A Psychosocial understanding of suicidal behavior: The contribution of distorted thoughts

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ABSTRACT

The phenomena of self-destruction are multifaceted and complex social psycho-biological phenomena which may be approached from various perspectives. The purpose of this research is to record the psychosocial factors that contribute to the explanation of suicidal behavior, using as a theoretical frame of reference that these individuals are more vulnerable to experiencing cognitive distortions in relation to non-suicidal. This qualitative research was performed using semi-structured interviews of six women, aged 26-50 who have committed at least one suicide attempt. The main conclusion of the research is that suicidal individuals tend to exhibit cognitive rigidity and many negative thoughts highlighting individual dimensions of suicidal behavior.

INTRODUCTION

Suicide is the tragic result of a personal decision of a particular person at a particular time. From one point of view, suicide is an expression of free will which only humans have and that distinguishes them from other living beings. It is estimated that over the last 50 years suicides have increased by 60% worldwide (WHO, 2011). It has been estimated that each year 1.000.000 suicides are recorded. A suicide takes place every twenty seconds while suicide attempts are estimated to have about twenty times greater frequency than suicides (one attempt every second) (WHO, 1998). The literature records the existence of a major mental disorder as the most important risk factor for the onset of suicidal behavior, defining as a major mental disorder a pattern of thinking or behavior or an anomaly which causes pain or disability, that is not developmentally or socially determined. Mental illness is generally determined by a combination of how a person feels, acts, thinks or perceives. It may be related to specific areas or functions of the brain or the rest of the nervous system, often in a social context (Gazzaniga & Heatherton, 2006). According to clinical-psychiatric approach, suicide reflects the failure or absence of therapeutic interventions in mental illness. It has been supported that about 90% of people who commit suicide suffer from at least one mental disorder (Bertolote & Fleishmann, 2002). Specifically, the incidence of suicide attempts is greater in patients with bipolar disorder type II (24%) compared with bipolar disorder type I (17%) and unipolar major depression (12%). The main depressive symptoms associated with suicidality are these of worthlessness ideas and pessimism. In terms of

socio-demographic characteristics the percentage of depressive people/patients who commit suicide seems to be higher among males, older people, unmarried or divorced, singles and among those who have made attempts in the past, with no good cooperativity in therapeutic interventions and inadequate doses of antidepressants reception (Rihmer et al, 1990).

THEORETICAL FRAMEWORK

There are a lot of different and at some points complementary approaches in order to understand suicidal behaviour, according to the specific theoretical background of each approach.

Attempting to record the key points of these approaches, which were used in the construction of the conceptual framework for structuring research questions, classic family studies, adoption and twin studies provide strong evidence for the inheritance of suicidality, regardless of the marital suicidality with regard to major psychiatric disorders (Asberg et al., 1986). Forty years of research confirm disturbances in serotonergic system not only in suicide but also the para-suicidal behavior. The disorder of the serotonergic system seems to depend on the particular characteristics of the individual (Bellivier et al., 2000). Historically the sociological approach of suicidal behavior is signaled by the French sociologist Durkheim studying suicide as a social phenomenon. He believes that suicide attempts and suicides are determined by socio-environmental parameters and distinguishes four basic types of suicide: the altruistic, the selfish, the anomiki and the fatalistic (Stone, 2001). The sociological approach considers the absence of strong social commitments responsible for the onset of suicidal behavior (Platt, 2012).

Freud has suggested that most of the people who face the loss of a loved one go through the experience of mourning. However, he believed that there are vulnerable people for whom the experience of loss is unbearable and creates enormous anger. The individual in this case, feels ambivalence, but retains the mental image of the loved one by internalizing and becomes part of the ego. Feelings of anger towards the lost object cannot be expressed themselves and thus become a self-censorship and a desire to hurt himself. When these feelings reach a critical state, will involve the need to destroy themselves (Freud, 1917). Especially in existential-phenomenological analytical psychotherapy is argued that the man who is suicidal is “unfree” because he turned against himself, unable to take responsibility for his actions and his choices, trapped inside the anger and desperation (Condrau, 1998).

