Research Trends

Personality and Repeated Suicide Attempts in Dependent Adolescents and Young Adults

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Abstract. This study compared personality characteristics of subjects with dependence disorders who had previously made a suicide attempt. The population, recruited in France, Belgium, and Switzerland, was composed of 570 subjects (225 females, 345 males, mean age = 27.3, SD = 8.5). The subjects' psychological dimensions were investigated by means of several self-report questionnaires including: BDI-13 (Beck), Sensation-Seeking Scale (Zuckerman), Toronto Alexithymia Scale (Taylor), Interpersonal Dependency Inventory (Hirschfeld), MMPI-2, and some additional scales. For most dimensions, repeat attempters, both past and recent, but more specifically the recent repeaters, had a more severe psychological profile compared to the other suicide attempters.

Keywords: suicide attempts, addictive behavior, personality characteristics

Introduction

In everyday life, the terms “suicide” and “suicide behavior” refer to voluntary actions intended to bring about one’s own immediate death. However, people who act suicidally often do not even mean to harm themselves but only to express or communicate feelings such as distress, hopelessness, and anger. Therefore, three classes of phenomena should be considered: (1) suicidal ideation, which describes conditions that can vary from thoughts that life is not worth living through concrete plans for killing oneself; (2) suicide attempts, which cover behavior that can vary from what are called suicidal gestures to serious but unsuccessful attempts to kill oneself; and (3) suicide, which commonly refers to any death that is a direct or indirect result of an act accomplished by a person who knows or believes that this will be the result (Diekstra, Kienhorst, & de Wilde, 1995).

Much research has been carried out on factors that can explain suicide attempts, but it is difficult to classify the literature according to particular risks. Most of the studies on this topic examine several factors at the same time. For Brent, Kolko, Allan, and Brown (1990) the following areas were thought to be relevant in explaining suicide attempts: clinical correlates of suicide, depression, and, notably, double depression (adding a major depression to an existing dysthymia or depressive neurosis). The risk is increased when depression is associated with drug abuse and external disturbances, cognitive distortions, hopelessness and low self-esteem, a passive coping style, social maladjustment, interpersonal problems, or family and environmental stresses (conflict and loss, mental health problems in one or both parents, suicidal event in the family or in the social network). Eyman, Mikawa, and Eyman (1990) mention mental disturbances, substance abuse, family factors, interpersonal factors, and a contagion effect as risk factors for suicide attempts. Stoelb and Chiriboga (1998) compare primary risk factors, i.e., a former suicide attempt, mood disturbances, hopelessness, with secondary risk factors, such as drug abuse, personality and behavior disturbances, and situational factors such as disturbed family relationships, the experience of a suicide attempt, stress, and lack of social support. Finally, personality characteristics might be a risk factor. They include personality traits like depression, negative self-esteem, and behavioral disturbances (Bolognini et al., 2002; Youssef et al., 2004). It is also postulated that impulsivity could be determinant (Brodsky, Malone, Ellis, Dulit, & Mann, 1997; Spirtito, Brown, Overholser, & Fritz, 1989). Temperament could also play a role in sui-
cide attempts (Weishaar & Beck, 1990). Results in the domain of suicide are rather complex. This can be explained by the fact that most of the research only considers one or another aspect as risk factors.

Less research has been devoted to repeated suicide attempts. The question is whether personality characteristics or a specific psychopathology could explain repeated suicide attempts. Multiple suicide attempts represent a more serious suicidal problem, which can correspond to a borderline personality change or to some other personality disturbance. It has been shown that subjects who attempt suicide several times have a more severe clinical image compared either to subjects who have attempted suicide only once, or to suicide ideators, more specifically when referring to depressive and anxious symptoms, suicidal ideation, hopelessness, problem solving, and personality characteristics (Rudd, Joiner, & Rajad, 1996). Françoise Chastang et al. (1998) have found that those under 30 years of age who attempt suicide repeatedly are characterized by a significantly higher frequency of family antecedents of suicide attempts and by early family separations. The factor “living outside the family before the age of 12” is three times more frequent among suicide-attempt repeaters aged less than 30 years compared to those over 30 years of age, and is found to be a risk factor for attempted suicide repetition in subjects who have a difficult professional situation. The author considers that the family dynamic and the factor of early vulnerable mental health, which is characterized by separations and repeated failures, should be taken into account to explain repeated suicide attempts. Vajda and Steinbeck (2000) have shown that adolescents who were likely to make a new suicide attempt within the next 12 months were characterized by more drug abuse, psychotic disturbances, chronic somatic health, and a history of sexual abuse. Some similar results have been observed by Brown, Cohen, Johnson, and Smailies (1999) who state that the probability of repeating attempted suicide is eight times higher for young people who have been abused sexually. Soreni et al. (1999) hypothesize that adolescents who make repeated suicide attempts have a diminished density of receptors to benzodiazepine. This characteristic is also found in subjects with generalized anxiety or posttraumatic stress disorder, which suggests a causal inference between these disturbances and repeated suicide attempts.

