

# A proposed model of the development of suicidal ideations

Yari Gvion<sup>a,b,\*</sup>, Netta Horesh<sup>a</sup>, Yossi Levi-Belz<sup>c</sup>, Alan Apter<sup>d,e</sup>

<sup>a</sup>Department of Clinical Psychology, Bar Ilan University, Ramat Gan, Israel

<sup>b</sup>Department of Clinical Psychology, Tel Aviv–Jaffa Academic Center, Tel Aviv, Israel

<sup>c</sup>Department of Behavioral Sciences, Ruppin Academic Center, Hamerkaz, Israel

<sup>d</sup>Feinberg Child Study Center, Schneider's Children's Medical Center of Israel, Petach Tikvah, Israel

<sup>e</sup>Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv Israel

## Abstract

**Background:** Suicidal ideations may precede suicide attempts. They are of particular concern in psychiatric populations because psychopathology is a major risk factor for suicide. The factors affecting the development of suicide ideations may differ among psychiatric patients with and without a previous suicide attempt and individuals without a psychiatric diagnosis.

**Objectives:** The aim of this study is to develop a model of suicide ideation in psychiatric patients and the general population.

**Method:** The study included 196 participants: 92 psychiatric patients with a previous suicide attempt (“attempters”); 47 psychiatric patients who had never attempted suicide (“non-attempters”); and 57 healthy control subjects. Data were collected on socio-demographic parameters, clinical history, and details of the suicide attempts. Participants completed a battery of psychological instruments assessing aggression–impulsivity, mental pain (including depression and hopelessness) and communication difficulties, in addition to negative life events. Findings were correlated with suicidal ideation by group.

**Results:** The correlations of the different variables with suicidal ideation differed between suicide attempters and non-attempters; therefore, the model was analyzed separately for each group. The study yielded three major findings: negative life events had a significant effect on both anger-in and impulsivity in non-attempters but not in attempters; hopelessness moderately contributed to suicidal ideations in attempters but not in non-attempters; loneliness contributed significantly to depression in non-attempters but was less distressing in attempters.

**Conclusion:** The mechanism underlying suicidal ideation appears to differ between psychiatric patients who have previously attempted suicide and those who have not, supporting a dual model of suicidal ideation. Although this is only a preliminary study, these findings are important for furthering our understanding of the process of transition of suicidal thoughts to completion of suicide. These results need further replication with a larger cohort of subjects.

© 2014 Elsevier Inc. All rights reserved.

## 1. Introduction

Suicide is the tenth leading cause of death worldwide and accounts for 1.5% of all deaths in developed countries [1]. About 25 suicide attempts occur for every fatal suicide [2]. Suicide risk is a complex phenomenon and constitutes the final common pathway of a diverse set of demographic, clinical, psychobiological, and environmental (medical and social support) circumstances. A history of previous suicide attempts is a major predictor of suicidal behavior [1,3,4].

Suicide may be preceded by suicidal ideations. These are common in both psychiatric and healthy populations [5–7] but raise more concern in psychiatric patients because psychopathology is one of the major risk factors for suicide. A recent review study suggested that despite the vast literature on the clinical correlates of suicidal behavior and differences between psychiatric patients with and without a past history of suicide attempts [8], little is known about the process of transition from suicidal thoughts to actions. Further knowledge in this area would identify factors that contribute to suicidal thoughts and improve methods of preventing suicide in individuals at risk.

### 1.1. Purpose of the study

There is no empirical work that offers a multifactorial view on suicide ideation in suicide attempters/

Declaration of interest: None.

\* Corresponding author at: Department of Clinical Psychology, Bar Ilan University, Israel. Tel.: +972 52 2340520.

E-mail address: [yari@kadi.co.il](mailto:yari@kadi.co.il) (Y. Gvion).

non-attempters and clinical/non-clinical subjects. The primary aim of the present study was to examine factors associated with suicidal ideations in individuals who recently attempted suicide or had no history of suicide attempts. The secondary aim was to develop a model of suicide ideation to guide intervention and prevention efforts in both the psychiatric and general populations.

### 1.2. Correlates of suicidal ideations and behaviors

There are many variables that influence suicidal behavior. On the basis of our clinical experience, we limited this study to risk factors from the following domains: impulsive–aggressive tendency [9,10]; unbearable mental pain [11], including experiences of depression and hopelessness; and communication difficulties including lack of social belongingness [12,13], in addition to negative life events [14–16]. All of these have been identified as reflecting imminent suicidal ideations and a suicidal crisis that may require immediate intervention [17–19].

