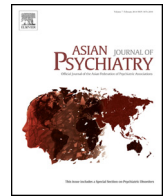




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## Review

# Identification of suicidal ideations with the help of projective tests: A review

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### ABSTRACT

Identification of the presence of suicidal ideations in an individual is crucial for the timely intervention. However, these ideations may remain unidentified as an individual with serious intentions of self-harm may not express them explicitly. Various projective tests can provide crucial clues to clinicians about the presence of suicidal ideations in an individual's mind. The present review is intended to update clinicians working in the field of suicide prevention about salient findings on these tests which can serve as a ready reckoner for them. We also highlight the status of research in this domain.

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## 1. Introduction

Prevention of suicide is a daunting but an indispensable task for any society. According to the World Health Organization (WHO), suicide claims one life every 40 s (WHO, 1999). In India, a total of 1,35,445 people died due to suicide in 2012 alone (NCRB; National Crime Record Bureau, 2012). The data increases manifold when it comes to counting people with failed attempted suicides (WHO, 1999). A timely identification of the presence of suicidal ideations can save numerous lives. Unfortunately, suicidal ideations are

often not expressed explicitly and the subtle signs of their presence may come to notice only after an individual's suicide attempt (e.g., realization that the individual was giving away his valuables before attempting suicide). It becomes more important in case of vulnerable individuals (e.g., persons with depression) who may have lower threshold to attempt suicide and the occurrence of suicidal ideations can lead to fatal steps. Therefore, it is imperative that clinicians are able to identify people who have suicidal ideations but may not express them explicitly.

A few projective psychological tests, by virtue of the capability to detect traits and states related to suicidal behavior (e.g., impulsivity, sense of hopelessness), can be of help in identification of the presence of suicidal ideations in an individual's mind. The present narrative review is intended to update clinicians about the

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indicators of suicidal ideations on some commonly used projective tests. We compile the existing data by means of a narrative review rather than a meta-analysis for two reasons. First, the studies are too less and the sample sizes of most of the studies are very small. Therefore, conducting a meta-analysis may result in more research artifacts than facts. Second, the variables studied in different studies are quite varied and, thus, it is difficult to merge data of these studies to conduct a meta-analysis.

## 2. Rationale for the use of projective tests in the identification of suicidal ideations

The use of projective tests for the purpose of identification of the presence of suicidal ideations is based on the assumption that a preoccupation with self-harm intentions may reflect on the ambiguous materials of these tests. Also, the individual may use the testing situation to communicate suicidal intents (Sullivan and Bongar, 2009). We discuss here a few projective tests in the context of suicide assessment.

### 2.1. Rorschach

For more than 50 years, the Rorschach test has been researched to explore its potential value as a tool to assess suicide risk (e.g., White and Schreiber, 1952; Blatt and Ritzler, 1974; Exner and Wylie, 1977; Blasczyk-Schiep et al., 2011). The Rorschach researchers have followed two approaches in suicide assessment—the single-sign approach and the constellation approach.

#### 2.1.1. The single-sign approach

This approach refers to the use of a specific Rorschach sign to predict suicide. It has the advantage of quick identification of suicidality on the basis of an easily identifiable Rorschach variable (Hansell et al., 1988). For instance, White and Schreiber (1952) proposed ‘whirling’ as one of the responses on Rorschach to be indicative of a mind preoccupied with death wishes. Subsequently, Thomas and Duzynski (1985) reviewed Rorschach responses of more than 1000 medical students and found that whirling and its synonyms are found more frequently in the protocols of those individuals who later commit suicide. The association of the word ‘whirling’ (and its synonyms) with suicidal ideations has been confirmed by another research in which individuals with prior suicidal ideations chose more number of spinning phrases than those who did not exhibit suicidal ideations on a different test (Lester et al., 1990).

