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A cross-cultural replication of an interactive model of anxiety sensitivity relevant to suicide

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ABSTRACT

Recent findings indicate a relationship between anxiety sensitivity (AS) and suicide in a variety of populations in the United States. However, the link between AS and suicide has not been evaluated in other cultures. Suicide rates in Russia are among the highest worldwide making it an excellent choice to evaluate the cross-cultural robustness of these findings. The current investigation sought to replicate and extend the investigation of AS subfactors (i.e., cognitive, physical, and their interaction) in relation to suicidality in a sample of Russian adults. Participants were 390 adults recruited from Moscow using a geographic sampling method. Findings from the current study indicate that the interaction of AS cognitive concerns and AS physical concerns are associated with elevated rates of suicidality and previous suicide attempt, above and beyond negative affectivity and hazardous alcohol use. Clinicians may benefit from implementing AS reduction strategies with individuals who endorse elevated suicide risk as well as elevated AS cognitive concerns and low AS physical concerns.

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1. Introduction

In the last 45 years suicide rates have increased by 60% worldwide (WHO, 2009). One of the countries with the highest suicide rates is Russia, where over 800,000 deaths by suicide have occurred since the fall of communism (Chaykovskaya, 2011). According to the most recent data, Russia has from the 2nd to 6th highest rates of suicide in the world (Chaykovskaya, 2011; WHO, 2009). The current suicide rate of 30.1 per 100,000 people is 50% higher than the worldwide average (WHO, 2009). Despite these elevated rates of suicide, examination of readily malleable risk factors for suicide among Russians has been extremely limited.

Although information about suicide rates was concealed during the communist era, the fall of communism has allowed for more recent studies to evaluate the association between suicide and heavy alcohol use in Russia (Stickley et al., 2011). Stickley et al. (2011) found that increases in heavy drinking were associated with significant increases in death by suicide, both in the modern era (1956–2005) and the late 19th century (1870–1894). Given the vast social, economic, and political differences between these two periods, the authors suggest that the alcohol–suicide relationship in Russia is particularly strong. Pridemore (2006) also

found the same relationship between alcohol and increased suicide in a Russian sample. This investigation indicated that spirits (i.e. vodka), which may comprise 70–80 % of all alcohol consumed in Russia, are especially relevant to the association between heavy drinking and suicide (Pridemore and Chamlin, 2006).

Anxiety sensitivity (AS), a cognitive vulnerability factor for many psychiatric disorders, has emerged a potential risk factor for death by suicide. AS is defined as a fear of the sensations that result from anxiety (Reiss et al., 1986), and is made up of three lower order factors which refer to fears of the physical, cognitive, and social consequences of anxiety (Zinbarg et al., 1997). It is associated with the development of a range of psychopathology including anxiety and mood disorders (Schmidt et al., 2006) and substance use disorders (Lejuez et al., 2006; Schmidt et al., 2007a, 2007b). Previous empirical work shows that measurement of AS in Russian samples is comparable to US samples (Kotov et al., 2005; Zvolensky et al., 2003, 2005).

An emerging body of research indicates that the cognitive concerns subfactor of AS is significantly associated with elevated suicidal ideation (Capron et al., 2012a, 2012b; Schmidt et al., 2001). AS cognitive concerns refer to fears of mental incapacitation or losing control of mental processes in the context of stress or anxiety symptoms. Extant work has revealed that AS cognitive concerns appear to be associated primarily with suicidal ideation (Capron et al., 2012a, 2012c; Schmidt et al., 2001). The association between AS cognitive concerns and suicidal ideation is consistent with recent positive feedback models of suicide suggesting that

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those vulnerable to catastrophic cognitions (“I might lose control of my mind”), such as individuals with high AS cognitive concerns, are at increased risk of suicidal ideation. The Katz et al. (2011) model suggests that limbic–autonomic arousal and catastrophic thinking are mutually activating, thereby creating a positive feedback loop. Within this cycle, catastrophic ideation (e.g., high AS) becomes amplified over time, eventually producing suicidal ideation as the individual struggles to cope with the mounting distress.

Similarly, the AS physical concerns subfactor appears to be related to suicide attempt in the context of elevated AS cognitive concerns. Individuals with high AS physical concerns report things such as “It scares me when my heart beats rapidly” and “It scares me when I feel shaky”. In a sample of clinical outpatients who screened positive for PTSD, individuals with high AS cognitive concerns and low AS physical concerns were significantly more likely to have had a previous suicide attempt (Capron et al., 2012b). This finding is theoretically consistent with the interpersonal–psychological theory of suicide, specifically the concept of acquired capability (Joiner, 2005; Van Orden et al., 2010). The acquired capability for suicide is defined as a fearlessness of death and high tolerance for self-inflicted pain learned through repeatedly experiencing painful and otherwise provocative events (non-suicidal self-injury, combat exposure, numerous physical fights, etc.). Previous work has found that those high in AS have elevated fear of pain (Ocanes et al., 2010). This suggests those with elevated AS physical concerns would be protected from suicide attempt because these individuals seem unlikely to seek out the painful and provocative experiences proposed by the interpersonal–psychological theory to be essential in acquiring the capability for suicide. Alternatively, individuals with low AS-physical concerns may be more willing to engage in these arousing activities and in the presence of suicidal ideation may be at elevated risk for suicide attempt.

