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Attempted Suicide in Those with Personality Disorders

A Comparison of Depressed and Unsocialized Suicide Attempters

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Summary. From a sample of 499 patients admitted to hospitals for suicide attempts, a subsample of 182 suicide attempters who described histories of illicit activities or who were diagnosed with DSM-II antisocial, drug or alcohol personality disorders were compared with another sample of 109 suicide attempters diagnosed as having depressive disorders. The former group of unsocialized attempters obtained similar depression inventory scores as the diagnosed depressive attempters. However, the index attempts of the unsocialized group were made with less suicidal intent than those of the diagnosed depressive patients, and they made more prior suicide attempts than the diagnosed depressive patients.

Key words: Attempted suicide – Personality disorders – Depressive disorders

Introduction

Suicide is a rare deviant act which may indicate that a suicidal person is not socialized into the traditional nonsuicidal culture (Lester 1987). Durkheim's (1951) theory of suicide proposes a similar idea; suicide was thought to be more common in people who were poorly regulated by society (anomic suicides) and poorly integrated into society (egoistic suicides) than in those who were well integrated into and regulated by society.

Empirical research has identified some groups of suicidal people as relatively more unsocialized (Hawton 1987). For example, most of the studies about persons making a series of suicide attempts have reported that such persons are more often diagnosed as psychopathic or with personality disorders, to be more often unemployed, to more often have a criminal record, and to be more likely to be alcohol abusers (Lester 1983). Repeaters, therefore, display a chronic maladaptive life style indicative of social deviance.

Ovenstone and Kreitman (1974) classified their sample of Scottish attempted suicides into repeaters and nonrepeaters. The repeaters were, in general, composed of psychopaths, drug addicts, and alcoholics who were known to psychiatrists but unresponsive to psychiatric treatment. They had long histories of instability and lived in situations of chronic personal and social disorganization. Debts and a criminal record were common. More recently, Pablo and Lamarre (1986) in Canada found that 40% of their sample of attempted suicides were alcohol abusers, 44% were drug abusers, and 33% had spent time in prison.

The present study attempted to identify psychosocial characteristics that differentiated socialized attempters from attempters with histories of antisocial behavior. Earlier studies have categorized their samples of attempted suicides on some basis, such as a history of prior suicide attempts, and then explored indices of lack of socialization (Hawton 1987).

Subjects and Methods

The criteria for identifying an unsocialized suicide attempter were (1) having experienced problems with the law, (2) having received a DSM-II (American Psychiatric Association 1968) personality diagnosis of antisocial, drug, or alcohol personality disorder, or received a DSM-II diagnosis of alcoholism. [The data were collected prior to the publication and use of DSM-

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III (American Psychiataric Association 1980)]. The unsocialized attempters were also required to have *not* received a DSM-II diagnosis of psychotic or neurotic depression. The frequencies of these characteristics for the unsocialized attempters are shown in Table 1. For purposes of comparison, a subsample of attempters was chosen who had received a DSM-II diagnosis of psychotic or neurotic depression and did not meet any of the criteria listed above for the unsocialized attempters.

Table 1. Demographic characteristics of the diagnosed depressive and unsocialized suicide attempters

	Depressive ($n = 109$)	Unsocialized ($n = 182$)	
Male	27.5%	53.3%	$\chi^2 = 18.41$, $P < 0.001$
White	53.2%	51.6%	$\chi^2 = 0.07$
Marital status			
Married	24.8%	14.5%	$\chi^2 = 4.74$, $P < 0.05$
Single	34.9%	47.5%	
Widowed	4.6%	2.8%	
Separated/divorced	31.2%	27.9%	
Cohabiting	4.6%	7.3%	
Dead at follow-up	4.6%	8.2%	
Age (years)	30.7 (SD = 11.8)	28.1 (SD = 8.5)	$t = 2.19$ $P < 0.03$
Drug abuser	0%	58.0%	
Problem with law	0%	72.8%	
Problem with alcohol	0%	53.5%	
Personality disorder			
Antisocial	0%	11.3%	
Drug	0%	21.5%	
Alcohol	0%	22.0%	

Each patient was seen within 48 h of admission to a large metropolitan hospital by members of our research staff. In a psychiatric interview, an experienced clinician elicited information pertaining to the patient's diagnosis. Of a sample of 499 consecutive suicide attempters, 109 (21.8%) were classified as depressive suicide attempters, and 182 (36.5%) were unsocialized suicide attempters. The clinician also administered the Suicidal Intent Scale (SIS) (Beck et al. 1974b), which assesses the seriousness of the suicide attempt based upon the circumstances of the suicidal act (such as whether precautions were taken against discovery). A post-suicide version of the Scale for Suicide Ideators (SSI) (Beck et al. 1979) was also administered at this time.

Procedure. Simple demographic data were collected, including data on age, sex, race, and marital status. In addition, each attempter was administered a series of psychological tests and psychiatric rating scales by a psychological technician including the Beck Depression Inventory (BDI) (Beck et al. 1961), the Hopelessness Scale (HS) (Beck et al. 1974a), and the Clarke-WAIS vocabulary scale (Paitich and Crawford 1976).

In addition, each suicide attempt was rated for its medical lethality. Details on the validity, reliability and detailed method of administration of these scales can be found in Beck et al. (1974b, 1975).

