SUICIDOLOGY

SUICIDE AND COPING BEHAVIOUR

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Abstract
This article reviews the concept of coping, various coping mechanisms and its relevance with regard to suicidal behaviour. Review of studies shows that suicidal individuals show unhealthy coping techniques like emotional coping, blame, suppression, substitution etc. Unhealthy coping mechanisms coupled with stressful life events and poor social support leads to unhealthy life styles like suicidal behaviour.

Introduction

Pearlin & Schooler (1978) conceptualized coping as "any response to situational life stressors that serves to prevent, avoid or control emotional distress". The stressors are not passively received by the individual, but that he actively engages in certain thoughts and behaviors to mitigate and avoid their impact. Coping behavior or the things people do to reduce the stress has recently become the focus of research. How people cope with stress may be more important than the frequency or severity of stress.

Classification of coping responses

Moss & Billings (1982) have organized the dimensions of appraisal and coping into 3 dimensions.

Appraisal focused coping

It involves attempts to define the meaning of a situation and includes such strategies as logical analysis and cognitive redefinition.

Problem focused coping

This seeks to modify or eliminate the source of stress to deal with the tangible consequences of a problem or actively change the self and develop the most satisfying situation.

Emotion focused coping

This includes responses whose primary function is to manage the emotions aroused by stress and there by maintain effective equilibrium. These categories, are however, not mutually exclusive. Their primary focus is on appraising and reappraising a situation, dealing with reality of the situation, and handling the emotion aroused by the situations.

Coping and outcome

Coping can have an effect on three kinds of outcome- psychological, social and physiological (Pestonjee, 1999). From a psychological prospective, coping can have an effect on the person's morale (the way one feels

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about oneself and one's life), emotional reaction (level of depression or anxiety, or the balance between positive trend and negative feelings), the incidence of psychiatric disorders and even performance. From a social prospective, one can measure its impact on functional effectiveness such as employability, community involvement and sociability, the effectiveness of interpersonal relationships or the degree to which useful social rules are filled (acting out, antisocial behaviors etc, are avoided). From a physiological prospective, outcome includes short-term consequences, such as the development and progression of a particular decease.

Coping and suicidal behaviour

Several studies have demonstrated a crucial role of coping in buffering the impacts of different stressors on the development of overt psychiatric morbidity (Kaslow et al, 2004). Coping mechanisms serve as an internal source of emotional strength and mediates a personal reaction to any perceived stress whether internal or external. It has been reported that individuals who attempt suicide have more difficulties in coping with interpersonal problems than do non-suicidal psychiatric patients or general population (Lineham et al, 1986). Suicidal patients are less able to consider alternatives and they have less flexibility in thinking. Yip et al (2003) have found that older adults above 60 years who engaged in active coping (that is who actively seek to manage or control the negative events in their lives) fare better with lower levels of suicidal ideation than those who use passive coping styles.

Suicidal patients were less likely to use the coping style of minimization to deal with life problems (Kumar, 2007). This coping style refers to a personal tendency to de-emphasize the burden and importance of a perceived stressful event. This may make them unable to buffer and neutralize the impact of stressors and that may "make mountains out of mole hills". This may contribute to their exaggerated reaction to stressful situations, which results in suicide attempt as a last resort.

Suicidal patients also lack the coping style-mapping (the ability to obtain information and fail to look for alternative solutions) (Schneidman, 1982). Because of this suicidal person is unable to differentiate between important and unimportant sources of pressure, and has difficulty in finding alternatives to the problems of every day life.

Josepho & Plutchik (1994) investigated the relationship interpersonal problems, coping styles and suicide and demonstrated that interpersonal problems and suppression were significantly and positively correlated with suicide risk. Apter et al (1989) have reported that the defense mechanisms of repression and denial were positively and negatively correlated, respectively, with suicide risk. According to them, the parallels of these mechanisms on the cognitive level are the coping styles of suppression and minimization.

The coping styles blame and substitution are reported to be excess in suicidal patients (Kumar, 2007). It appears that blaming others for one's problems, avoiding the problem or engaging in indirect tension reducing approaches, serves to augment suicidal behaviours. The coping styles like replacement and reversal were negatively correlated with suicidal risk. Learning about the situation and looking for alternative ways to solve it and bring to make best out of the situation decreases the suicidal risk, thus functioning as alternatives. Help seeking activities were not more frequent in suicidal patients. Because these patients did not seek help as frequently as non-suicidal patients, the detection of suicidal behaviour would be more difficult.

