



The relationship of perfectionism to suicide ideation and attempts in a large online sample



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ABSTRACT

Perfectionism is a personality construct hypothesized to increase suicide risk. Previous research observed greater levels of perfectionism among those with histories of suicidal thoughts and behaviors. However, it is unclear whether perfectionism is best conceptualized as a predictor of suicide ideation, suicide attempts among ideators, or both. To answer this question, we recruited a large online US-based sample to examine differences on two self-report measures of perfectionism among participants with (1) a history of suicide attempts (attempters; $n = 107$), (2) a history of suicide ideation but no history of suicide attempts (ideators; $n = 164$), and (3) no history of either suicide ideation or suicide attempts (nonsuicidal; $n = 194$). Medium effect size differences were obtained on two dimensions of perfectionism: Socially Prescribed Perfectionism ($d = 0.47$) and Nondisplay of Imperfection ($d = 0.53$) were both higher in ideators compared to nonsuicidal participants. These differences remained statistically significant when controlling for symptoms of depression and anxiety. In contrast, when comparing ideators to attempters, only small to negligible differences were obtained on all dimensions of perfectionism (d range = 0.00–0.26). Our findings suggest that perfectionism is likely associated with the development of suicide ideation, but not the progression from suicide ideation to suicide attempts.

1. Introduction

Suicide is a leading cause of global mortality. The World Health Organization (WHO) estimates that > 800,000 individuals die by suicide each year, and that suicide is the 17th leading cause of global death (World Health Organization, 2014). Across North America, suicide is the 10th leading cause of death and the 2nd leading cause of death among adolescents and young adults (Centers for Disease Control and Prevention, 2015a, 2015b). In addition to fatal suicide attempts, it is estimated that 20 to 25 nonfatal suicide attempts are made (Centers for Disease Control and Prevention, 2015a, 2015b), which often result in severe injury, shame, and personal suffering. Despite extensive scientific, policy and awareness efforts aimed at enhancing suicide prevention and intervention, suicide mortality rates have remained largely unchanged (World Health Organization, 2014). Understanding the risk factors for suicide is crucial to predicting and preventing suicide attempts.

1.1. Distinguishing suicide attempters from ideators

The US Centers for Disease Control and Prevention (CDC) define suicidal ideation as thinking about, considering, or planning suicide

(CDC, 2015a, 2015b). The CDC defines suicide attempt as a nonfatal, self-directed, potentially injurious behavior with the intention to die even if the behavior does not result in injury. While suicide ideation is one of the strongest predictors of suicidal attempts, only a minority of suicide ideators go on to make a suicide attempt (Nock et al., 2008). Importantly, epidemiological and meta-analytic evidence suggests that strong predictors of suicide ideation are minimally predictive of suicide attempts (Kessler, Borges, & Walters, 1999; May & Klonsky, 2016; Nock, Borges, & Ono, 2012). For example, depression, hopelessness, and impulsivity robustly predict suicide ideation, but are no different between suicide attempters and suicide ideators who have never attempted suicide (Klonsky & May, 2010; May & Klonsky, 2016; Qiu, Klonsky, & Klein, in press). This pattern has led Klonsky and May (2014) to suggest that suicide research, theory, and prevention should be guided by an ideation-to-action framework. From this perspective, (a) the development of suicide ideation and (b) the progression from suicide ideation to attempts are understood to have different predictors and explanations (Klonsky & May, 2014; Klonsky, Saffer, & Bryan, in press). A key implication of this framework is that research should aim to determine whether correlates of suicidality are most predictive of suicide ideation, suicide attempts, or both.

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1.2. The potential role of perfectionism in suicide ideation and attempts

Perfectionism is a multidimensional personality trait characterized by a strong desire to pursue excessively high-performance standards and being overly self-critical of one's performance (Flett & Hewitt, 2002). Hewitt and Flett (1991) conceptualize perfectionism as having three maladaptive dimensions; self-oriented perfectionism, other-oriented perfectionism, and socially prescribed perfectionism. Self-oriented perfectionism (SO) involves stringent evaluation of self-directed behaviour and setting exact standards or ideals for oneself as well as, striving for perfection in oneself and avoiding failures (Hewitt & Flett, 1991). Other-oriented perfectionism (OO) pertains to externally directed perfectionistic behaviour, such as placing importance and unrealistic standards on others being perfect (Hewitt & Flett, 1991). The third dimension, socially prescribed perfectionism (SP), involves the belief that others have unrealistic standards for oneself and expect perfection of oneself which one is unable to meet (Hewitt & Flett, 1991). Such standards and expectations are seen as excessive and uncontrollable. Hewitt, Newton, Flett, and Callander (1997) suggest that SP is uniquely associated with maladjustment, increased failures, and stress creating a social form of hopelessness which may be associated with suicidality.

In addition to trait perfectionism, Hewitt et al. (2003) maintain that perfectionists have a need to appear perfect to others and to conceal their imperfections, a tendency referred to as perfectionistic self-presentation (PSP). This construct is conceptualized by Hewitt et al., 2003 as being composed of three dimensions; perfectionistic self-promotion, nondisplay of imperfection, and nondisclosure of imperfection. Perfectionistic self-promotion is characterized by actively displaying one's perfection, aiming to impress others, and gain admiration. Nondisplay of imperfection involves aiming to prevent others from noticing imperfect behaviors. Nondisplay of imperfection is concerned with concealing one's imperfections and can include the avoidance of verbal disclosures of imperfections, such as admitting one's mistakes.