The most important work on repeated suicide attempts has been carried out by Goldston et al. (1996, 1998). They compared four groups of subjects: adolescents who had not attempted suicide, adolescents with a past history of one suicide attempt, those with a past history of repeated suicide attempts, and those who had recently attempted suicide for the first time. They found that repeat attempters and previous single attempters reported more depressive symptoms and trait anxiety than nonsuicidal subjects. Previous attempters showed more trait anger than all other groups. Recent first-time suicide attempters reported levels of distress that were intermediate to the other groups (Goldston et al., 1996). In 1998, the authors compared the four groups with psychiatric diagnoses using the Interview Schedule for Children and Adolescents (Kovacs, 1985). They found that previous single attempters and repeat attempters both reported more affective disorders, whereas recent first-time attempters reported more adjustment disorders than nonsuicidal subjects. Previous attempters and nonsuicidal subjects reported the highest number of externalizing disorders. In the same perspective, with a sample of subjects aged between 5 and 17.5 years, Walrath et al. (2001) found that repeat attempters were most likely to have depression, while nonattempters and previous (though not recent) attempters were more likely to have conduct disorder. In 1999, Fitzgerald commented upon the results of Goldston et al. (1996) and questioned whether it would have been more useful if greater focus had been placed on impulsivity, and noted that an impulsivity index would have provided greater explanatory and predictive power than other indicators such as depression. The clinical impression was that the combination of panic disorder and high impulsivity may be a very dangerous one (Fitzgerald, 1999).

The present study is an assessment of subjects who are dependent on drugs or alcohol, or who have eating disorders. These different behaviors have been considered together under the denomination of “new addictions.” Because of the several common characteristics of these behaviors, substance use and abuse, and eating disorders can be considered together (Vénisse, 1991). The focus is put on the psychological factors and motivations regarding the addictive behavior rather than the substances. In 1945, Fenichel (1945) had already mentioned substance use without substances as characterizing bulimia. The concepts of addiction and dependency will be considered as synonyms. Within this perspective, addiction can be either dependence on a substance, on a behavior, or on a situation.

The theoretical assumption of our research is that suicide attempts, drug use, or eating disorders can be interpreted as expressions of the same pathology: drug use or anorexia could be a suicidal behavior in the sense that the risk is identified but deliberately chosen by some subjects (Corcos, Flament, & Jeammet, 2003). Therefore, the personality characteristics of subjects with addictive disorders are expected to be especially pronounced in suicide attempters and even more in repeat attempters (Forman, Berk, Henriches, Brown, & Beck, 2004).

Data were collected on the basis of several instruments supposed to be adequate indicators of dependent subjects’ personality characteristics. The hypotheses are focused on quantitative and qualitative differences. It is expected that (1) scores on dimensions related to personality characteristics will be higher in suicide-attempt subjects compared to non-suicide-attempt subjects and, (2) scores of subjects with repeated suicide attempts will be higher than scores of nonrepeated suicide attempt subjects.
Method

The MINI (Mini International Neuropsychiatric Interview, Sheehan, Lecrubier, Janavs, Knapp, & Weiler, 1992) was used to select the population with substance use or eating disorders, and to assess mental health. This instrument provides a psychiatric diagnosis based on DSM-IV criteria for mental health disorders such as Major Depressive Episode, Anxiety, Phobia, Obsessive Compulsive Disorder, Bulimia, Anorexia, Alcohol and Drug Abuse. The interview was carried out by psychologists specially trained for this project, as required by the authors’ assessment instrument. A specific questionnaire relating to suicide attempts was also designed and included in the interview. It discussed details of the date of the event and the method used in the suicide attempt. In addition, several self-reports were filled in by the subjects:

Depression was evaluated with the BDI-13 (Beck Depression Inventory); the French translation (Cottraux, Bovard, & Légeron, 1985) was used.