Likewise, research has shown that people having suicidal ideations frequently give transparency responses (Blatt and Ritzler, 1974; Rierdan et al., 1978; Kestenbaum and Lynch, 1978). Transparency responses mean a perception in which the individual sees an object in its transparent state (for example, “a jelly fish and the inner bones can be seen”). Different explanations have been given for the presence of these responses in the protocols of individuals with suicidal ideations. The transparency responses are construed to be indicative of the merging of self into hated object or loss of the sense of self leading to feeling of loss or helplessness (Blatt and Ritzler, 1974). On the other hand, Rierdan et al. (1978) proposed that the transparency responses indicate the perception of death as a transitional phase or continuity and not an end.

The color-shading responses have also been considered a sensitive indicator of suicidality. The color-shading blend is considered indicator of the failure to cope effectively with painful affect (Fowler et al., 2001a). Also it could be reflective of a mixed and confused emotional experience having both pleasure and pain components (Exner and Wylie, 1977). Appelbaum and Holzman (1962) found a relationship between the presence of the color-

shading responses and a history of attempted suicide. Later research supported the importance of the color-shading responses in the identification of suicidal ideations (Appelbaum and Colson, 1968; Colson and Hurwitz, 1973). Petot (2002) found that the color-shading responses are seen more frequently in the Rorschach protocols of children with suicidal ideations. The importance of color-shading responses in the identification of the presence of suicidal ideations can be understood by the fact that it has been included in most of the suicide constellations (which will be discussed in the next section).

Apart from these, a few other signs such as the poor form level human movement responses and responses with morbid contents are also seen in the Rorschach protocols of individuals with suicidal ideations and have been included in suicide constellations (Petot, 2002; Silberg and Armstrong, 1992).

However, the absence of a sign in an individual’s Rorschach protocol should not be taken as absence of suicidal ideations as some people may lack the ability to communicate the cognitively complex responses (such as transparency and cross-sectional responses) (Blatt and Ritzler, 1974). Also, it is not necessary that the presence of a sign is always related to current suicidality. For example, Hansell et al. (1988) found that the transparency responses were unrelated to current suicidal risks.

#### 2.1.2. The constellation approach

The instability and the lack of statistical power of single signs limit their use in predicting suicide (Kendra, 1979; Fowler et al., 2001b). The chances of both false-positives and false-negatives are high if an impression regarding the vulnerability of an individual to attempt suicide is formed on the basis of a single indicator. Therefore, attempts have been made to identify a set of Rorschach signs that can be used as a constellation to predict suicide. One of the earliest proposed constellations is the Martin’s checklist which consists of 17 Rorschach signs (Martin, 1951 as cited in Weiner, 1961). Limited research applying the Martin’s checklist to the Rorschach protocols of suicide completers, attempters and non-suicidal groups have found the efficacy of this checklist in discriminating the suicidal and non-suicidal groups but not the suicide attempters and completers (Datson and Sakheim, 1960; Weiner, 1961).

Kendra (1979) interpreted the Rorschach protocols by the Piotrowski method and found that six variables (FM, Fc’, C, F%, H% and W:M) could successfully classify suicide attempters, suicide effectors and psychiatric controls.

In 1977, Exner and Wylie proposed a suicide constellation based on the Comprehensive System (CS) which is known as the ‘S-Con’ (Exner and Wylie, 1977). Research has highlighted some remarkable aspects of the S-Con. It consists of 12 Rorschach variables (initially 11 variables were identified and the 12th variable was added later) and a cut-off of eight is considered sensitive in detecting people with significant suicidal ideations (see Table 2). The cut-off of this constellation is based on interesting empirical findings. Exner and Wylie (1977) compared Rorschach protocols of patients who had later committed suicide with the protocols of non-suicidal individuals. When a cut-off of eight was used, the S-Con was able to identify around 75% of suicidal patients and 100% of non-patients. This finding was confirmed in a cross-validation study (Exner, 1993). Important to note that the suicide completers, identified by the S-Con, had committed suicide within 60 days of the test administration. Therefore, it is suggested that the protocol of any person having a score of eight or more on the S-Con must be taken very seriously. Moreover, it should be kept in mind that approximately 25% of people who commit suicide do not have a score of eight on the S-Con and, hence, even the lower score should be taken as an indication for further careful assessment.

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