

# The persistent shadow of suicide ideation and attempts in a high-risk group of psychiatric patients: A focus for intervention

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## Abstract

**Objective:** Patients with a history of suicidal ideation or attempts, especially if they have serious psychopathology with repeated hospitalizations, are burdened by ongoing risk for suicide. We studied this high-risk group to assess their psychological status following their most recent suicide attempt, in contrast to equally ill patients without a suicide history. Further, among suicidal patients, we compared those with only ideation, with a non-medically serious suicide attempt and with medically serious suicide attempts. We also report on the development of a new measure of psychic pain.

**Methods:** Patients in residential treatment (n=131) completed self-report questionnaires about suicide history, impulsiveness, psychic pain, resilience, and reasons for living. A series of univariate ordinal logistic regressions identified variables to include in a multivariable logistic regression to examine the odds associated with increasing levels of suicidality.

**Results:** A history of suicidal ideation or suicide attempts is associated with proportionally more psychic pain and fewer current reasons for living. Prior history of abuse, impulsiveness, and general resilience were not significantly associated with suicidal severity.

**Conclusions:** For patients who have suicidal ideation, or have attempted suicide, and also have additional risk factors including past hospitalization, treatments should include both understanding the sources of psychic pain and promoting individual discovery of reasons for living.

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## 1. Introduction

Public health approaches to reducing the suicide rate include using demographic and psychiatric risk factor data to classify groups at elevated risk for suicide and to identify proximal warning signs of increased danger. Treatment for individuals in an acute suicide crisis generally consists of providing access to crisis intervention and stabilization, and perhaps short-term hospitalization followed by a referral to outpatient psychiatric follow-up. Once the crisis passes, those who have made a suicide attempt are at elevated risk for repeated attempts or completed suicide [1–3]. A recent study by Bostwick et al. demonstrated that in a large community sample of suicide attempters and completers, of those who died by suicide 59.3%

died on the first attempt. Of the group surviving a first attempt, who subsequently went on to die by suicide, 81.8% died within a year of the index attempt [4]. Suominen et al. found that the lifetime risk of completed suicide, following a suicide attempt is elevated for as long as 37 years following the index attempt, demonstrating that risk persists well beyond the first year following a suicide attempt [5].

In a large epidemiological study using a general population sample of people reporting no suicidal ideation, or suicidal ideation, suicide plans, and suicide attempts, “cumulative probabilities were 34% for the transition from ideation to a plan, 72% from a plan to an attempt, and 26% from ideation to an unplanned attempt” [6]. Although the majority of people with suicidal ideation will not make an attempt, in this particular study, over 60% of first suicide attempts occurred within the first year of the onset of suicidal ideation, suggesting a critical window of opportunity for intervention.

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Identifying psychological and demographic variables that distinguish ideators from attempters is a critical gap in the current research landscape. May and Klonsky [7] completed a meta-analysis of 27 studies comparing ideators and attempters finding only negligible to moderate effects of variables between these groups. This is in contrast to comparing ideators to non-suicidal individuals, where the same variables more robustly distinguish the two groups. They also note that the continuum of suicidal thinking and behavior has often been collapsed into composite variables around attempters vs. nonattempter status, or have aggregated attempters and ideators into a single group. Other researchers using attempt or completion as a composite suicide variable have noted that such a grouping does not distinguish traits that predict attempts from those associated with death by suicide, or from ideation without attempt [3]. One aim of our study was to understand psychological vulnerabilities across individuals with varying levels of lifetime suicidal history, in the context of multiple risk factors for suicide.

In addition to past suicide attempts, negative life events and psychiatric history also increase risk for suicide. Additional risk factors include the presence of a psychiatric disorder [8], admission or discharge from a psychiatric hospital [9], and childhood adversity [10], particularly patient reports of sexual and physical abuse during childhood [11,12]. Psychological trait and state risk factors for suicide include impulsivity [2,13], hostility and aggression [14], hopelessness [15], traumatic affective deluge [16], and intolerable psychological pain described by Shneidman as “psychache” [17]. Recurrent episodes of psychache or other affective states associated with prior suicide attempts may retraumatize the patient leading to spiraling risk for another suicide attempt [16].

Psychache is a particularly important, yet understudied, theoretical construct that describes an internal experience of intolerable psychological pain leading to suicide as a way to end or escape the pain [17,18]. As part of program of research we developed a scale aimed at assessing psychic pain as strongly associated with suicidal behavior. In a separate population we tested the validity of this scale as a measure of psychic pain and the subjective experience of it as overwhelming.

A second aim of our study was to examine the associations between severity of suicide related history and two protective factors, general resilience and reasons for living. Psychological resilience, as measured by the Connor Davidson Resilience Scale [19] has been found to mitigate the risk for suicide associated with childhood trauma [20], and also is associated with fewer suicide attempts in veterans of the Gulf War [21]. In an extensive literature review of the construct of reasons for living, Bakhiyi and colleagues [22] found that in several studies, lower scores on Linehan’s Reasons for Living Inventory [23] were associated with a history of suicide attempts. Identifying specific protective factors and how such factors are related to suicidal histories in patients with numerous risk factors is increasingly important in order to develop therapeutic interventions that foster the development of protective factors at the level of the individual.

Most salient, however, is our interest in characterizing post-suicidal states where, as noted, the clinical theories of Shneidman and Maltzberger suggest that psychic pain may persist and diminish resilience and reasons for living. While in our cross sectional study causal relationships cannot be inferred, the clinical theory does predict strong inverse relationships between psychic pain and both resilience and reasons for living.

Following a suicide attempt referral for psychiatric treatment is clinically indicated, and clinicians and patients are then left with the task of understanding what vulnerabilities and motivations contributed to the attempt, how such vulnerabilities may persist, and how to prevent subsequent attempts. A subset of suicide attempters are psychiatric patients who already have access to treatment, have tried multiple treatment modalities, have had multiple hospitalizations, and continue to have persistent symptoms that interfere with functioning, including persistent suicidal ideation and repeated suicide attempts. A study by Forman et al. demonstrated that a history of multiple suicide attempts is a marker for severe psychopathology [24], while other studies have demonstrated a wide range of psychopathology associated with increased risk for suicide [25]. Understanding the psychological characteristics of patients with severe psychopathology and a history of suicide attempts is important in order to develop targeted treatment approaches that address cognitive, affective, personality, behavioral, interpersonal, and unconscious dynamics that continue to increase risk for suicide.

Our final aim was to explore differences in psychic pain, resilience, reasons for living, impulsiveness and abuse histories in four groups of patients: 1) those who never made an attempt and do not have suicidal ideation; 2) those who report a history of suicidal ideation but have never made a suicide attempt; 3) those who have made a suicide attempt that is not rated as a medically serious attempt; and 4) those who have made a medically serious suicide attempt. We hypothesized that we could detect differences between these four groups in measures of known risk and protective factors, and that group membership within these four categories of suicidal experience would be marked by increasing risk and diminishing protective factors.

## 2. Method

### 2.1. Participants

Participants ( $n = 131$ ) were patients in a psychiatric hospital/residential treatment program. Exclusion criteria included: active psychosis, serious organic impairment, suicide attempt during the current admission, or length of stay less than 30 days. There were 298 patients admitted during the period of the study. Fifty (17%) patients met exclusion criteria based on active psychosis or a length of stay less than 30 days and were not eligible to participate. None were excluded on the basis of organic impairment or a suicide attempt during the current admission, leaving 248 eligible participants. Of those eligible, 131 (53%) consented

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