Personality characteristics were measured using the MMPI-2, the TAS-20 (Toronto Alexithymia Scale), the IDI (Interpersonal Dependency Inventory), and the SSS (Sensation Seeking Scale).

The MMPI-2 (Hatheway & McKinley, 1989) was developed in order to evaluate various patterns of mental disturbances. The test was initially designed to diagnose mental patients into different categories of neuroses and psychoses. It enables the identification of personality characteristics referring to the main domains of mental health.

The TAS-20 (Taylor, Bagby, & Parker, 1992; Taylor, Bagby, Ryan, & Parker, 1990) was used in its French version (Loas, Fremaux, & Marchand, 1995). There are three factors: (1) difficulty identifying feelings and distinguishing them from bodily sensations coming from emotions, (2) difficulty describing feelings and communicating with other people, and (3) thoughts focused on external events. Because no factorial stability has been observed with this instrument (Haviland and Reise, 1996; Loas et al., 1995) only the total score of the TAS-20 was used as a measure of alexithymia.

The questionnaire IDI was designed by Hirschfeld et al. (1977). It refers to a complex of thoughts, beliefs, feelings, and behaviors revolving around needs to associate closely with valued other persons. The questionnaire assessing dependent personality was developed with a sample of normal and psychiatric patients. Three components of interpersonal dependency emerged: emotional reliance, lack of self-confidence, and assertion of autonomy.

The SSS was created by Zuckerman, Buchsbaum, and Murphy (1980). Sensation seeking is defined as “a need for varied, novel, and complex sensations and experiences and the willingness to take physical and social risks for the sake of such experience; when stimuli and experiences become repetitive, it is assumed that the High Sensation Seeker will become bored and nonresponsive more quickly than most other persons” (Zuckerman, Bone, Neary, Mangelsdorf, & Brutsman, 1972).

Subjects

This study was part of a larger research program carried out on dependent behavior in France and Switzerland*. The population is composed of young adults who attempted suicide at least once compared to a control group who never attempted suicide. Criteria for inclusion in the clinical study refer to DSM-IV classification. On the basis of the data collected in the interview, subjects were distributed into the following categories: drug abuse, anorexia, and bulimia. Subjects were recruited from different institutions, corresponding to a wide variety of treatment centers for drug abuse and eating disorders (inpatient and outpatient care units).

The sample included 570 subjects, 225 men (39.5%) and 345 women (60.5%). Groups were matched for gender and age: 285 subjects attempted suicide at least once (114 men

Table 1. Suicide attempts according to groups

<table>
<thead>
<tr>
<th>Groups</th>
<th>Alcohol</th>
<th>Drug</th>
<th>Anorexia</th>
<th>Bulimia</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>No suicide attempt (NA)</td>
<td>79</td>
<td>41.8</td>
<td>63</td>
<td>46.3</td>
<td>99</td>
</tr>
<tr>
<td>First suicide attempt (FA)</td>
<td>15</td>
<td>7.9</td>
<td>2</td>
<td>1.5</td>
<td>12</td>
</tr>
<tr>
<td>Repeated suicide attempt (RA)</td>
<td>9</td>
<td>4.8</td>
<td>6</td>
<td>4.4</td>
<td>4</td>
</tr>
<tr>
<td>Past suicide attempt (PA₁)</td>
<td>31</td>
<td>16.4</td>
<td>24</td>
<td>17.6</td>
<td>10</td>
</tr>
<tr>
<td>Repeated past suicide attempts (PA₂)</td>
<td>55</td>
<td>29.1</td>
<td>41</td>
<td>30.1</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>189</td>
<td>100.0</td>
<td>136</td>
<td>100.0</td>
<td>143</td>
</tr>
</tbody>
</table>

* INSERM Network, reference 494013 (Ph. Jeammet, M. Corcos, and M. Flament). The study is part of a larger research program: The Independence Research Program, from the INSERM (Institut National de la Santé et de la Recherche Médicale, France) clinical research program. The promoter is the “Institut Mutualiste Montsouris – Paris,” under the coordination of Professor Philippe Jeammet. In Switzerland, the project was financed by the Federal Office of Public Health (ref. 8053).
and 171 women). The control group (no suicide attempt) was composed of 285 subjects (111 men and 174 women). Mean age is 27 years (SD = 8.5). Mean age for the “no suicide” group is 25.9 years (SD = 8.3) and 28.2 years (SD = 8.5) for the “suicide group.”