*Aggression and impulsivity* have been linked to the act of suicide in multiple epidemiologic, clinical, retrospective, prospective, and family studies [20]. The relationship holds true across nosological entities [21,22] and in both psychiatric and non-psychiatric populations [9]. The understanding that impulsivity is a major risk factor for suicidal behavior has led to some researchers to refer to suicide as an impulsive act, performed at a moment's whim [22]. Impulsivity has also been singled out as a key factor facilitating the transition from suicidal thoughts to attempts [23,24]. However, these findings were contradicted by the study of Klonsky and May (2010) [8] who found that within the group of individuals with suicidal thoughts, impulsivity level was higher in those who had previously attempted suicide than in those who had not, but there was no difference between ideators and attempters. There are several possible explanations for the variability in the results. Impulsivity encompasses a broad range of behaviors that reflect impaired self regulation such as poor planning, premature responding before considering consequences, sensation seeking, risk taking, the inability to inhibit responses, preference for immediate over delayed rewards [25,9], delay discounting [26], etc. It is also not known if impulsivity increases the risk of suicide independently of aggressive traits [27]. Some of the data on the role of aggression and impulsivity in suicide need to be reconsidered in light of differences among the studies in definitions used, methods employed, and the selected population. Most did not include a non-suicidal psychiatric group or psychiatric patients with aggressive–impulsive features [28].

*Unbearable mental pain* or *psychache*, a term coined by Shneidman in 1993 [10,11], arises when essential needs (to love, to have control, to protect one's self image, to avoid shame, guilt, and humiliation, to feel secure) are frustrated or thwarted. This arouses a mixture of negative emotions such as guilt, shame, hopelessness, disgrace, rage, and defeat

which then evolve into a generalized state of emotional perturbation. The pain might be so intense that the individual seeks to escape by committing suicide. Shneidman (1993) [11] postulated that psychache is directly associated with suicidality and mediates the effects of other relevant psychological factors, such as depression and hopelessness. Some empirical studies have shown high levels of psychological pain in patients with depression [29] and that psychological pain and suicidality are associated [30,31]. In a recent study Troister, Davis and colleagues, (2013) [32], evaluated Shneidman's model of psychache as the cause of suicide in a 5-month longitudinal study. Psychache was significantly associated with change in suicide ideation. These results were maintained even after controlling statistically for depression and hopelessness. Psychological quality of life, another index closely related to psychache, was specifically associated with suicidality among psychiatric outpatients even when depression, hopelessness and other domains of quality of life were controlled for [33]. Moreover, analyses of a large sample of 2,974 students indicated that depression, hopelessness and psychache are different constructs, all of which influence the generation of suicidality [30].

*Communication difficulties* encompass the subjective feeling of loneliness and schizoid tendencies. Various studies found that these factors together with the lack of social belongingness [13] are related to suicidal ideations and behaviors [34–36]. The ability to communicate with one's surroundings, verbally or through behavior, is an important tool and helps individuals get out of crisis and ease the pain caused by their current situations [37]. Horesh, Zalsman and Apter (2004) [38] found that scanty communication was related to suicidal thoughts, attempts and suicidal positions. Barnes, Ikeda and Kresnow (2001) [39] reported that compared to individuals who did not attempt suicide, survivors of serious suicide attempts contacted fewer friends and professionals to get help for general mental problems as well as for suicide attempts. This was particularly true during the month preceding the suicide attempt, even though they suffered more from depression and hopelessness.

## 2. Method

### 2.1. Study sample

The study included 196 participants (72 women and 124 men) aged 16–71 years ( $M = 39.94$ ,  $SD = 13.34$ ), divided into 3 groups, as follows: (1) *Suicide attempters*. This group included 92 consecutive patients admitted to a general or university-affiliated psychiatric hospital in 2005–2009 for a suicide attempt during the previous 3 months; suicide attempt was defined as an act of deliberate self-harm committed for the self-expressed intention of the subject to die. Subjects who made an act of deliberate self-harm without intention to die were excluded from the study. (2)

Download English Version:

<https://daneshyari.com/en/article/6790001>

Download Persian Version:

<https://daneshyari.com/article/6790001>

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