Problem solving capacity

Suicidal patients have ineffective problem solving capacity even when more effective strategies are presented to them. They are not able to think flexibly and to look for alternate solutions. They are also unable to differentiate between important and unimportant sources of pressure and has difficulty in finding alternatives to problems of everyday life. Suicide stems from one's inability to cope with negative feelings, emotions and urges coupled with poor coping and decision making skills.

Suicidal individuals have inaccurate appraisal of the extent to which stressful events could be controlled (Wilson et al, 1995). Although they are able to generate as many adaptive strategies as normal subjects for coping with their own most severe recent life stressor, they actually used fewer. They were also more likely to identify maladaptive behaviours as ways of coping. These findings support a transactional model of adolescent behaviour, whereby inaccuracies in the appraisal aspects of problem solving (but not in the solution-generation aspects) in the face of high life stress lead to a reduction in the use of adaptive efforts to cope.

Reasons for living

In a study (Range & Penton, 1994) to estimate the associations among measures of hope, hopelessness and suicidality, scores on three reasons for living scales (coping beliefs, family responsibility and child concerns) were significantly correlated in expected directions with hope and hopelessness score. Further analysis indicated that scores on survival, coping beliefs and the hope subscales agency accounted for 37% of the total variance in suicidality. This study concluded that facilitating college students' hopefulness might bolster their survival and coping beliefs and discourage development of suicidal thoughts or actions.

In an investigation among older adults for their reasons for living and coping abilities (Range & Stringer, 1996) overall coping was significantly positively correlated with two reasons for living subscales such as survival and coping beliefs (SCB) and child related concerns. Women were higher than men in total reasons for living, but not significantly different in coping abilities. Older women may underrate their ability to cope. A positive correlation between SCB and coping strategies 'reassuring thoughts', 'active coping' and 'palliative reaction pattern' (Rietdijk et al, 2001). The subscale SCB significantly predicted parasuicidal behaviour.

Malone et al (2000) tested the hypothesis that 'reasons for living' might protect or restrain patients with major depression from making a suicide attempt. Their study revealed that depressed patients who had not attempted suicide expressed more feeling of responsibility towards family, more fear of social disapproval, more moral objections to suicide, greater survival and coping skills and a greater fear of suicide.

Sense of coherence

Mehlum (1998) assessed suicidal ideation and sense of coherence in young males using Antonovsky's sense of coherence (SOC) scale reflecting a dispositional orientation, which is associated with coping and resiliency. Suicide ideators and attempters had significantly lower SOC compared to respondents with no suicidal ideation or behaviour. Further, this study revealed SOC to be a good predictor of current suicidal ideation in non-clinical population accounting for 21% of the total variance. Edwards & Holden (2001) reported a unique interaction between SOC and emotion-oriented coping with significant predictive potential of suicidal behaviour.

Search activity concept

Weinberg (2000) presented an integrative approach to suicidal behaviour in terms of

search activity concept. Search activity concept displays a broad and holistic approach to behaviour, adaptation to new environment, body resistance, brain amine metabolism and REM-sleep functions. Search activity is defined as activity that is oriented to change the situation (or at least the subject's attitude to it) in the absence of precise prediction of the outcome of such activity, but taking into consideration the outcomes at all previous stages of activity. According to the proposed hypothesis, renunciation of search (a state opposed to search activity) leads to a feeling of helplessness, problem solution deficits, inefficient coping, dreams that represent renunciation of search and a drop in the activity of amines. All these factors further exacerbate the state of renunciation of search and elevate suicidal risk.

Coping styles in children and adolescents

McQuillan & Rodriguez (2000) while reviewing the literature related to teen suicide highlighted lack of coping as a significant factor among many variables leading to suicide. Suicidal adolescents have negative perceptions of their families and maladaptive coping behaviour such as self inflicted behaviours, withdrawal from others, little interest in activities, poor concentration, difficulties with sleeping as well as substance abuse ((Kasheni et al, 1998).

