HOW DOES EMOTIONAL ABUSE AFFECT THE CAPABILITY FOR SUICIDE?

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BACKGROUND

Suicide is responsible for 800,000 deaths each year1 and is therefore a major public health problem. The INTERPERSONAL PSYCHOLOGICAL THEORY OF SUICIDE2 (IPTS, Figure 1) offers a theoretical framework for the explanation of the development of suicidal ideation and suicidal behavior. Several studies have shown that child abuse acts as a risk factor for psychopathology in general2,3 and for suicidal ideation4 and suicidal behavior5 in particular. While there is evidence for an association of emotional abuse with suicidal behavior across the lifespan, the underlying mechanisms still remain unclear. In a study of 84 patients with unipolar depression and current/past suicidal ideation2 we found this relationship to be indirect and mediated by CAPABILITY FOR SUICIDE (C3). The aim of the current study is to study why emotional abuse is associated with CS, although it is considered to be physically painless, and which role NONSUCIDAL SELF-INJURY (NSSSI) may play.

Hypothesis: The relationship between emotional abuse and CS is mediated by NSSSI.

METHODS

SAMPLE

We examined 229 inpatients (52.2% female, 18-81 years) which were admitted to a psychiatric ward after attempting suicide or due to acute risk of suicide.

INSTRUMENTS

For the assessment of emotional abuse we used the corresponding subscale of the German version of the CHILDHOOD TRAUMA SCREENER (CTS). With the GERMAN CAPABILITY FOR SUICIDE QUESTIONNAIRE (GCSQ) CS and its subscales FEARLESSNESS ABOUT DEATH (FAD), PAIN TOLERANCE and PERCEIVED CAPABILITY were assessed. NSSSI was assessed using the GERMAN VERSION OF THE SELF-INJURIOUS THOUGHTS AND BEHAVIORS INTERVIEW (SIT-BIG). Furthermore we measured pain threshold and tolerance using the WAGNER FDX PRESSURE ALGOMETER.

STATISTICAL ANALYSES

Mediation analyses were conducted, using the PROCESS-MACRO VERSION 2.16 FOR SPSS. Sex and past suicide attempts were entered as covariates to the mediation analyses.

RESULTS

EMOTIONAL ABUSE

GCSQ
FAD: c' = -.06
Pain tolerance: c' = .14
Perceived Capability: c' = -.01

GCSQ
FAD: c = -.01
Pain tolerance: c = .15
Perceived Capability: c = .01

ALGOMETER

DIRECT:

Pain threshold: c' = -3.23
Pain tolerance: c' = -9.26*

TOTAL:

Pain threshold: c = -3.22
Pain tolerance: c = -9.15*

NONSUICIDAL SELF-INJURY

GCSQ
FAD: b = .02
Pain tolerance: b = .01*
Perceived Capability: b = .01

ALGOMETER

Pain threshold: b = .00
Pain tolerance: b = .03

CAPABILITY FOR SUICIDE

DISCUSSION

EMOTIONAL ABUSE has a DIRECT RELATIONSHIP with NSSSI in all models.

The only significant INDIRECT RELATIONSHIP was found for emotional abuse and PERCEIVED CAPABILITY FOR SUICIDE.

Surprisingly, there was a SIGNIFICANT NEGATIVE RELATIONSHIP of emotional abuse with PAIN TOLERANCE (when measured with the pressure algometer).

LIMITATIONS

EMOTIONAL ABUSE rarely occurs in isolation and has a complex relationship with emotional abuse and for operationalization of emotional abuse and CS. NEED FOR PROSPECTIVE DATA.

CONCLUSION

NO REPPLICATION of previous results.

EMOTIONAL ABUSE is a RISK FACTOR for the development of NSSSI. NSSSI MEDIATES the RELATIONSHIP between EMOTIONAL ABUSE and the PERCEIVED CAPABILITY FOR SUICIDE.

REFERENCES


