 2006). Most recently Sakellidis et al. reported that approximately one third of their sample (173 male prisoners) had self-injurious behaviour that was predicted by diagnosed psychiatric condition, illicit substance use and aggression, but not impulsivity (Sakellidis et al., 2009). Similarly, two other studies reported that impulsivity was only a weak predictor of suicide behaviour (Douglas et al., 2007) or relevant only for women (Rohde et al., 1997).

Since not all suicide attempts are associated with high impulsivity, there is a need to better understand vulnerability to suicide among low-impulsive subjects. The study aim was to explore the role of impulsivity in prisoners' suicide behaviour. Our hypothesis here was that the two extreme phenotypes ("high-impulsive group" vs. "low-impulsive group") will differ in relation to suicide ideation, self-mutilation and suicide attempts, as well as in various demographic, clinical and psychological characteristics.

## 2. Methods

### 2.1. Study population and measures

Our study sample originates from the Italian district of Abruzzo-Molise. Participants were 1265 male incarcerated individuals detained in the district's penitentiary institutions. Both high security penitentiary institutions, detaining the subjects of which the majority have committed violent crimes and been convicted for lengthy periods, and lower security penitentiary institutions participated in the study. The only inclusion criterion was that a prisoner was willing to participate in the study and signed informed consent. Exclusion criteria were absence of sufficient linguistic abilities in Italian, inability

to read and mental retardation. The subjects were classified as violent or non-violent based on the crime for which the prisoner was convicted: violent crimes included homicide, aggression with guns or other weapons, robberies, terrorist activity; non-violent crimes included drug use or sale, burglary and fraud.

Study was approved by the ethical committee of the University of Molise in Campobasso, Italy. Data were collected between January 2006 and December 2008.

A specifically trained team of psychologists and psychiatrists conducted comprehensive psychiatric interviews with all participants based on the Italian version of the structured Mini International Neuropsychiatric Interview (M.I.N.I.) (Conti, 1999) that generates DSM-IV Axis I diagnoses. Only current Axis I diagnoses were assessed. However, the diagnosis of substance use disorder (abuse and dependence combined) was considered as "recent substance use disorder" if this diagnoses were present at the time of incarceration of the person studied. The study raters were specifically trained to discriminate between suicide attempters, ideators and self-mutilators. Suicide attempt is defined as an act of self-harm with intent to die that was not self-mutilatory in nature. "Suicide ideators" was a separate group of people, the ones who had thoughts about committing suicide. Suicide ideation is extremely difficult to measure as this information is less likely to be reported than suicide attempts. Therefore, we have decided to double-check it with the participant's answer to the 68th item of the Eysenck Personality Questionnaire: "Have you ever wished that you were dead?" (Eysenck and Eysenck, 1975). In cases where the two answers were different, subjects were called for an additional interview and the final answer was entered into the final database. Data on self-mutilation were also obtained from the interview. Those with history of either suicide ideation or attempts were excluded from the group of "self-mutilators".

After collecting demographic data on marital status, education and employment, subjects underwent comprehensive psychological assessment. Based on our clinical judgement and experience, as well as results reported in the previously conducted studies, we have included a wide range of questionnaires we thought might help us explore the role of impulsivity in the prisoners' self-destructive behaviour. They were asked to complete the Barratt Impulsivity Scale (BIS, 7B version) which was used to assess impulsivity as a personality trait (Barratt, 1993). The questionnaire consists of 48 statements to which subjects respond by choosing one of the following responses: rarely/never, occasionally, often, and usually. We were not able to obtain previously validated BIS-7 scores for defining high or low impulsivity. As the aim of the study was to compare end points of the BIS score distribution, we used BIS total score and divided our sample into four groups of approximately equal size in order to obtain comparisons between the two extreme groups. Participants with BIS total score larger than the 75th percentile were titled as "high-impulsive group" ( $n=306$ ) and participants with BIS total score lower than the 25th percentile were considered as "low-impulsive group" ( $n=285$ ).

Participants also completed Brown–Goodwin Assessment for Lifetime History of Aggression interview (BGLHA; Brown et al., 1979), Childhood Trauma Questionnaire (CTQ; Bernstein et al., 1997), Eysenck Personality Questionnaire (EPQ; Eysenck and

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