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## Suicide ideation and social desirability among school-aged young people

P. Miotto<sup>a</sup>, A. Preti<sup>b,c,\*</sup>

<sup>a</sup>*Department of Mental Health, ULSS 7, Conegliano, TV, Italy*

<sup>b</sup>*Department of Psychology, University of Cagliari, Italy*

<sup>c</sup>*Genneruxi Medical Center, Cagliari, Italy*

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### Abstract

A mixed male–female sample of 950 school-aged adolescents, corresponding to 10% of the young population aged 15–19 living in a rural district of Northeast Italy, was investigated with self-reported questionnaires about the links between social desirability and suicide ideation. On the whole 30.6% of females and 23.9% of males reported suicidal ideation of some degree, with 5% in both genders reporting suicide ideation of a high degree (i.e. quite a lot/extremely often). Those who scored higher at the Marlowe–Crowne Social Desirability Scale (SDS) reported lower levels of psychiatric symptoms on the Symptom checklist 90R (SCL-90R), with the “denial” subscale of the SDS resulting specifically associated to lower scores on SCL-90R items measuring hopelessness, thoughts about death and suicide ideation. The personality traits measured by the Marlowe–Crowne SDS, such as defensiveness, denial and self-deception, might be conceived as a protection against psychiatric disorders and suicide ideation.

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*Keywords:* Suicide; Hopelessness; Denial; Self-deception; Adaptation; Adolescence

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\*Corresponding author. Centro Medico Genneruxi, via Costantinopoli 42, I-09129 Cagliari, Italy. Tel.: +39 70 480922.  
E-mail address: [apreti@tin.it](mailto:apreti@tin.it) (A. Preti).

## Introduction

Attempted suicide is one of the strongest risk factors for completed suicide, and an important indicator of emotional distress as well (Harris & Barraclough, 1997; Kessler, Borges, & Walters, 1999; Neeleman, Wessely, & Wadsworth, 1998). Among adolescents attempted suicide often appears at the onset of severe mental disorders, but it also accompanies the typical emotional turmoil of the transition from childhood into adulthood (Brent & Perper, 1995; Neeleman et al., 1998). Typically suicidal ideation precedes suicide planning and attempted suicide (Kessler et al., 1999). Sometimes, but not always, thoughts about death and feelings of hopelessness are significant antecedents of both suicidal ideation and attempted suicide (Beck, Brown, Berchick, Stewart, & Steer, 1990; Beck, Kovacs, & Weissman, 1975; Beck, Steer, Kovacs, & Garrison, 1985).

Many studies support the notion that a mental disorder is the most significant risk factor for both attempted and completed suicide, particularly when it coexists with substance abuse, or conduct disorders or, still, with antisocial disorders (Móscicki, 1997; Tanney, 1992). However during adolescence mental disorders often display unusual symptoms and, sometimes, subtle behavioural changes are more reliable indicators of the risk of suicide than psychopathology. It is not rare that an adolescent suffering from a crisis does not disclose his/her distress overtly, hiding troubles under a socially acceptable facade. Patients' self-reports, indeed, play an important role in determining the outcome of diagnostic assessment. Therefore the propensity to respond in a socially desirable manner could robustly influence the way a disorder is ascertained or not.

Social desirability is the propensity to answer according to what the respondent judges a socially appropriate way of behaving (Edwards, 1957; Evans, 1982). This personality trait can be an important source of bias in diagnostic assessments, and in social and psychometric investigations as well. In the 1960s Marlowe and Crowne presented a scale that could detect social desirability regardless of any associated psychopathology (Crowne & Marlowe, 1960). Their Social Desirability Scale (SDS) soon became a huge success and it was applied to many studies, either in toto or partially. Over time, however, it clearly emerged that the Marlowe–Crowne SDS was not independent from other personality traits of the respondent (Evans, 1982). SDS was found to successfully predict a large number of behaviours that are relevant from a psychiatric viewpoint, such as defensiveness, vulnerable self-esteem and dependence from approval. In general, social desirability scores were interpreted as indicators of psychological health and coping strengths (Connell & Meyer, 1991).

In the 50 years following the first studies by Edwards (1957), interest in social desirability waxed and waned, and the construct was considered both a confounding factor to be kept under control (Nederhof, 1985) and a variable of the highest theoretical importance (Millham & Kellogg, 1980). Still disputed are the properties of the instruments devised to measure social desirability. Some researchers see social desirability as peoples deliberately manipulating their public presentation in order to conceal faults or to exaggerate positive attributes, the so-called need for approval (Crowne & Marlowe, 1964) or, as Paulhus (1991) puts it, the desire to avoid disapproval. Paulhus (1991) also emphasized the distinction between self-deception and other-deception that had already been suggested by Sackeim and Gur (1978). Self-deception is to deny one's negative attributes and to ascribe positive attributes only to oneself. This would not be a mere attempt to deceive the others, but rather the outcome of a process whereby the subject assesses his/her ability

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