



Overarousal interacts with a sense of fearlessness about death to predict suicide risk in a sample of clinical outpatients

Jessica D. Ribeiro*, Caroline Silva, Thomas E. Joiner

Department of Psychology, Florida State University, 1107W. Call St., Tallahassee, FL 32306, USA

ARTICLE INFO

Article history:

Received 7 June 2013

Received in revised form

10 March 2014

Accepted 29 March 2014

Keywords:

Suicide

Overarousal

Agitation

Sleep

Interpersonal theory of suicide

ABSTRACT

Converging evidence suggests that acute states of overarousal are common prior to suicidal behavior. Yet, there has been very little theory-driven research of these phenomena. We consider two competing theoretical perspectives. The first is consistent with the interpersonal theory of suicide, which suggests that the prospect of engaging in lethal suicidal behavior should elicit some degree of arousal; however, the effect of arousal will be particularly relevant when considered in the context of an individual's capability for suicide. The second perspective draws from escape-based models, which would suggest that arousal alone should result in increased suicide risk, given the distress associated with high arousal states. Results indicated that the interaction of overarousal and capability for suicide was associated with suicidal symptoms. As overarousal increased, suicidal symptoms increased among high capability individuals and decreased among low capability individuals. These effects were observed beyond the effects of depression, anxiety, age, gender, and marital status. There was no significant main effect of overarousal. Results support a perspective in line with the interpersonal theory, suggesting that overarousal states may be particularly dangerous for individuals who have developed the capability for suicide.

© 2014 Published by Elsevier Ireland Ltd.

1. Introduction

Suicidal individuals, particularly prior to a near-lethal or lethal attempt, are often behaviorally and psychologically overaroused – restless, uneasy, preoccupied, and stirred up inside (Robins, 1981; Busch et al., 2003). Indeed, acute states of heightened arousal – in particular, sleep disturbance and agitation – have been repeatedly linked to suicidal behavior. Despite well-documented links, there has been very little research offering and evaluating theory-driven explanations of why these states often precede serious suicidal behavior. Theory-driven research offers a number of advantages in the process of scientific discovery. In general, theory delimits the field of inquiry, which, in the absence of theoretical boundaries, can be overwhelming. Theory can also guide construct development and measurement as well as inform statistical analysis. Finally, theoretical frameworks can function as conceptual guides for the interpretation of findings and generation of new research activity. In light of the advantages of theory-driven research, the objective of the present project is to address this gap in the literature. We do so by examining a perspective consistent with

two leading theoretical perspectives on suicide: capability-based perspective (i.e. Interpersonal Theory of Suicide (Joiner, 2005; Van Orden et al., 2010) and escape-based perspectives (i.e., Psychache Theory (Shneidman, 1993, 1998), Escape Theory (Baumeister, 1990), and the Cry of Pain Model (O'Connor, 2003)).

1.1. Overarousal and suicidal behavior

Prior to engaging in lethal or near lethal suicidal behavior, many suicidal individuals are characterized as physically and psychologically agitated (Busch et al., 2003; Robins, 1981). Often, sleep is also disturbed (Bernert et al., 2005; Pigeon et al., 2012). The danger associated with these acute and heightened states of arousal is reflected in both a growing literature base and expert clinical consensus (Rudd et al., 2006; McDowell et al., 2011).

As a risk factor for suicide, acute agitation typically involves both behavioral and psychological unrest. Objectively, individuals are often observed engaging in restless and/or repetitive behaviors (e.g., wringing hands, pacing) and, if asked directly, individuals may describe a sense of subjective restlessness and unease – for instance, they may express wanting to crawl out of their skin (Ribeiro et al., 2011). Studies that have examined agitation in suicidal behavior have repeatedly found pronounced associations. A retrospective chart review of inpatient suicide deaths, for

* Corresponding author.

E-mail address: ribeiro@psy.fsu.edu (J.D. Ribeiro).

instance, revealed that nearly 80% of decedents experienced severe agitation in the week before death (Busch et al., 2003). A similar proportion was reported by Way et al. (2005) among inmates who died by suicide while incarcerated. Close to 90% of patients admitted to an emergency mental health care unit reported agitation during the month prior to the attempt as well (Hall et al., 1999). Agitation has also been found to discriminate between acutely suicidal patients from those more chronic, with agitation being more common among those acutely suicidal (Conrad et al., 2009; Jobes et al., 1997).

Insomnia symptoms have also been found to independently confer risk for suicide attempts (Barbe et al., 2005; Liu, 2004; Wojnar et al., 2009; Ağargün et al., 2007; Nruham et al., 2008; Wong et al., 2011; Sjöstrom et al., 2007) and death (Goldstein et al., 2008; Bjørngaard et al., 2011; Fujino et al., 2005; McGirr et al., 2007). Evidence further suggests that insomnia symptoms may be particularly salient to acute suicidal behavior. For instance, among mood-disordered adults, insomnia symptoms (along with agitation) was found to predict suicide death over a one-year follow-up but failed to emerge as a significant predictor at 2–10 year follow-up (Fawcett et al., 1990). Insomnia symptoms were also identified as indicators of immediate risk of suicide, beyond the effects of depression and age in a psychological autopsy study of 156 depressed suicide decedents (McGirr et al., 2010). Experiencing frequent insomnia is also independently associated with substantially increased risk of suicide attempts at one-year follow-up (Li et al., 2010). Insomnia symptoms have also been found to prospectively predict suicide attempts at one-month follow up in a sample of military personnel, beyond the effects of depression and hopelessness (Ribeiro et al., 2012).