In cognitive triad of Beck (1996) for depression, there are three parameters that determine cognitive thinking of a depressive patient. The self is often perceived as inefficient, incompetent and unworthy to be loved, the world around the person is often seen as dismissive, critical and indifferent and the future often perceived by the person as a bleak, hopeless.

Finally, suicide is associated with all ages. In childhood is rare, while the suicide index increases significantly in adolescence (Beratis, 1991). The children begin to understand death as a state that resembles sleep (Mishara, 1999). The mature understanding of death is related to the level of cognitive development (based on the classification of Piaget), rather than chronological age. In a survey of Normand & Mishara (1992) in children aged 5-11 years proved that the understanding of the concept of suicide is growing at a very young age and is associated with the development of death

perception. This research, however, had one restriction. If any of the children surveyed did not know the word “suicide” was excluded from it. But the children at this age may not know the specific terminology, however they have knowledge about what it means to kill someone or kill yourself. For this reason the next survey tried to explore young children's understanding of death and suicide even if they do not know the specific to describe their beliefs about them (Mishara, 1999). In this research took part 65 anglophone elementary school children, middle class, aged 6-12 years, after written approval of their parents. Initially they were granted the questionnaire of Piaget, which explores the perception of life. The next questionnaire given evaluated the understanding of death. A questionnaire in order to understand the concept of suicide and the subjects' experience of suicide was also used. Finally, the attitudes of children towards the phenomenon of suicide as well as their perception of age were examined. The survey results show that most of the children understand the concept of someone killing himself, although they don’t recognized the word “suicide”. Their knowledge about the subject was raised by peers or by listening to adult conversations without directly explain them the phenomenon.

Finally, according to the cognitive approach the state of suicidality that somebody experiences consists of four main factors: the cognitive system, the emotional system, the behavioral system or the system of incentives and finally the biological - body system. Cognitive parameter is formed on the individual as the system of suicidal belief (Berk et al., 2004). According to investigators the suicidal people are more susceptible to experiencing cognitive distortion compared to non-suicidal. They show high levels of despair, irrational belief, stiff negative thoughts and difficulty in solving problems. Cognitive distortions are playing an important role in the development and maintenance of suicidal ideation and various suicidal behaviors (Dubicka et al., 2010).

A recent survey of Jager-Hyman et al. (2014) investigated the existence of cognitive distortions in suicidal individuals. More specifically they examined if some people who have recently attempted suicide develop some cognitive distortions with regard to a number of people who have not attempted but exhibit some psychiatric need. The results showed that people who have recently committed suicide attempt are more likely to develop a way of thinking that is characterized by cognitive distortions, than the people who have not attempted suicide within a short time period (Jager- Hyman et al., 2014).

In conclusion, suicidal behavior seems to be associated with various characteristics, such as lack of social relations, depression, negative self-image, low self-esteem, reduced ability to solve current problems. The aim of this work is to investigate the cognitive characteristics of people with suicidal behaviors. A survey was held in a population of individuals who have made at least one suicide attempt. The aim of the research is to test the hypothesis that this special population tends to show cognitive rigidity and many negative thoughts that exceed the limit of normal, to use a less conciliatory way of thinking, compared to the general population, and have distorted nuclear thoughts and beliefs about themselves and their lives marked by deep pessimism and negativity. Furthermore it is necessary to investigate what is the role of these cognitive distortions in strengthening the suicidal ideation and imposing the individual to end his life, more generally, how the thought of a suicidal person affects his decision to commit suicide. Specifically it has been investigated whether they tend to magnify the value of negative experiences and minimize the positive ones, to over-generalize situations and generally to focus only on the negative characteristics of a situation or of themselves. Thus the three main cognitive errors that attempted to

explore is to enlargement / minimizing, the overgeneralization, and tubular vision.
Moreover, particularly interesting are the studies in childhood. The suicide attempt in childhood is associated with biological, psychiatric factors, oppressive parental environment and existence of stressful events. Children are beginning to understand death as a state resembling sleep. The mature understanding of the concept of death is related to the level of cognitive development. However adult sample was preferred because the theoretical framework dictated a complete cognitive development in order to investigate the presence of cognitive distortions.