Suicide attempts were distributed according to a classification derived from the Goldston typology (Goldston et al., 1996). Subjects were distributed into five categories: subjects with a recent first suicide attempt (FA, 34 subjects), subjects with a past suicide attempt (PA1, 82 subjects), subjects with several past suicide attempts (PA2, 143 subjects), subjects with no suicide attempt (NA, 285 subjects), and subjects with repeated recent suicide attempts (RA, 26 subjects). The subjects’ distribution is given in Table 1. Recent suicide attempts were defined as attempts that occurred within less than one year.

There is a difference according to diagnosis: Suicide attempts are more frequent in drug abuse and alcohol subjects compared to anorectic subjects. The frequency of suicide attempts also varies according to age: There are more suicide attempts in the older subjects, but recent suicide attempts are more frequent in the younger group.

It was evaluated whether there was any interaction between the diagnosis groups and the five categories of suicide-attempts. The only confusing factors taken into account are diagnosis and age. A variance analysis was carried out with all dependent variables (BDI, sensation seeking, alexithymia, emotional dependency, MMPI), and, as independent variables: diagnosis, alcohol, substance use, anorexia, bulimia, or age (which was distributed into two categories: less or equal to 24 years, more than 25 years), and the suicide-attempts categories. No significant interaction was found for suicide-attempts groups by diagnosis and age by diagnosis. It was, therefore, decided to consider the 570 subjects as a representative sample that was homogeneous enough for the study of repeated suicide attempts. The aim of the statistical analysis was to compare the calculated means of the various scales for the five suicide-attempts groups: NA, FA, RA, PA1, PA2.

### Operationalized Hypotheses

- With reference to the MMPI, it was expected that suicide attempters, who are more impulsive and more often use acting-out strategies, would have high scores on psychopathic deviation. Moreover, in accordance with Clonport, Pallis, and Birchton (1979) some profiles would be found to discriminate suicide attempters, with high scores on paranoia, schizophrenia, and mania for males.

- Concerning alexithymia, it was expected that suicide attempters would have high scores on TAS-20. The presence of alexithymic dimension in the addictive behaviors is, nowadays, well established.

- Concerning IDI, it was expected that suicide attempters would have high scores on Emotional Dependency, which can be interpreted in relation to other disturbances: According to DSM-IV, it would be related to depressive mood and associated with separation anxiety disorders. Bailly-Lambin and Bailly (1995) have shown that separation anxiety disorders were a risk factor for suicide attempt.

- With reference to the instrument evaluating sensation-seeking, It was expected that suicide attempters would have high scores on the scales of Zuckerman’s SSS. Sensation-seeking can be considered as a characteristic of drug abuse, which makes it normal to observe a significant relationship.

### Results

For Sensation seeking, subjects with no suicide attempt (M = 4.26) differed from repeaters (M = 6.22) and past attempters (M = 5.2) on the Disinhibition scale (Table 2). Repeaters also differed from those with a first attempt (M = 3.8). For the Boredom susceptibility scale, the only difference observed was between first attempters (M = 3.7) and repeaters (M = 4.81).

Referring to interpersonal dependency, for the scale Emotional reliance, the group with no suicide attempt (M = 49.45) differed from all the other groups (RA: M = 55.43, PA1: M = 52.64, PA2: M = 53.00) except those who had a first suicide attempt. For Lack of self-confidence, repeaters (M = 41.30) differed from nonattempters (M = 35.82) and past-attempters (M = 35.73).

For Alexithymia, referring to the difficulty of identifying feelings, there was a significant difference between the group of nonattempters (M = 20.62) compared to those who had a recent (M = 21.05) or past repeated attempts (M = 22.31). Repeaters (M = 21.16) also differed from those with a past attempt (M = 22.31). For Description of emotions, the only difference was between those who had a repeated attempt (M = 18.43) and those with no suicide attempt (M = 15.88).