Nightmares have also been identified as salient risk factors for serious suicidal behavior. A large population-based study by Tanskanen et al. (2001) revealed that the presence and frequency of nightmares significantly increased risk of suicide death: occasional nightmare sufferers were at 57% greater risk of suicide whereas frequent nightmare sufferers were at 107% greater risk. As with insomnia symptoms, there is some evidence to suggest that nightmare severity might be particularly salient to imminent suicidal behavior. Among psychiatric outpatients, for instance, those suffering from frequent nightmares were more than 8 times more likely to attempt suicide within a year. When insomnia and nightmares co-occur, they confer even greater risk of re-attempt within a one-year period (Li et al., 2010).

Despite documented associations, no strong theoretical accounts have been empirically scrutinized in an effort to explain why these phenomena might be relevant to suicidal behavior. Below, we examine the links through the lens of the interpersonal theory of suicide.

1.2. Theoretical perspectives on overarousal

According to the interpersonal theory of suicide (Joiner, 2005; Van Orden et al., 2010), most individuals, even in the context of strong suicidal desire, will be discouraged from engaging in suicidal behavior because of its instinctively aversive nature. Suicidal behavior involves overcoming strong self-preservation instincts, which most individuals are not innately capable of doing. Humans have evolved to experience an increase in arousal when confronted with any potential threat to survival, which in turn prepares individuals to either confront or avoid the potential threat (Cacioppo, 1994). Considered in this context, overarousal may emerge as a function of seriously planning for and perseverating on the prospect of engaging in potentially lethal suicidal behavior.

The interpersonal theory does contend, however, that the fear associated with suicide may lessen as a function of repeated exposure to experiences that are similarly frightening (Joiner, 2005; Van Orden et al., 2010). Repeated exposure will result in a decrement of the fear experienced when first confronted with the

prospect of engaging in suicidal behavior. As an individual gains further exposure and, by consequence, develops a sense of fearlessness about death, the theory holds that his or her capability for suicide increases. Yet, engaging in potentially lethal suicidal behavior still requires energy and resolve.

Within this context, we suggest that heightened arousal states may have differential effects on suicidal behavior depending on acquired capability levels. In states of heightened arousal, research has suggested individuals are more likely to engage in their dominant response, which refers to the reaction most readily elicited by a given stimulus (e.g., Hull, 1943; Zajonc, 1965). Among individuals who have not developed a heightened sense of fearlessness about death, the increased arousal associated with the prospect of impending death will likely result in avoidance of life-threatening behaviors. By contrast, individuals who evidence high levels of acquired capability are less likely to avoid potentially lethal stimuli. Should these individuals develop a desire to die, the arousal they may experience when considering the prospect of impending death may instead facilitate engaging in suicidal behavior by providing them with the necessary energy to confront the inherent threats to survival associated with suicide.

An alternative perspective can be drawn from escape-based models of suicide, such as Escape Theory (Baumeister, 1990), Psychache Theory (Shneidman, 1993, 1998), and the Cry of Pain Model (O'Connor, 2003). Across these models, it is suggested that suicidal individuals consider suicide as a means of escaping some aversive state. Drawing from these perspectives then, it might be suggested that individuals experiencing overarousal may become increasingly distressed as overarousal worsens. As distress intensifies, suicidal behavior may be viewed as a means of escaping the aversive experience. Should this contention hold true, then overarousal alone should result in suicide. By contrast, overarousal would only result in suicidal behavior, according to the interpersonal theory, among suicidal individuals who have developed the capability to engage in suicidal behavior; among individuals whose self-preservation instincts remain strong, overarousal may result in avoidance of suicidal behavior. This does not discount the distress associated with the states of overarousal – the distress associated with the states may indeed exacerbate the desire for suicide – but, in the absence of sufficient levels of the capability for suicide, these states should not result in suicidal behavior.

1.3. Present study

In the present study, the competing perspectives are brought to bear. The independent and joint effects of overarousal and the capability for suicide on suicide risk are examined in a sample of clinical outpatients beyond the influence of anxiety, depressive symptoms, and relevant demographic factors (specifically, age, gender, and marital status). Our hypothesis is in line with the interpersonal theory of suicide – that capability for suicide will moderate the effects of overarousal symptoms on suicide risk, such that suicidal symptoms will increase among individuals high on capability for suicide as overarousal symptoms increase. We do not anticipate the main effect of overarousal, in contrast with escape-based models of suicide, when considered in the context of the capability for suicide and after controlling for depression, anxiety, and relevant demographic factors.

2. Method

2.1. Participants and setting

The current sample consisted of 527 adult outpatients seeking assessment or therapy services at a university-based community mental health center located in the southeastern United States. The clinic serves the community at large and, as the

Download English Version:

<https://daneshyari.com/en/article/6815143>

Download Persian Version:

<https://daneshyari.com/article/6815143>

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