PARTICIPANTS

The sample of the survey consisted of six women, aged 26-50 years, who committed suicide-not necessarily recently. Suicide attempt is defined to be any conscious effort to end one's life and the self-destructive behavior without a fatal outcome accompanied by proof that the person intends to die.
MX. is 29 years old and lives with her husband and her child. Until recently her father in law was living with them with whom she maintained bad relationships which created tension in the house. She has received university education but she is not working, at the moment due to panic attacks that often happen. The first and only attempt made in October 2014 with drugs in combination with alcohol. The interview shows that chronic depression she is suffering from, along with an environment full of tension and negativity and the lack of any support led MX. to suicide.
A. is 47 years old and lives in Athens with her mother. She is unmarried and not employed. A. made her first suicide attempt when she was fourteen years old and then many attempts followed. According to her, the most severe was in 1998 where she cut her veins in combination with taking pills. Regarding the psychiatric history the diagnosis which was given was bipolar disorder. She says she wanted to harm herself because of the unbearable feelings and thoughts due to depression, coupled with the lack of support from the family environment, but she was not aware of the act at the time, as she was in panic.
G. is 38 years old; she comes from Philippines and lives in Athens. She is divorced and she has a job. The first suicide attempt was made in November 2014 and was followed by many self-inflicted injuries. The diagnosis has been given is post-traumatic stress disorder combined with borderline personality. The rape of her daughter by her own brother was preceded. The powerful traumatic event of the rape of her daughter and the feelings of guilt for failing to prevent the incident contributed to the suicide attempt. These stressful factors created intense psychic pain that G. attempted to relieve by harming herself.
N. is 27, lives in Serres and is unmarried. She finished the nursing school five years ago but she has not managed to find a job in her specialty in Greece. The first attempt took place about two years ago, another one followed and both were made with pills. The initial diagnosis was bipolar disorder and later borderline disorder was added to it. N. led to suicide attempt in order to relieve mental pain, but she was able to recover from the self-destructive tendency after the second attempt.
M. is 26 years old and lives alone. She is a teacher and she had her master in Rhodes but now is unemployed. The first suicide attempt was in 2005, at the age of sixteen. At that time there were family problems and quarrels between her and her parents. M. faced serious relationship problems with her family with tension and intense indifference which led to the suicide attempt.

T. is 50 years old and she lives in Athens. She is retired but the period of the attempt she was still working. She is divorced with two children. The first attempt took place when she was fifteen years old. The diagnosis had been given a year ago, when the doctor concluded that the adolescent diabetes, from which she was suffering, caused depression and embodied stress. T. was driven to attempt suicide twice due to severe depression triggered by the loss of loved ones. This tendency for self harm was reinforced and by other stress factors such as divorce and lack of support from the relatives.

MATERIALS

The investigation was carried out using a semi-structured interview. The first part of the interview was designed to collect data on the demographics of individuals and their personal history. More specifically, questions recorded name, age, place of residence, marital status, and information about the attempt. These were about when the first attempt took place and how many followed. Individuals were asked on the presence of psychopathology, emotions and thoughts before and after the attempt, the knowledge of rescue existence and about the following treatment. Moreover, women were asked to put on what was the attempt's target, if was fulfilled in some other way and to give a brief description. Finally data were recorded relating to the supportive social network of each subject. The questions were not directional and people were encouraged to develop their thoughts freely. The second part of the interview investigated the existence of distorted thoughts to people who have attempted suicide, and the development of cognitive errors about oneself, life and future.

PROCEDURE

The sample was retrieved from the nonprofit organization MAZI that supports people with mood disorders. In the request for people who have committed even a suicide attempt only women responded. This is the reason why population is exclusively feminine. The interviews were conducted via skype, after the individuals' preference and were recorded with their consent.

