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**AGGRESSION  
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BEHAVIOR**

## Reactive aggression and suicide Theory and evidence

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### Abstract

Aggression confers risk for suicide. However, “aggression” is a heterogeneous construct, and it is likely that subgroups of individuals with particular types of aggression are at higher risk. We postulate that a subtype of aggression, reactive aggression, underlies the link with suicide with implications for suicide risk-recognition and prevention. The theoretical rationale and empirical evidence for the role of reactive aggression in suicide is presented from the perspectives of neurobiology, psychopathology, and overt violent behavior. It is hypothesized that partner–relationship disruptions amplify risk for suicide in the near term among reactive aggressive individuals, particularly those with psychiatric disorders, and preliminary evidence in support of this hypothesis is reviewed. We also discuss being jailed as a potential precipitant of suicide in reactive aggressive individuals. Recommendations are made to advance the study of reactive aggression and suicide, including methodological innovations and a greater focus on research of women and older adults.

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### 1. Introduction

Suicide is the fourth leading cause in the United States of years of potential life lost before age 75 years (National Center for Health Statistics, 1998) and the 11th leading cause of death

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overall (Minino & Smith, 2000). Whereas most studies on aggression and suicidal behavior have examined attempted suicide, this review will emphasize suicide. There are important differences between suicide and attempted suicide. Suicide is much rarer than attempted suicide, and the former is executed with a higher degree of intent using more lethal means (Mos'cicki, 1999). The demography of attempted suicide and suicidal ideation versus suicide also differ markedly. In the United States, older men have the highest rates of suicide, whereas younger women are more likely to attempt suicide (Murphy, 2000). There also are important differences in diagnostic profiles of individuals completing versus attempting suicide (Brent et al., 1988). The demography, psychopathology, and methods of self-harm among individuals making *medically serious* suicide attempts resemble suicides more closely compared to individuals making attempts defined broadly, yet still significant differences in gender composition, diagnostic pattern, and lethality of suicidal behavior remain (Beautrais, 2001). It is therefore important to distinguish suicide from attempted suicide.

Suicide prevention efforts will rely, in part, on developing effective risk-identification and intervention strategies tailored to high-risk populations (Kaplan & Harrow, 1999). It has been established that aggression, no matter how it is defined—as a psychiatric diagnosis (Duberstein & Conwell, 1997), a psychological construct (Conner, Duberstein, Conwell, Seidnitz, & Caine, 2001), or overt violent behavior (Nock & Marzuk, 2000), confers risk for suicide. Serotonin dysregulation, a potent correlate of aggressive behavior, also confers risk for suicide (Mann, Brent, & Arango, 2001). However, aggression is a heterogeneous construct (Vitiello & Stoff, 1997). Identifying the constituent dimensions of aggression that drive risk could be of significant practical value to prevention efforts. We argue in this paper that a subtype of aggression called “reactive aggression” (Dodge & Coie, 1987; Vitiello & Stoff, 1997), and characterized by a proneness to reflexive anger in the context of aversive events, particularly perceived interpersonal threat, is a key to understanding vulnerability to suicide.

In addition to identifying a subgroup of aggressive individuals who potentially have increased risk for suicide, it is especially important to determine the contextual factors or circumstances that amplify or activate this risk among vulnerable individuals. It has been proposed that reactive aggression is a diathesis for suicide, with acute risk occurring in the context of psychiatric illness (Mann, Waternaux, Haas, & Malone, 1999). We suggest that adverse interpersonal events, particularly partner–relationship disruptions, provide an important context or precipitant for suicide among individuals prone to reactive aggression. Other stressful life events, e.g., arrest and being sent to jail, also may serve as a catalyst for suicide among reactive aggressive individuals.

## 2. Reactive aggression

Aggression-prone individuals may be categorized into two subtypes, those displaying “impulsive–reactive–hostile–affective” (referred to here as “reactive”) versus “controlled–proactive–instrumental–predatory” aggression (referred to here as “proactive”) (Vitiello & Stoff, 1997, p. 307). There is strong evidence for the validity of this typology (Dodge & Coie, 1987; Poulin & Boivin, 2000; Vitaro, Gendreau, Tremblay, & Olinny, 1998; Vitiello & Stoff,

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