The Austen Riggs Center

Overview

Review	Review the findings of a study of survivors of near lethal suicide attempts
Present	Present preliminary 7-year follow up data
Identify	Identify developmental vulnerabilities and pathways to persistent suicidal thinking and behavior

Talking about suicide can be upsetting

Take a break if needed

Ask questions

Suicide in the USA

- Rate of suicide in USA decreased 5.6% in 2020
- COVID became the third leading cause of death, and suicide dropped from 10th to 11th cause of death.[3]
- Rate of suicide in the USA increased >30% between 1999-2018[1]
  - 44,834 people died by suicide in 2020[3]
  - 1.38 million suicide attempts in 2019[2]
  - Rate of suicide is 13.93/100,000
  - ~130 people die by suicide every day in USA
  - 50.39% of suicide deaths involve use of a firearm
  - White males account for ~69% of suicide deaths
  - Rural counties have the highest suicide rates and greatest increase in suicide over time

[1] Steelesmith DL, Fontanella CA, Campo JV, Bridge JA, Warren KL, Root ED. Contextual Factors Associated With County-Level Suicide Rates in the United States, 1999 to 2016. *JAMA Netw Open.* Published online September 06, 2019 2(9):e1910936. doi:10.1001/jamanetworkopen.2019.10936

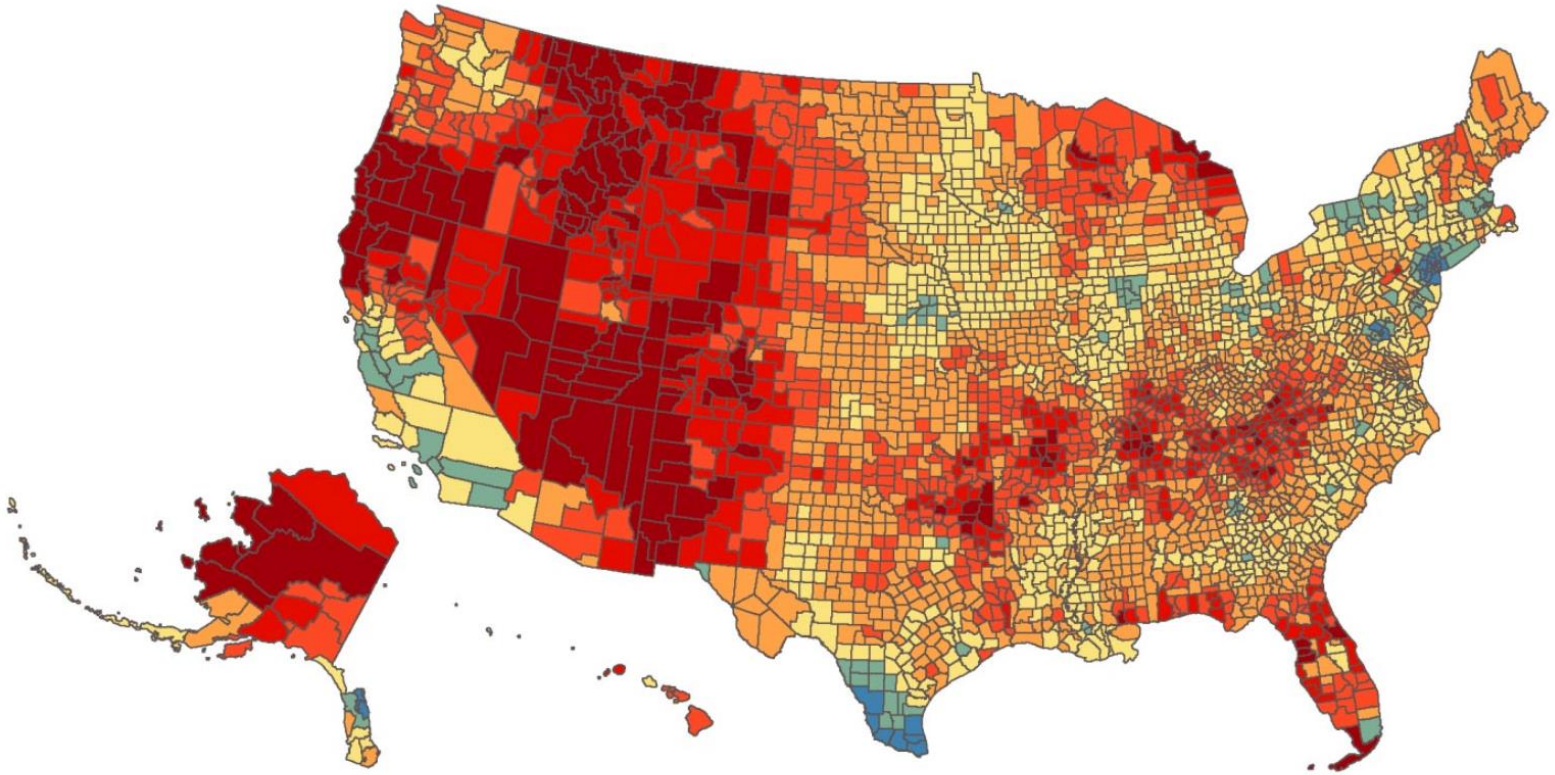
[2] American Foundation for Suicide Prevention https://afsp.org/suicide-statistics