Concerning the BDI, subjects with recent (M = 30.95) or past repeated attempts (M = 26.93) were more depressed than subjects with no suicide attempt (M = 23.12) or those with one past suicide attempt (M = 23.78).

Referring to the MMPI (see Table 3), there was a significant difference for Depression, Psychopathia, Paranoia, Psychasthenia, and Schizophrenia. The highest scores are observed on these scales for the group with repeated recent suicide attempts (Depression: M = 72.83, Psychopathia: M = 75.50, Paranoia: M = 74.44, Psychasthenia: M = 73.77, Schizophrenia: M = 74.77). For the scale Psychopathia, the group with no suicide attempt (M = 63.39) differed from all the other groups except the group with a first suicide attempt (M = 65.93). Repeated suicide attempts (M = 76.50) differed from those who attempted suicide once. Repeaters had the highest score. For Paranoia, Psychasthenia, and Schizophrenia, the nonattempters differed from past and recent repeaters.
Concerning the additional MMPI scales, it was observed that for the AAS (Addiction Admission Scale) the group of nonattempters ($M = 67.90$) differed significantly from all the other groups (PA1: $M = 77.38$, PA2: $M = 79.98$, RA: $M = 84.88$) except from the group with a recent attempt ($M = 70.82$). The group of repeat attempters had the highest score. For Anxiety, there was a significant difference between the group with no suicide attempt ($M = 65.29$) and the two groups with repeat recent ($M = 75.05$) and past attempts ($M = 70.78$). For Self-esteem, the group with no suicide attempt ($M = 60.98$) differed from the groups with recent ($M = 69.16$) and past repeated suicide attempts ($M$

### Table 2. Depression, sensation seeking, alexithymia, and interpersonal dependency mean scores

<table>
<thead>
<tr>
<th>Subscales</th>
<th>No attempt (NA)</th>
<th>1 recent attempt (FA)</th>
<th>&gt;1 recent attempt (RA)</th>
<th>1 past attempt (PA1)</th>
<th>&gt;1 past attempt (PA2)</th>
<th>$p$</th>
<th>Post-hoc multiple comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDI</td>
<td>23.12</td>
<td>26.40</td>
<td>30.95</td>
<td>23.78</td>
<td>26.93</td>
<td>***</td>
<td>NA, PA1 &lt; RA, PA2</td>
</tr>
<tr>
<td>SSS Disinhibition</td>
<td>4.26</td>
<td>3.80</td>
<td>6.22</td>
<td>5.20</td>
<td>4.94</td>
<td>***</td>
<td>NA &lt; RA, PA1; FA &lt; RA</td>
</tr>
<tr>
<td>Adventure</td>
<td>6.38</td>
<td>6.03</td>
<td>7.18</td>
<td>6.59</td>
<td>6.50</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td>5.67</td>
<td>5.60</td>
<td>5.68</td>
<td>6.05</td>
<td>5.80</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Susceptibility to Boredom</td>
<td>3.75</td>
<td>3.70</td>
<td>4.81</td>
<td>3.94</td>
<td>3.92</td>
<td>***</td>
<td>FA &lt; RA</td>
</tr>
<tr>
<td>TAS Difficulty Identifying Feelings</td>
<td>20.62</td>
<td>21.05</td>
<td>25.00</td>
<td>21.16</td>
<td>22.31</td>
<td>***</td>
<td>NA &lt; RA, PA2; PA1 &lt; RA</td>
</tr>
<tr>
<td>TAS Difficulty Describing Feelings</td>
<td>15.88</td>
<td>17.03</td>
<td>18.43</td>
<td>15.74</td>
<td>16.15</td>
<td>*</td>
<td>NA &lt; RA</td>
</tr>
<tr>
<td>Interperson Dependency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Reliance on Another Person</td>
<td>49.45</td>
<td>51.93</td>
<td>55.43</td>
<td>52.64</td>
<td>53.00</td>
<td>***</td>
<td>NA &lt; RA, PA1, PA2</td>
</tr>
<tr>
<td>Lack of Social Self Confidence</td>
<td>35.82</td>
<td>37.77</td>
<td>41.30</td>
<td>35.73</td>
<td>37.57</td>
<td>*</td>
<td>NA, PA1 &lt; RA</td>
</tr>
<tr>
<td>Assertion of Autonomy</td>
<td>30.01</td>
<td>30.48</td>
<td>31.43</td>
<td>30.07</td>
<td>30.02</td>
<td>NS</td>
<td></td>
</tr>
</tbody>
</table>

