

Perfectionism, narcissism, and depression in suicidal and nonsuicidal adolescent inpatients

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Abstract

Objective: The aim of this study was to investigate the relationship between 2 psychological profiles: (a) the *intrapersonal profile*, involving self-critical depression, self-oriented perfectionism, and narcissism, and (b) the *interpersonal profile*, involving dependent depression and socially prescribed perfectionism, and the association of these 2 profiles with suicidal behavior among adolescent inpatients.

Methods: One hundred adolescents, admitted to a university-affiliated psychiatric adolescent inpatient unit in Israel, completed the Depressive Experience Questionnaire for Adolescents, the Child and Adolescent Perfectionism Scale, and the Narcissistic Personality Inventory. The Suicidal Potential Interview was used to evaluate suicidal behavior and separate them into low-risk and high-risk groups.

Results: Dependent depression correlated positively and significantly with severity of suicidal behavior. Adolescent inpatients with high levels of suicidal behavior ($n = 54$) were more dependent in terms of depression and were more inclined to socially prescribed perfectionism compared with adolescent inpatients with low levels of suicidal behavior ($n = 45$). The components of the intrapersonal profile did not correlate with severity of suicidal behavior; however, low narcissism scores characterized the psychological function that strongly predicted severe suicidal behavior.

Conclusions: The findings indicated that the conceptualization of 2 broad intrapersonal and interpersonal profiles in adolescent inpatients may have some validity in terms of the interpersonal dimension. The components of the interpersonal profile related to severe suicidal behavior and may be important in planning treatment strategy.

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1. Introduction

Adolescent inpatients often have a history of repeated suicide attempts, and a high percentage of these patients go on to commit suicide [1,2]. Many studies have suggested that up to 90% of youngsters who complete or attempt suicide

have at least 1 diagnosable mental disorder including personality disorders at the time of their attempt [3]. Personality development can be conceptualized as the result of a complex interaction of 2 fundamental developmental processes: the development of increasingly integrated *self-definition* or *identity* and the development of increasingly mature *interpersonal relationships*. These developmental aspects, known as the *intrapersonal* and the *interpersonal*, normally evolve throughout life in a complex dialectical process [4].

Three affective-personality constructs, *depression*, *perfectionism*, and *narcissism*, are important for the understanding of suicidal phenomena and can be conceptualized in relationship to the intrapersonal/interpersonal developmental dialectic.

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1.1. Depression and suicidality in adolescence

Suicide among adolescents can be viewed as an affective state that emerges from stressful life events [5,6] with depression as a major risk factor. Depression that arises from self-definitional issues can be differentiated from depression focused on interpersonal issues [7–10]. Consequently, *introjective or self-critical depression* is seen in adolescents who engage in harsh and constant self-scrutiny. They show chronic feelings of unworthiness, inferiority, failure, and guilt and strive for achievements and make high demands on themselves. *Dependent or anaclitic depression* occurs in individuals who have intense fear of being abandoned and experience deep longings to be loved and cared for. For them, separation or loss of others is a source of considerable fear [5,6]. It is of note that previous studies have shown that mixed types of patients are more pathologic than either anaclitic or introjective types alone [11,12].

Few studies have addressed the relationship between these dimensions of depression and suicidal behavior in adults [9,13]. Patients with dependent depression tend to make low lethality suicidal gestures, usually by overdosing. Individuals who suffer more of self-critical depression are at high risk for serious and lethal suicide attempts [14]. By Faza'a et al [15], self-critical individuals showed greater intent to die and greater lethality in their suicide attempts than did dependents. Self-critics were also more likely to attempt in response to an intrapsychic stressor, with the explicit motivation to escape [15].

Among adolescents from the community, *both* dimensions were related significantly to suicidal ideation [13]. Klomek et al [16] examined the relationship between suicidality and dependent and self-critical depression among adolescents. Suicidal adolescents have significantly higher levels of self-critical and dependent depression, compared with nonsuicidal inpatients and healthy controls.

The literature is replete with references to the personal and interpersonal dimensions of perfectionism. These are predictors of suicide attempts among adolescents [17–20]. Hewitt and Flett [21,22] have conceptualized perfectionism in adolescents as a construct that incorporates 2 dimensions: *self-oriented perfectionism* involves strong motivations and unrealistic expectations of perfectionism for oneself and focuses on one's flaws. This type of perfectionism may be relevant to suicidal episodes because these adolescents experience increased stress by maintaining stringent criteria for success and by possessing a self-evaluation style that allows only for total success or total failure as outcomes. *Socially prescribed perfectionism* involves the perception of one's need and inability to meet the expectations imposed by others. This dimension may be related to suicide because it entails stress and a social form of helplessness brought about by the inability to control others' expectations of the self. Given the concern of adolescents about peer and social acceptance, this form of perfectionism may be particularly dangerous [19].

Socially prescribed perfectionism has been related to suicidal behavior among both adult inpatients [23] and adolescent inpatients [19]. Apter et al [24] found that one of the prominent reasons for attempting suicide among adolescents was a perceived failure to live up to expectations.

Depression and perfectionism may interact in a manner that is relevant to the study of suicide [25,26]. Both dimensions of perfectionism were related to unipolar depression among college students [27]. However, self-oriented perfectionism may be more important as a stress-vulnerability factor in depression [28] because it has been significantly associated with self-critical depression among adults [29].

1.2. Narcissism and suicide

The concept of *narcissism* has a long history [30]. Orientation toward the self, as reflected in the definition of narcissism, may be related to self-critical depression [31] and to self-oriented perfectionism [22]. Indeed, self-oriented perfectionism has been found to be associated with narcissism among students [22]. Interpersonal orientation may be reflected in dependent depression [31] as well as in socially prescribed perfectionism. There have been few empirical studies of narcissism [30], and its association with suicidal behavior [30] regarded narcissism as a higher order construct that describes diverse, yet interdependent, mental and behavioral phenomena. One study used this conceptualization to examine the association between narcissism and suicide [32].

The theoretical and empirical literature on adolescent suicide, described above, refers to the association between depression, perfectionism, narcissism, and suicidal behavior. However, to the best of our knowledge, this is the first study that evaluated the combination of these variables when they are incorporated within the conceptualization of intrapersonal and interpersonal profiles. Consequently, assessing the relevance of these psychological profiles of adolescent suicidal behavior in an *inpatient setting* seemed of interest. More specifically, asking the question of whether the *intrapersonal profile* (involving Self-Critical Depression, Self-Oriented Perfectionism, and Narcissism) and the *interpersonal profile* (involving Dependent Depression and Socially Prescribed Perfectionism) might be useful in classifying psychiatrically ill young people. An additional goal of this study was to evaluate whether different relationships may be found between the 2 profiles and the severity of suicidal behavior.

2. Method

2.1. Study participants

One hundred ten patients admitted consecutively to a university-affiliated psychiatric adolescent inpatient unit were included in the study. Eight patients refused to

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