[3] https://www.axios.com/suicide-decreased-in-2020-pandemmic-mental-health-26196eaf-a245-4d21-85eb-eeb864a24449.html

Suicide Rates Soaring in America, Especially in Rural Areas

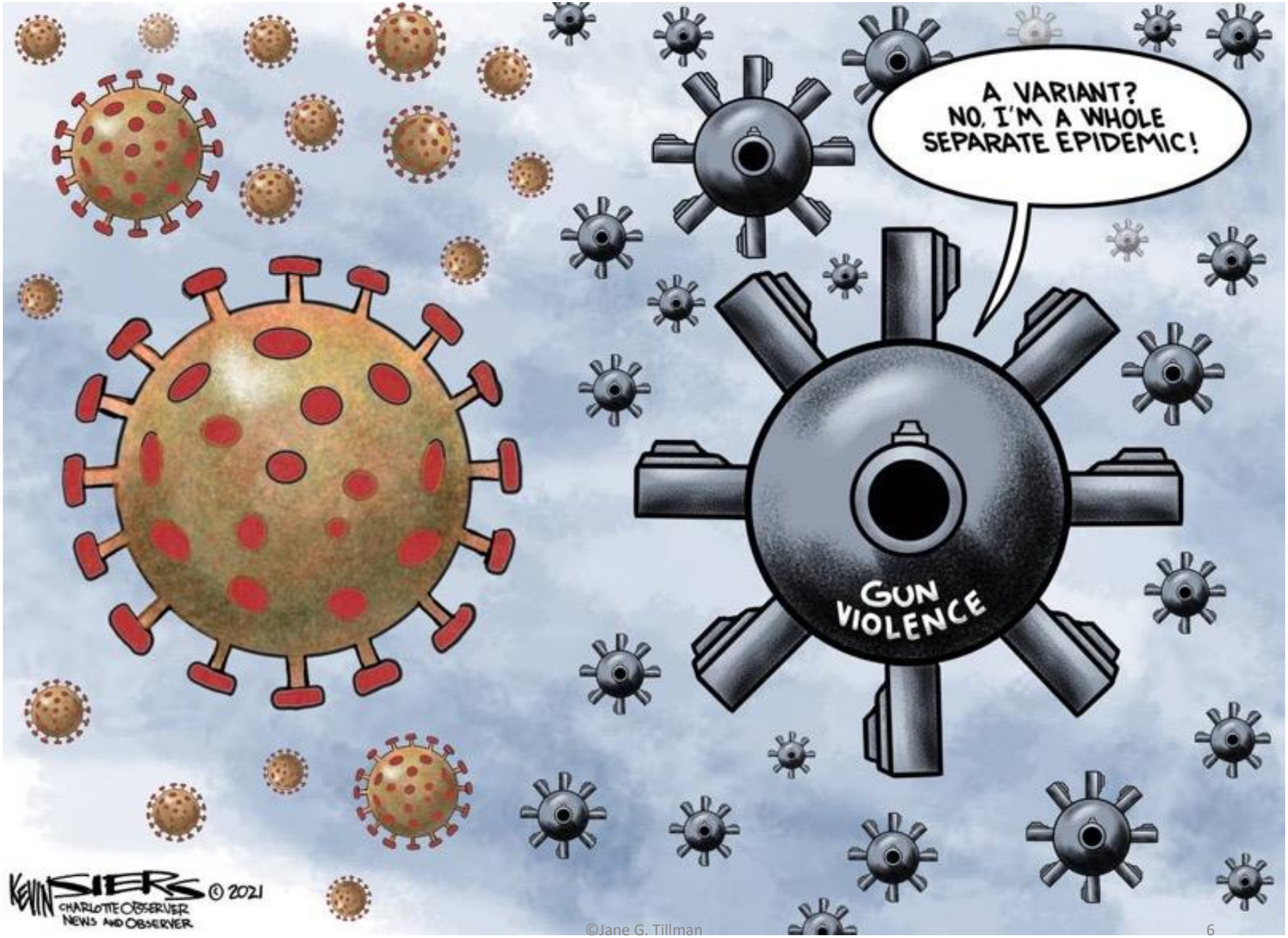
TOPICS: Mental Health Ohio State University Suicide

By MISTI CRANE, OHIO STATE UNIVERSITY SEPTEMBER 8, 2019



These maps show the increasing rates of suicide and the concentration of suicides in rural counties over time. Credit: Ohio State University

https://scitechdaily.com/suicide-rates-soaring-in-america-especially-in-rural-areas/


A VARIANT?
NO, I'M A WHOLE
SEPARATE EPIDEMIC!
GUN
VIOLENCE
KEVIN SIERS © 2021
CHARLOTTE OBSERVER
NEWS AND OBSERVER

What we know and don't know

- Suicide is a complex behavior with multifactorial causes
- There are proximal and distal factors involved (state-trait or diathesis-stress model)
- Stress is involved in creating the conditions for suicide, with acute stress or intolerable ongoing distress as a precipitant for suicidal behavior
- Cannot explain why extreme stress is associated with suicide behavior in some individuals but not *all* exposed individuals