Theory suggests that perfectionism is a personality construct that may be relevant in understanding suicide risk and outcomes (Hewitt, Flett, Sherry, & Caelian, 2006). Elevated perfectionism has been associated with a greater likelihood of several psychiatric risk factors, including depression and anxiety (Smith et al., 2016; Smith, Sherry, Mushquash, in press; Smith, Vidovic, Sherry, Stewart, & Saklofske, 2018), and has been conceptualized as a vulnerability factor for attempting suicide (Flett, Hewitt, & Heisel, 2014; Hewitt et al., 2006; Roxborough et al., 2012; for reviews see O'Connor, 2007, Smith, Sherry, Mushquash, in press and Smith, Sherry, Chen et al., in press). Further, Flett et al. (2014) discuss how the experience of perfectionistic thoughts may contribute to rigid thinking styles and feelings of inferiority, deficiency, and hopelessness which may prompt and escalate suicidal ideation. The authors also explain that the engagement in PSP behaviors can facilitate self-loathing, hopelessness, loneliness, a sense of isolation, and interpersonal alienation, which may potentiate the risk of suicidal ideation and suicidal attempts (Flett et al., 2014; Hewitt et al., 2006).

Given the above theoretical context, several studies have sought to examine the relationship between perfectionism and suicide ideation and attempts. Most of these studies have focused on ideation. For example, Hamilton and Schweitzer (2000) reported a significant positive relationship between increased levels of perfectionism and suicide ideation. Further, Hewitt, Flett, and Turnbull-Donovan (1992) as well as Hewitt et al. (1997) found the SP facet of perfectionism to be significantly correlated with suicide ideation in a sample of psychiatric inpatients. Similarly, Klibert, Langhinrichsen-Rohling, and Saito (2005) used a larger sample of 475 undergraduates and reported that SP was significantly correlated with suicide ideation, whereas SO was not. Moreover, in a sample of 121 inpatients hospitalized for depression, Beevers and Miller (2004) found that higher levels of perfectionism among inpatients were associated with greater levels of suicide ideation

6 months later. Thus far, these studies implicate perfectionism in the development of suicide ideation, but not in the progression from suicide ideation to suicide attempts.

To date, a small number of studies have examined the relationship of perfectionism to suicide attempts. In a sample of 120 adolescent suicide attempters, Boergers, Spirito, and Donaldson (1998) found that adolescents who described death as the primary motivation for a suicide attempt reported greater levels of perfectionism. Hewitt, Norton, Flett, Callander, and Cowan (1998) examined perfectionism in a small sample of inpatients (39 suicide attempters and 39 matched non-attempters) diagnosed with alcohol dependence and found higher SP in the attempter group when compared to the non-attempter group. Roxborough et al. (2012) examined PSP, SP, suicide outcomes, and bullying in a sample of 152 psychiatric outpatient children and adolescents from an anxiety and depression clinic, reporting that both SP and PSP were associated with suicide potential in youth. However, since all or virtually all attempters also have histories of suicide ideation (Klonsky, May, & Saffer, 2016), it is unclear whether these results link perfectionism to ideation, attempts among ideators, or both. This is a critical point given the well-established need to distinguish predictors of ideation from predictors of attempts among ideators (Kessler et al., 1999; Klonsky & May, 2014; May & Klonsky, 2016; Nock et al., 2008).

A recent meta-analysis by Smith, Sherry, Mushquash (in press) and Smith, Sherry, Chen et al. (in press) helps synthesize this large literature. There are two main findings from this meta-analysis. First, Smith et al. (in press) observed that SP predicted suicide ideation in longitudinal studies. Second, Smith et al. (in press) linked perfectionistic concerns and SP to suicide attempts. The findings from the aforementioned studies suggest that perfectionism is related to suicide ideation and distinguishes suicide attempters from non-attempters. What remains unclear, however, is whether perfectionism distinguishes suicide attempters from suicide ideators.

The present, exploratory study compares self-reported perfectionism among individuals with a) a history of suicide attempts (attempters), b) a history of suicide ideation but no history of attempts (ideators), and c) no history of either suicide ideation or attempts (nonsuicidal). Given that depression and anxiety are associated with both perfectionism (Egan, Wade, & Shafran, 2011; Smith et al., 2016; Smith, Sherry, Mushquash, in press; Smith et al., 2018) and suicide ideation (Klonsky et al., 2016; May & Klonsky, 2016), we will also examine if these variables may help account for the relationship of perfectionism to suicide ideation and suicide attempts.

2. Methods

2.1. Procedure

Participants were recruited from Amazon's Mechanical Turk (MTurk), an online platform where individual complete tasks for monetary compensation. Participation in the study was limited to participants residing in United States who had obtained 90% approval rating in successfully a minimum of 100 tasks on MTurk. The study used a screening questionnaire to assess individuals' histories of suicide ideation and suicide attempts. Eligible participants were then presented with the option of completing a second task that included the perfectionism measures, among others.

For the screening questionnaire, potential participants were asked to complete a study estimated to require between 1 and 3 min of their time to complete. Participants were notified that they would be compensated \$0.15 for their participation. Participants were provided with a link to a screening questionnaire hosted by Qualtrics, an online questionnaire software company. To avoid multiple survey completions by the same MTurk participant, Qualtrics restrictions allowing one response per IP address and one response per MTurk ID were enabled. Furthermore, participants had to complete a "captcha" or "reverse Turing test" to verify that human participants were completing the

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