Adolescent suicide attempters made less effective coping with fewer effortful-approach and more automatic-approach coping responses (Piquet & Wagner, 2003). Suicidal adolescents have also been reported to use more maladaptive coping strategies and blaming than lesser risk group who use more adaptive help-seeking strategies (Gould et al, 2004).

HIV diagnosis, coping style and suicide

In HIV infected individuals and and their partners, high suicidal ideation was associated with the use of coping behaviours escape and avoidance and less likely to use positive reappraisal (Kalichman et al, 2000). Upon being notified that a person is HIV positive, he often experiences terror and confusion. At the beginning stages of coping with HIV diagnosis, suicide ideation and behaviour may arise as the infected person begins to envision frightening images of a further life with AIDS.

Siegel & Meyer (1999) in an evaluation of HIV positive men found that suicidal ideation and attempt often provoked a process of coping with HIV disease, leading to a redefinition for the meaning of HIV, enhancing one's sense of control over life, and prompting renewed effort at self-help and help seeking, a new commitment to life and a reappraisal of personal goals.

Coping, childhood sexual abuse and suicidality

Peters & Range (1995) examined childhood sexual abuse and current suicidality in college men and women. Women reported similar degrees of suicidality as men, but greater survival and coping beliefs and more fear of suicide. Those whose sexual abuse involved touching genitals were more suicidal and felt less able to cope and less responsibility for their families, than non-abused adults.

Coping behaviour among substance abusers

Adolescents who were sexually abused, particularly those who experienced the most severe sexual abuse, used negative coping strategies more often than those not sexually abused (Cohen et al, 1996). Adolescents attempting suicide have reported greater use of substances to cope with stressors (Windle & Windle, 1997). In an exploratory sudy (Neale, 2000) of suicidal intent among drug users with non-fatal over dose, suicidal actions were found to be motivated by a range of psychosocial factors such as predisposing

personal circumstances, precipitating events and poor individual coping strategies. Benjaminsen et al (1998) in a comparative study of coping behaviour among alcoholic suicide attempters versus non-alcoholic non-attempters reported that suicide attempters have a significantly lower tendency to make plans to make the best of a stressful situation by growing from it. They were significantly more likely to show mental disengagement, to resort to denial and drink alcohol or take drugs when faced with stressful situations.

Conclusion

The existing literature evidence in the area of coping and suicide concludes that enrichment of repertoire of adaptive coping strategies of such individuals, with emphasis on their use of minimization, as well as mapping, might re-channel their typical pattern of self destructive behaviour to more mature patterns of response in subsequent stressful situations.

References

1. Apter, A., Plutchik, R., Sevy, S., Korn, M., Brown, S. & Van Prag, H.M. (1989). Defense mechanisms in risk of suicide and violence. ***American Journal of Psychiatry***;146, 1027 –1031.

2. Benjaminsen, S.E., Thomson, R K., Balslov, K.D., Gotzche – Larsen, K., Berthou, E., Rask, P.H., Petersen P., Nielsen, A.S. & Nielsen, B. (1998). Factors related to suicidal behavior among alcoholics. ***Ugeskr Laeger***, 160(24), 3551 – 3556.

3. Cohen, Y., Spirit., A., Sterling, C., Donaldson, D., Seifer, R., Plummer, B., Avila, R.& Ferrer, K.(1996). Physical and sexual abuse and their relation to psychiatric disorder and suicidal behavior among adolescents who are psychiatrically hospitalized. ***Journal of Child Psychology and Psychiatry***, 37(8), 989 – 993.

4. Gould, M.S., Velting, D., Kleinman, M., Lucas, C., Thomas, J.G. & Chung, M. (2004). Teenagers' attitudes about coping strategies and help-seeking behavior for suicidality. ***Journal of American Academy of Child and Adolescent Psychiatry***, 43(9), 1124-1133.

5. Josepho, S. A. & Plutchik, R. (1994). Stress, coping and suicide risk in psychiatric patients. ***Suicide and Life Threatening Behavior***, **Spring**, 25(1), 48 – 57.

6. Kasheni, J.H., Suarez, L., Luchene, L & Reid, J.C. (1998). ***Child Psychiatry and Human Development***, Winter, 29(2), 157 –168.

