

Exposure to Suicide in the Family

Suicidal Ideation and Unmet Interpersonal Needs in Young Adults Who Have Lost a Family Member by Suicide

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Abstract: The aims of the present study were to compare a sample of individuals exposed to suicide in their families with a control group, on suicidal ideation, and to test possible potentiating effects for unmet interpersonal needs. Three hundred eighty-six young Portuguese adults participated. Two groups were defined: a group exposed to suicide in the family ($n = 38$) and a control group ($n = 335$). Groups differed significantly on suicidal ideation, on depressive symptoms, and on perceived burdensomeness and tended to differ on thwarted belongingness. Results from a hierarchical multiple regression analysis demonstrated that having lost a family member by suicide and perceived burdensomeness each provided a significant unique contribution to explaining variance in suicidal ideation when controlling for levels of depressive symptoms and having had a psychiatric diagnosis. The interaction between group membership and perceived burdensomeness provided a further enhancement to the statistical prediction of suicidal ideation.

Key Words: Suicide exposure, family member, suicidal ideation, perceived burdensomeness, thwarted belongingness

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Worldwide, more than 800,000 people die by suicide every year (World Health Organization [WHO], 2014). In addition, the consequences for the mental health of suicide-exposed family members can be severe and long-lasting (Andriessen et al., 2017a; Pompili et al., 2008). For example, loss through suicide requires more time to grieve than other losses, and it is often associated with suicidal thoughts and suicide attempts in the bereaved, probably because it is more difficult to achieve a degree of acceptance and emotional balance (Bellini et al., 2016). As such, the impact of death by suicide represents an important public health issue (Andriessen et al., 2017b).

Several worldwide studies (e.g., Maple et al., 2017) have reported an increased risk of suicide behaviors among those individuals who are exposed to suicide. For example, research based on Danish national health records demonstrated a strong association between a family history of suicide and current suicidal behavior (Agerbo et al., 2002; Qin et al., 2003). This elevated risk may be either as a result of a biopsychosocial vulnerability or because of identification with the person who has died by suicide (Erlangsen and Pitman, 2017). Furthermore, several studies have reported that the impact of a suicide death among surviving adults may be affected by various factors such as kinship (Grad et al., 2017), time since loss, personal and family history of mental health problems, and preloss life events, including interpersonal loss and separations (Erlangsen and Pitman, 2017).

In Portugal, only a few studies have examined the impact of a suicide on exposed family members' distress and suicide risk (Santos et al., 2015a, 2015b). Findings indicated that family members who had been exposed to suicide reported higher levels of distress and current suicidal ideation. Results also demonstrated that general distress, depression, anxiety, and hostility levels of the exposed individuals were related to their suicide ideation. Furthermore, the exposed family member's age and the time since the suicide occurred were also positively related to the level of suicidal ideation. In a more recent study, Campos et al. (2018a) demonstrated, using a hierarchical multiple regression analysis, that having lost a family member by suicide and psychache (i.e., extreme mental pain; Shneidman, 1993) each provided a significant unique contribution to explaining variance in suicide risk. The interaction between group membership and psychache also provided a further enhancement to the statistical prediction of suicide risk.

Despite considerable evidence demonstrating that exposure to suicide in the family is linked to suicidality, studies have not fully accounted for other variables that might moderate or potentiate exposure to suicide in the family. Besides psychache, other important contextual or psychological variables may interact with and exacerbate the impact of suicide exposure on suicide risk, in particular on suicidal ideation. Research and clinical questions remain: When are individuals who have been exposed to suicide at greater risk for suicidality? Does this increase in risk only occur when other contextual or psychological variables are present?

Unmet interpersonal needs consist of two of the most studied psychological variables related to suicidality, and research has demonstrated a strong link with suicidal behaviors, particularly suicidal ideation (Chu et al., 2017; see also Roeder and Cole, 2019). According to the interpersonal psychological theory of suicide (Joiner, 2005), two variables are required for suicidal motivation to occur: perceived burdensomeness and thwarted belongingness. A third factor is necessary for death by suicide to actually occur: acquired capability. Individuals who experience thwarted belongingness report alienation and social disconnection from significant others, such that they do not perceive themselves to be an integral part of any group, whether that group be composed of friends, coworkers, family, or participants in religious organizations. Belongingness has two major psychological characteristics: a valued and needed involvement in a system that might provide the individual with the feeling of being an integral part of the environment, and a sense of "fit" in which individuals perceive themselves as a complementary part of their surroundings. Perceived burdensomeness, on the other hand, is defined as individuals' view that their existence entails a permanent onus on family, friends, and/or society and that their death might be the only solution to this problem. Perceived burdensomeness is related to the person's belief that, for others, the individual's death is preferable. Some individuals may even believe that their death would be an altruistic gesture because it would spare the family the burden of having to care for them. Although, in reality, others may not feel overwhelmed, individuals may persist in the belief that others see them as a hardship, similar to the way they see themselves.

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