Results

The demographic characteristics of the unsocialized and socialized/depressive suicide attempts are presented in Table 1. The diagnosed depressive suicide attempters were older, more likely to be female, and

Table 2. Clinical characteristics of diagnosed depressive and unsocialized attempters

	Depressives ($n = 109$)	Unsocialized ($n = 182$)	t[a] ($df = 275$)	P
BDI	24.3 (10.6)	23.3 (12.5)	0.69	
HS	9.5 (6.0)	8.1 (6.2)	0.51	
SIS	14.4 (5.5)	12.3 (5.9)	2.91	0.004
SSI	7.4 (5.1)	6.3 (5.8)	1.57	
Lethality score	3.3 (2.3)	3.1 (2.2)	0.72	
Vocabulary	24.9 (7.5)	23.4 (7.0)	1.31	
Two or more prior suicide attempts	14.3%	25.7%	$\chi^2 = 6.55$	0.04
	Depressives ($n = 109$)	Antisocial personality ($n = 20$)		
BDI	24.3 (10.6)	18.7 (12.6)	2.12	0.04
HS	9.5 (6.0)	8.4 (6.2)	0.70	
SIS	14.4 (5.5)	11.8 (6.3)	1.89	0.06
SSI	7.4 (5.1)	6.7 (5.3)	0.53	
Lethality score	3.3 (2.3)	3.4 (2.1)	0.29	
Vocabulary	24.9 (7.5)	22.3 (8.3)	1.07	

[a] These differences were replicated when sex was controlled for by means of two-way analyses of variance

Table 3. Differences between the depressive and unsocialized suicide attempters on the Suicidal Intent Scale

	Depressive attempters ($n = 102$) Mean (SD)	Unsocialized attempters ($n = 175$) Mean (SD)	t
Total score	14.39 (5.46)	12.31 (5.2)	2.97 [a]
Isolation	1.23 (0.71)	1.13 (0.72)	1.15
Timing	0.76 (0.76)	0.63 (0.68)	1.36
Precautions against discovery	0.98 (0.55)	0.91 (0.68)	0.96
Acting to get help during/after attempt	1.07 (0.96)	1.06 (0.94)	0.08
Final acts in anticipation	0.19 (0.48)	0.11 (0.37)	1.29
Active preparation for attempt	0.47 (0.61)	0.42 (0.62)	0.63
Suicide note	0.45 (0.83)	0.25 (0.63)	2.17 [a]
Overt communication before attempt	0.49 (0.74)	0.52 (0.75)	0.32
Purpose of attempt	1.44 (0.71)	1.29 (0.77)	1.61
Expectations of fatality	1.35 (0.82)	1.13 (0.82)	2.08 [a]
Conception of lethality	1.30 (0.79)	1.11 (0.84)	1.87
Seriousness	1.54 (0.71)	1.22 (0.84)	3.42 [a]
Attitudes toward living/dying	1.54 (0.66)	1.33 (0.71)	2.46 [a]
Conception of rescuability	0.74 (0.79)	0.57 (0.68)	1.80
Premedication	1.14 (0.91)	0.95 (0.91)	1.66

[a] Statistically significant

more likely to be married than the unsocialized attempters.

Differences between the two groups of suicide attempters on the psychological tests and psychiatric rating scales are shown in Table 2. The two groups did not differ in depression, hopelessness, post-attempt suicidal ideation, or vocabulary knowledge. Neither did they differ in the medical lethality of their suicide attempts.

The major difference between the groups was that the unsocialized group were more likely to have made more than one previous suicide attempt, and this present attempt was less serious (Table 2). On the 15 items of the SIS, the unsocialized group was less likely to have left a suicide note, had less of an expectation that the attempt would be fatal, had an attitude that favored living over dying, and perceived their attempts as less serious (see Table 3).

A subgroup of 20 suicide unsocialized attempters was studied who had been given a diagnosis of antisocial personality disorder. These attempters were compared with the 109 diagnosed depressive attempters, and the results are shown in Table 2.

The 20 attempters with a diagnosis of antisocial personality had lower mean BDI scores than the diagnosed depressive subsample. However, when controls for sex were introduced by means of two-way analyses of variance, the differences in BDI scores failed to reach significance, though still in the same direction for both male and female attempters ($F = 2.45$, $df = 1.122$; $P = 0.12$).

Discussion

Previous research by Ovenstone and Kreitman (1974) has indicated that persons making repeated suicide attempts are less likely to be socialized, thas is, they were more likely to be substance abusers and more likely to have had problems with the law. The present research found that unsocialized suicide attempters made less serious suicide attempts and more prior attempts than socialized/depressive attempters.

Data from a smaller sample of suicide attempters diagnosed as having an antisocial personality disorder indicated that these antisocial suicide attempters had lower depression scores and less suicidal intent than the depressed attempters.

The clinical impression of the unsocialized suicide attempters as a group was that they have similar levels of depression to the depressed suicide attempters (and the results of the study confirmed this). The depressives appeared to have a negative self-image only when depressed. In contrast, the unsocialized group appeared to be losers, and so their negative self-image seemed to be realistic. The unsocialized suicide attempters appeared to have poor problem-solving skills, especially in interpersonal situations, and were less able to think abstractly. They seemed to make suicide attempts impulsively in response to problems because they had difficulty tolerating the anxiety that accompanies ambiguity. Psychotherapy for these individuals might focus on teaching them more effective problem solving skills.

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