7. Kaslow, N.J., Sherry, A., Bethea, K., Wyckoff, S., Compton, M.T., Bender Grall, M., Scholl, L., Price, A.W., Kellermann, A., Thompson, N. & Parker, R. (2004). Social risk and protective factors for suicide attempts in low income African and Women. ***Suicide and Life Threatening Behaviour***, 35(4), 400-412.

8. Kumar, P.N.S. (2007). Life events, social support and coping strategies in attempted suicide. ***PhD Thesis***, University of Calicut.

9. Lineham M.M, Chiles, J.A., Egan, K.L., Devine, R.H. & Laffau, J.A. (1986). Preventing problems of parasuicide versus suicide ideators and Non-suicidal psychiatric patients. ***Journal of Consulting and Clinical Psychology***, 54, 880 – 881.

10. Malone, K.M., Oquendo, M.A., Haas, G.L., Ellis, S.P., Li,S. & Mann, J.J. (2000). Protective factors against suicidal acts in major depression: reason for living. ***American Journal of Psychiatry***, 157(7), 1084-1088.

11. McQuillan, C.T. & Rodriguez, J. (2000). Adolescent suicide: a review of literature. ***Biological Association of Medical Practice***, 92 (1-3), 30-38.

12. Mehlum, L (1998). Suicidal ideation and sense of coherence in male conscripts. ***Acta Psychiatrica Scandinavica***, 98(6), 487 – 492.

13. Moos, R A. & Billings, A.G (1982). Conceptualizing and measuring coping resources and processes. In Goldberger.L. and Breznitz,S.(eds), ***Handbook of Stress: Theoretical and clinical aspects***. New York, Free Press.

14. Neale, J. (2000). Suicidal intent in non-fatal illicit drug overdose. ***Addiction***, 95(1), 85-93.

15. Pearlin, L.I. & Schooler, C. (1978). The structure of coping. ***Journal of Health and Social Behavior***, 19, 2 – 21.

16. Pestonjee, D. M. (1999). Coping styles or strategies. In Pestonjee, D. M. ***Stress and coping- The Indian Experience***, 2nd Edition, Sage Publications India, Pvt. Ltd. 216 – 229.

17. Peters, D.K & Range, L.M. (1995). Childhood sexual abuse and current suicidality in college women and men. ***Child Abuse and Neglect***, 19(3), 335 – 341.

18. Piquet, M.L. & Wagner, B.M. (2003). Coping responses of adolescent suicide attempters and their relation to suicide ideation across a 2 year follow up: a preliminary study. ***Suicide and Life Threatening Behavior***, 33(3), 288-301.

19. Range, L.M. & Penton, S. R (1994). Hope, Hopelessness and suicidality in college students. ***Psychological Report***, 75(1 pt 2), 456 – 458.

20. Rietdijk, E.A., van den Bosch, L.M., Verheul, R., Koeter, M.W. & van den Brink, W. (2001). Predicting self-damaging and suicidal behavior in female borderline patients: reasons for living, coping, and depressive personality dosorder. ***Journal of Personality Disorder***, 15(6), 512-520.

21. Schneidman, E. (1982). Voices of death. New York: Harper & Row.Sherer, M. (1985). Depression and suicidal ideation in college students. ***Psychological Report***, 57, 1061 –1062.

22. Siegel, K. & Meyer, I.H. (1999). Hope and resilience in suicide ideation and behaviour of gay and bisexual men following notification of HIV infection. ***AIDS Education and Prevention***, 11(1), 53-64.

23. Weinberg, I. (2000). The ultimate resignation: Suicide and search activity. ***Neuroscience and Bio behaviour Review***, 24(6), 605-626.

24. Wilson, K.G, Stelzer, J., Bergman, J.N., Kral, M.J., Inayathullah, M. & Elliot, C. A. (1995). Problem solving, stress and coping in adolescent suicide attempts. ***Suicide and Life Threatening Behavior***, Summer, 25(2), 241 – 252.

25. Windle, R.C. & Windle, M. (1997). An investigation of adolescent substance use behaviors, depressed affect, and suicidal behaviours. ***Journal of Child Psychology and Psychiatry***, 38(8), 921 – 929.

26. Yip, P.S., Chiu, I., Chiu, H., Chi Wai, K., Conwell, Y. & Caine, E. (2003). A prevalence study of suicide ideation among older adults in Hong Kong SAR. ***International Journal of Geriatric Psychiatry***, 1056-1062.