CODING

Data were analyzed by the method of qualitative content analysis. "On analysis, the researcher analyzes a specific message identifying the various symbolic meanings sections, the various issues contained in it» (Laswell H.D, 1942). The interviews were transcripted and encoded and the common conceptual themes were highlighted. The last stage of the analysis involved the connection of the modules with the broader literature and existing theories. The classifications that came up describe thoughts and feelings of worthlessness, hopelessness, pessimism, dissatisfaction, anger, frustration, resignation from life. The answers were then grouped into three main categories of cognitive distortion. The first included the thoughts that came from the growth of the importance of the negative experiences of the individual such as fears, weaknesses, mistakes and devaluation of positive elements like successes, skills (enlargement-minimizing). As a result low self-esteem is created and negative feelings about oneself and about life override. The second category related to an individual's tendency to see only the negative aspects of a situation (tubular vision) which leads to disappointment and withdrawal from life. The third category taken under consideration referred to the

tendency that the person makes generalized conclusions concerning the assessment of his life drifting from failure and negative evaluation of himself and his life in general. Finally, these data were linked to the socio-demographic characteristics of women and regularities in behavior were emerged.
The research was fully complied with the instructions and the guidelines of Panteion University of Athens research ethics committee. Interviewees completed an application to participate in the survey and were assured that the results will be anonymous and that they could withdraw at any stage of the investigation. For the analysis of the results the method of triangulation was used, where a psychologist, a sociologist and a methodologist were involved. Finally the main conclusions were discussed with 5 of the 7 subjects and they agreed with their interpretation (Alexias et al., 2015).

RESULTS

The findings largely confirm the working hypothesis. More specifically, the initial questions revealed that A., M. (who says that its adolescence was too difficult) and T. committed their first attempt in the period of adolescence, confirming the view that at this stage of life increased rates of suicide are detected. Furthermore, according to the World Health Organization (1998), suicide was the second or third cause of death for ages 14-18 years. At this age beyond the existence of some psychopathology issues, important risk factors are considered some of the individual psychological characteristics of adolescents as the way of thinking and judgment about future , negative prejudices and personality traits such as impulsiveness, aggression, neuroticism, the anxiety. Moreover teenagers are influenced by peers and friends, the internet and the media and by various family factors. Overall the replies of interviewees gave information for the factors that encouraged the attempt and those who influenced as protective. Initially , it is interesting that all the interviewees mentioned problematic relations with their family environment which is considered as a risk factor for a person bethinking suicide. In particular, MX. indicates intense bickering with her husband and her father. A. indicates a lack of support from the family environment. G.'s and N.'s family had a distant attitude, however N. said that regarding her friends she always had in her environment people who supported and did not disappointed her. M. described that there were some family issues, some quarrels with her parents. Finally, T. also mentioned that there was a difficult situation at home, basically they did not know each other and that she grew up with her grandmother. Women who reported the existence of a strong relationship with one or more members of their family as their child, admitted that they regretted the self-destructive act. As a reinforcing factor of the suicide attempt can be considered the lack of a job and the indignation of people who cannot have the opportunity to work. Such a case is N. who is a 27 years old graduate nurse, who failed for five years to find a job. She was feeling that she was not useful but she thought that she hadn't got the opportunity to show her capacities.

The suicidality as it has been mentioned is the result of multiple factors which interweave with one another, but according to research data on the existence of suicidal behaviors, mental disorder has an important contribution (Bertolote & Fleishmann, 2002). This was confirmed in this study as all subjects were diagnosed at some time (before or after the attempt) with a mental disorder, the majority of which were emotional disorders. Four of the six subjects (MX., S., N., T.) were diagnosed with depression and described how feelings of despair, unhappiness, frustration, sadness overwhelmed their psyche and triggered their need to leave the unbearable reality (" I

