

Differences in Guilt, Shame, Self-Anger, and Suicide Cognitions Based on Recent Suicide Ideation and Lifetime Suicide Attempt History

Authors : E. H. Szeto, E. Ammendola, J. V. Tabares, A. Starkey, J. Hay, J. G. McClung, C. J. Bryan

Abstract : Introduction: Suicide is a leading cause of death globally, which accounts for more deaths annually than war, acquired immunodeficiency syndrome, homicides, and car accidents, while an estimated 140 million individuals have significant suicide ideation (SI) each year in the United States. Typical risk factors such as hopelessness, depression, and psychiatric disorders can predict suicide ideation but cannot distinguish between those who ideate from those who attempt suicide (SA). The Fluid Vulnerability Theory of suicide posits that a person's activation of the suicidal mode is predicated on one's predisposition, triggers, baseline/acute risk, and protective factors. The current study compares self-conscious cognitive-affective states (including guilt, shame, anger towards the self, and suicidal beliefs) among patients based on the endorsement of recent SI (i.e., past two weeks; acute risk) and lifetime SA (i.e., baseline risk). Method: A total of 2,722 individuals in an outpatient primary care setting were included in this cross-sectional, observational study; data for 2,584 were valid and retained for analysis. The Differential Emotions Scale measuring guilt, shame, and self-anger and the Suicide Cognitions Scale measuring suicide cognitions were administered. Results: A total of 2,222 individuals reported no recent SI or lifetime SA (Group 1), 161 reported recent SI only (Group 2), 145 reported lifetime SA only (Group 3), 56 reported both recent SI and lifetime SA (Group 4). The Kruskal-Wallis test showed that guilt, shame, self-anger, and suicide cognitions were the highest for Group 4 (both recent SI and lifetime SA), followed by Group 2 (recent SI-only), then Group 3 (lifetime SA-only), and lastly, Group 1 (no recent SI or lifetime SA). Conclusion: The results on recent SI-only versus lifetime SA-only contribute to the literature on the Fluid Vulnerability Theory of suicide by capturing SI and SA in two different time periods, which signify the acute risks and chronic baseline risks of the suicidal mode, respectively. It is also shown that: (a) people with a lifetime SA reported more severe symptoms than those without, (b) people with recent SI reported more severe symptoms than those without, and (c) people with both recent SI and lifetime SA were the most severely distressed. Future studies may replicate the findings here with other pertinent risk factors such as thwarted belongingness, perceived burdensomeness, and acquired capability, the last of which is consistently linked to attempting among ideators.

Keywords : suicide, guilt, shame, self-anger, suicide cognitions, suicide ideation, suicide attempt

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