* $p < .05$; ** $p < .01$; *** $p < .001$

### Table 3. MMPI-2 scales mean scores

<table>
<thead>
<tr>
<th>Subscales</th>
<th>No attempt (NA)</th>
<th>1 recent attempt (FA)</th>
<th>&gt;1 recent attempt (RA)</th>
<th>1 past attempt (PA1)</th>
<th>&gt;1 past attempt (PA2)</th>
<th>$p$</th>
<th>Post-hoc multiple comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypochondriasis</td>
<td>60.55</td>
<td>64.03</td>
<td>65.16</td>
<td>62.42</td>
<td>63.00</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>64.52</td>
<td>66.20</td>
<td>72.83</td>
<td>65.38</td>
<td>68.76</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Conversion Hysteria</td>
<td>59.49</td>
<td>63.93</td>
<td>65.66</td>
<td>60.84</td>
<td>62.46</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Psychopathic Deviate</td>
<td>63.39</td>
<td>65.93</td>
<td>76.50</td>
<td>68.39</td>
<td>68.90</td>
<td>***</td>
<td>NA &lt; PA1, PA2, RA; FA &lt; RA</td>
</tr>
<tr>
<td>Masc-Fem.</td>
<td>50.59</td>
<td>50.37</td>
<td>47.94</td>
<td>49.55</td>
<td>51.84</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Paranoia</td>
<td>65.31</td>
<td>73.00</td>
<td>74.44</td>
<td>71.57</td>
<td>73.50</td>
<td>***</td>
<td>NA &lt; PA1, PA2, RA</td>
</tr>
<tr>
<td>Psychasthenia</td>
<td>64.89</td>
<td>70.41</td>
<td>73.77</td>
<td>66.19</td>
<td>69.24</td>
<td>***</td>
<td>NA &lt; PA2, RA</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>66.82</td>
<td>71.37</td>
<td>74.77</td>
<td>69.67</td>
<td>73.31</td>
<td>***</td>
<td>NA &lt; PA2, RA</td>
</tr>
<tr>
<td>Hypomania</td>
<td>61.39</td>
<td>65.86</td>
<td>64.50</td>
<td>62.75</td>
<td>64.78</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Social Introversion</td>
<td>57.63</td>
<td>59.27</td>
<td>60.44</td>
<td>56.55</td>
<td>60.32</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Addiction Potential Scale</td>
<td>57.57</td>
<td>58.89</td>
<td>61.33</td>
<td>61.10</td>
<td>59.30</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Addiction Admission Scale</td>
<td>67.90</td>
<td>70.82</td>
<td>84.88</td>
<td>77.38</td>
<td>79.98</td>
<td>***</td>
<td>NA &lt; PA1, PA2, RA</td>
</tr>
<tr>
<td>Anxiety</td>
<td>65.29</td>
<td>67.75</td>
<td>75.05</td>
<td>67.19</td>
<td>70.78</td>
<td>***</td>
<td>NA &lt; PA2, RA</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>60.98</td>
<td>64.37</td>
<td>69.16</td>
<td>63.55</td>
<td>66.88</td>
<td>***</td>
<td>NA &lt; RA, PA2</td>
</tr>
<tr>
<td>Anger</td>
<td>58.64</td>
<td>61.48</td>
<td>67.72</td>
<td>61.68</td>
<td>65.71</td>
<td>***</td>
<td>NA &lt; RA, PA2</td>
</tr>
</tbody>
</table>

* $p < .05$; ** $p < .01$; *** $p < .001$
For Anger, there was a difference between the group with no suicide attempt \( (M = 58.64) \) and a recent \( (M = 67.72) \) or past suicide attempt \( (M = 65.71) \).

### Discussion

As mentioned in the introduction, in comparison with the important literature on suicide, there is very little research on repeated suicide attempts. For this reason the present study considered the problem of repeated suicide attempts, distinguishing, as Goldston et al. (1996) had, between several groups of subjects who had attempted suicide: those who had one suicide attempt in the past, those who had one suicide attempt within the year before the interview, and those who had a past suicide problem, with one or repeated suicide attempts.