wanted to hurt myself").
Regarding methods of suicide various factors determine the choice of the method of the suicidal act. Some important factors are the availability of means, the suicidal intent and the sex of the person as well as a variety of environmental and social factors. The ways that seemed to prevail in this research is the use of drugs (3 persons) and superficial incisions on the dorsal surface of the wrist (2 persons). Based on the literature men turn to violent methods while women in non-violent. In relation to their age younger people often turn to an overdose of pills and older people to hanging themselves. Moreover the intention of the person determines the method of suicidal act. Especially those with high suicide intent typically use more lethal methods. Individuals in this research used non-violent methods which have resulted in the failure of the attempt. This fact was justified by the sex, age and their rather low intent to commit suicide (Currier et al., 2008).
The suicidal person is characterized by a way of thinking more rigid compared to the general population. More specifically they make erroneous thoughts that prevent the proper solution of problems and create a distorted reality that finds it difficult to manage. This view seems to be confirmed through analysis of interviews of this survey. People mentioned thoughts of worthlessness, hopelessness, pessimism, low self-esteem that did not fully comply with reality, creating the feeling that their life could not be improved and they considered that they were not worthy as individuals. Therefore death looked like the only solution to escape that reality and their suicidal tendency was strengthened. These thoughts are distorted since they do not convey the true image of themselves and of life but have an overdose of negativity arising from the special and rigid thinking of people with suicidal behaviors.
According to Beck's cognitive triad of depression there are three factors that describe the thinking of a depressed patient and relate the perception of the person himself, the world around him and his future. The self is often perceived as inefficient, incompetent and unworthy to be loved, the world around the person is often seen as dismissive, critical and indifferent, and the future often perceived by the person as bleak and hopeless. Negative ratings and mainly these of the future, are strong predictive markers for suicidality.
Through the interview questions the survey explored the thoughts of suicidal individuals about themselves, the world around them and their future, particularly regarding three specific cognitive distortions: enlargement/ minimizing, overgeneralization and tubular vision. Results showed that they magnify the negative attributes of themselves, the failures, the mistakes, and underestimate the value of positive characteristics, like their assets and successes. Typically G. said that she had failed as a mother and did not deserve anything better than dying. Even they tend to result in generalized conclusions, describing their lives under some failure or injustice, thus dominating negative emotions and pessimistic feelings about their future. They considered that the reality cannot be improved and that any failure will repeat in the future. M. said that she thought that everything was black, that life could not be improved but it has reached the end. Finally, the existence of tubular vision is confirmed by the consideration as important only of the negative features of a situation, or those of their own self, thus developing despair and anxiety for the future. MX. referred that she thought that only unpleasant things would happen, and it would get worse in the future. These thoughts trigger and strengthen the existence of suicidal behavior in combination with other factors.
It is obvious that the suicidal person causes bodily harm to himself. How this trend of

self-destruction and non-respect of the body is interpreted? According to the existential-phenomenological approach a person does not want to change his life, but only the outer garb. He looks for ways to abuse his body as he believes that in this way he regains control of the situation and he is the master of his body and thus he acquires mental relief. However interviewees denied any deliberate attempt to destroy their body and the association between the image of their body and the desire for suicide, but they confirmed the existence of relief through self-harm (G., N. and M. indicated self-harm). N. described that she wanted to calm her inflicted mental pain. Therefore there may be an unconscious tendency to change its image, and enforce sovereignty of the individual in it.

DISCUSSION

The results confirm the existence of cognitive distortions in people who have committed suicide attempt. Individuals' thoughts show intense pessimism and resentment caused by the accumulation of some negative events in people's lives. While those without suicidal tendencies would face one failure in life as a normal situation in the natural course of life, people who have attempted suicide are facing one failure as a major impasse difficult to handle. Subjects describe pessimistic thoughts about the future and low self-esteem for themselves. Through answers was created the impression of a negative self-image of each person for himself as well as a strong resistance to improve the reality in the future. These consolidated thoughts create a rigid way of thinking that prevents people to hope for a better future and to find the strength to overcome setbacks and difficulties of the present situation. Therefore, these distorted ideas are as a reinforcing factor for suicide, as a person loses hope to improve his life and the desire to continue living.

The conclusions of the survey are liable to contribute to the early identification of groups that have greater probability to commit suicide and thus to limit the extent of the phenomenon. The results should provide to mental health professionals the knowledge and the opportunity to contribute to the early recognition of such situations and reduce the self-destructrion ideas of the patients.

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