Despite the extant work linking AS subfactors to elevated suicidality, there are still a number of notable gaps in the literature. First, the role of AS physical concerns in predicting suicide-related outcomes needs clarification. AS physical concerns interacted with AS cognitive concerns to predict suicide attempt among clinical outpatients screening for PTSD (Capron et al., 2012b). However, this interaction was not found using the IDAS suicidality subscale among samples of HIV positive individuals (Capron et al., 2012d) or cigarette smokers (Capron et al., 2012c). Based on the proposed theoretical connection between AS physical concerns and acquired capability for suicide, the lack of finding may be explained by the dependent variable (IDAS suicidality subscale) reflecting suicidal ideation rather than more serious suicide related outcomes, such as suicide attempt. Additionally, a limitation in the current literature is the lack of investigation in populations outside the United States. Cross-cultural examination of the AS–suicide relationship could allow us to ascertain whether this relationship is specific to the residents of the United States or whether this is a global phenomenon.

The current study sought to address these gaps in the extant AS–suicide literature by examining the association between AS cognitive concerns, AS physical concerns, and their interaction with both (1) a comprehensive measure of suicidality (BSS) and (2) previous suicide attempt, in a community sample of Russians. Russia's suicide rates are among the highest in the world and the current work on risk factors among Russians who die by suicide is limited to heavy alcohol use. Therefore, we controlled for hazardous alcohol use in all analyses.

Based on the extant work between AS cognitive concerns and suicidality (Capron et al., 2012) we predicted that AS cognitive concerns would moderate the relationship between AS physical

concerns and suicidality, such that those with high AS cognitive concerns and low AS physical concerns would be at the greatest risk of elevated suicidality. Based on the interpersonal–psychological theory of suicide, specifically the construct of acquired capability, and the extant literature on AS subfactors and suicide attempt (Capron et al., 2012b), we hypothesized that AS physical concerns would moderate the effect of AS cognitive concerns in predicting suicide attempt history.

2. Method

2.1. Participants

The sample was drawn from the population of adult residents of Moscow. Participants were recruited during the spring and summer of 2002 using a geographic sampling method (see Zvolensky et al., 2003, for a complete description). The final sample consisted of 390 participants representative of residents of Moscow, and was matched to the census on age and income with no more than one percentage point difference for each demographic category. We were not able to match the sample perfectly on education and somewhat over-sampled individuals with college education. Overall, the participants average age was 43.55 years (S.D.=16.4 years), 50.5% were female, and 61.8% were college educated.

2.2. Measures

Assessment adaptation procedures. All measures were adapted using a multi-stage procedure in accordance with contemporary standards for instrument translation. This adaptation process is fully explained in a separate report (see Kotov et al., 2005, for details). The adapted instruments were found to be psychometrically equivalent to the original measures.

Anxiety Sensitivity Index (ASI) is a 16-item questionnaire in which respondents indicate on a five-point Likert-type scale (0 = *very little* to 4 = *very much*) the degree to which they fear the sensations associated with anxiety symptoms (Reiss et al., 1986). The ASI has three lower-order factors that all load on a single higher-order factor across diverse populations (Zinbarg et al., 1997). The lower-order factors represent physical, cognitive, and social concerns, and the higher-order factor represents the global AS construct. The ASI has demonstrated good internal consistency across diverse populations (Peterson and Reiss, 1986), including Russians (Kotov et al., 2005); the measure was comparably reliable in the present investigation, with a coefficient alpha of 0.88 for global AS and 0.87, 0.79 and 0.61 for the physical, cognitive, and social concerns subfactors respectively.

Positive and Negative Affect Schedule—Negative Affect (PANAS) is a widely used 20-item self-report inventory designed to measure global emotional states at the time of assessment (Watson et al., 1988). Items fall into two 10-item subscales that assess positive and negative affect (PA and NA, respectively). Coefficient alpha for the PANAS-NA in this sample was 0.89, indicating good internal consistency.

Beck Scale for Suicidal Ideation (BSS) is a 21-item questionnaire in which respondents indicate on a three-point Likert-type scale the degree to which they endorse suicide related constructs such as suicidal ideation, intent to die and previous suicide attempts (Beck and Steer, 1991). In the current study previous suicide attempt was measured by dichotomizing BSS item 20 (i.e. I have never attempted suicide or I have attempted suicide). Comparable one-item questions of suicide attempt history have been used in previous work (Capron et al., 2012; Schmidt et al., 2001). The BSS has demonstrated high internal reliability across multiple populations (Beck and Steer, 1991). The internal consistency of the BSS in the present sample was excellent (coefficient alpha=0.95).

Alcohol Use Disorders Identification Test (AUDIT) is a 10-item measure of hazardous drinking including alcohol consumption, dependence and negative consequences (Saunders et al., 1993). The AUDIT has been used previously in comparable studies of Russian citizens (Zvolensky et al., 2003) and has been shown to have excellent psychometric properties overall (Saunders et al., 1993). The internal consistency of the AUDIT in the current sample was excellent (coefficient alpha=0.93).

3. Results

Means, standard deviations, and bivariate correlations for the included measures are shown in Table 1. The BSS was most strongly correlated with the AUDIT. This is consistent with the previously reviewed literature that suggests heavy alcohol use is a prominent risk factor for suicide among Russians. Additionally, the BSS was significantly associated with ASI-cognitive and ASI-global.

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