It has been shown that subjects who had made several suicide attempts were generally characterized by higher scores on all the variables used in this research according to the self-reports measuring different personality characteristics, such as alexithymia, depression, sensation seeking, interpersonal dependency, and personality characteristics according to MMPI-2. It could be assumed that attempting suicide repeatedly would be more serious than attempting suicide only once. Therefore, it would be normal to find a more severe psychopathology in subjects committing repeated suicide attempts. However, comparing recent suicide attempters and past suicide attempters, divided into a first suicide attempt and repeated suicide attempters, it has been shown that the recent repeated suicide attempters had higher scores than the past repeated suicide attempters, who had a score as high as the first suicide attempters. This suggests that subjects who had a history of repeated past suicide attempts had not solved the chronic problems that had led them to their suicidal act. It might be that their current problem was still connected to their self-harm behavior. This would be probable in cases involving drug use, alcoholism, and anorexia.

It can also be postulated that those subjects who made only one suicide attempt did so to solve a specific crisis situation and that these subjects’ characteristics would correspond more to personality states than personality traits. In this research, there was no assessment tool to evaluate both states and traits, such as the anxiety self-report by Spielberger, Gorsuch, Lushene, Vagg, and Jacobs (1983).

In the Goldston study, depression was assessed on the basis of the BDI (Beck, Steer, & Garbin, 1988) and anxiety on the basis of the State-Trait Anxiety Index (STAI, Spielberger et al. 1983). The authors found that subjects who had made repeated suicide attempts and those with a past history of suicide attempts were more depressive and more anxious. Subjects who had made a recent suicide attempt had an intermediate score between the first two groups and those who had not made any suicide attempt. On the basis of these results the authors state that depressive mood and anxiety, which are considered to be characteristic of those who attempt suicide, can be attributed to subjects who attempt suicide more than once. The authors also observe that subjects who attempt suicide several times are similar to those with a past history of suicide attempts. One of these characteristics in subjects with a past history of suicide attempts is that of being angry. The following hypothesis can be postulated: Having been enmeshed with problems and not made a suicide attempt in reaction to this situation would be a way to escape that would induce frustration. Either subjects are more conscious, are more prone to identifying their anger, or, as some authors state (van Praag & Plutchik, 1985), the suicide attempt may have a cathartic effect. This is why suicidal behavior tends to be self-reinforcing. Having attempted suicide once would be the most important predictor for a further suicide attempt. In a recent study of 1,264 subjects aged 15–19 years, the fact of having attempted suicide was shown to increase the odds ratio by 3.3 (Hultén et al., 2001).

The importance of traits compared to states is another important aspect when considering repeated suicide attempts. The preponderance of traits over states in subjects with repeated suicide attempts and/or a past history of suicide attempts might be attributed to the fact that they have suffered from what is called “negative affectivity” (Watson & Clark, 1984). This trait is typical of subjects who feel uncomfortable in all situations even when there is no stress. These subjects are quick to show psychopathological disturbances and exhibit suicidal behavior. A suicide attempt is not only a reaction to a specific and unbearable stress but can also be a way of escaping from chronic difficulties. Some subjects having recurrent suicidal thoughts but who have not committed suicide are as depressed as subjects who have made suicide attempts. In both cases, the subjects are confronted by chronic life events and have a maladjusted way of managing stress. For this reason it is recommended that the treatment of subjects who have attempted suicide should not be focused only on the present situation but should include, in a cognitive-behavioral perspective, an improvement of coping strategies (Rotheram-Borus, Piacentini, Miller, Graae, & Castro-Bianco, 1994).

This study does have some limitations. The sample included subjects with a large age range, which has an influence on the group’s definition. Furthermore, results should be interpreted according to the sample’s characteristics: subjects having addiction disorders, drug abuse, alcohol, as well as all eating disorders. However, it must also be mentioned that the type of suicide attempt was not considered, only the fact that the suicide attempt was reported. Finally, the design was cross-sectional and the information was collected retrospectively, which does not allow interpretation of the results in terms of causal factors. Nevertheless, the study showed that the groups differed systematically, which confirms the results found by Goldston et al. (1996) with a different sample. Subjects with repeated suicide attempts had a more severe psychological profile compared to the other suicide attempters, and subjects with past sui-
suicidal attempts differed both from first attempters and repeated attempters. Further research is needed to confirm the results of this study.

References


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