Research Team, Consultants, and Funding

- **Principal Investigator**: Jane G. Tillman, PhD
- **Co-Investigators**: Jennifer Stevens, PhD; A. Jill Clemence, PhD; Katie Lewis, PhD
- **Consultants**: Herb Hendin, MD; John T. Maltsberger, MD; David Reiss, MD; Christopher Hopwood, PhD; Robyn Cree, PhD
- **Funding:**
  - International Psychoanalytic Association
  - Fund for Psychoanalytic Research, The American Psychoanalytic Association

Aims of the Study

- What is the role of psychiatric and trauma history, risk factors, and protective factors for suicide and how does this differ among complex psychiatric patients with and without a history of suicidal thinking and behavior
- What can patients tell us about their state of mind immediately preceding a near-lethal suicide attempt?
- Can we hear a “deep story” about the process of suicide that improves our capacity to recognize the transition from chronic to acute risk?

Context for Research Project

- Austen Riggs Center
- ~45% of patients have made a suicide attempt prior to admission
- Patients are verbal, articulate, thoughtful
- Psychoanalytic clinicians and researchers

Mixed Methods Approach

- Quantitative Data
  - Demographic information
  - Questionnaires: Reasons for living, Resilience, Impulsivity, Psychic pain
  - Rating of Mood

- Qualitative Interviews
  - Semi-structured psychodynamic interviews
  - Interpretative Phenomenological Analysis

MIXED METHODS RESEARCH DESIGN FOR PRAGMATIC PSYCHOANALYTIC STUDIES

Calls for more rigorous psychoanalytic studies have increased over the past decade. The field has been divided by those who assert that psychoanalysis is properly a hermeneutic endeavor and those who see it as a science. A comparable debate is found in research methodology, where qualitative and quantitative methods have often been seen as occupying orthogonal positions. Recently, Mixed Methods Research (MMR) has emerged as a viable "third community" of research, pursuing a pragmatic approach to research endeavors through integrating qualitative and quantitative procedures in a single study design. Mixed Methods Research designs and the terminology associated with this emerging approach are explained, after which the methodology is explored as a potential integrative approach to a psychoanalytic human science. Both qualitative and quantitative research methods are reviewed, as well as how they may be used in Mixed Methods Research to study complex human phenomena.

This paper proposes that the newly emerging science of Mixed Methods Research (MMR) offers a robust methodology for psychoanalytic research. MMR, also known as the "third community" of research in the social and behavioral sciences, seeks to capitalize on the strengths of quantitative and qualitative research traditions by combining these approaches into a complementary research design (Creswell 2009; Gelo, Braakmann, and Benetka 2008; Teddlie and Tashakkori 2009). However, recent recommendations from psychoanalytic scholars (Hauser 2006; Luyten, Blatt,

Jane G. Tillman, clinical psychologist and psychoanalyst, Austen Riggs Center. A. Jill Clemence, Assistant Professor and staff psychologist, Albany (NY) Medical College. Jennifer L. Stevens, clinical psychologist and psychoanalyst, Austen Riggs Center.

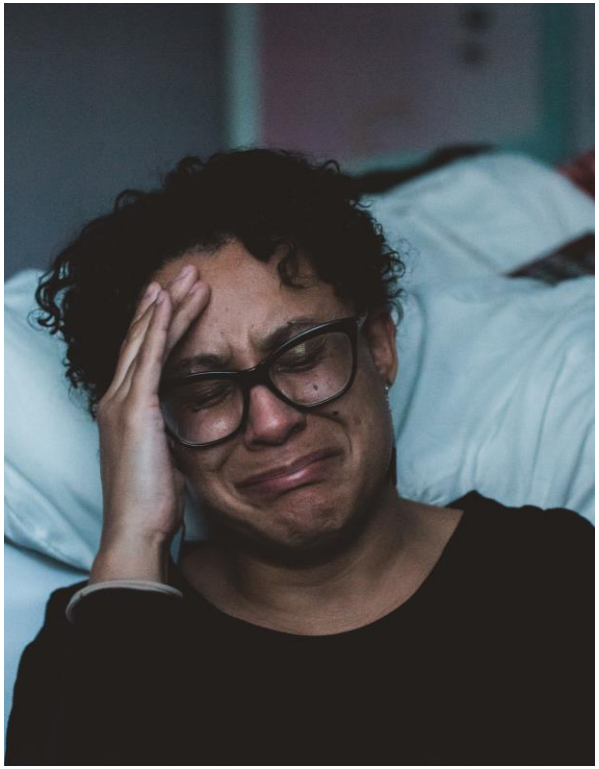
The authors thank their 2009 summer research interns Kayla Agar, Benjamin Johnson, Jordan Nejaime, Katherine Oberwager, and Carrie Olsen. Submitted for publication November 19, 2009.

Methods and Procedure

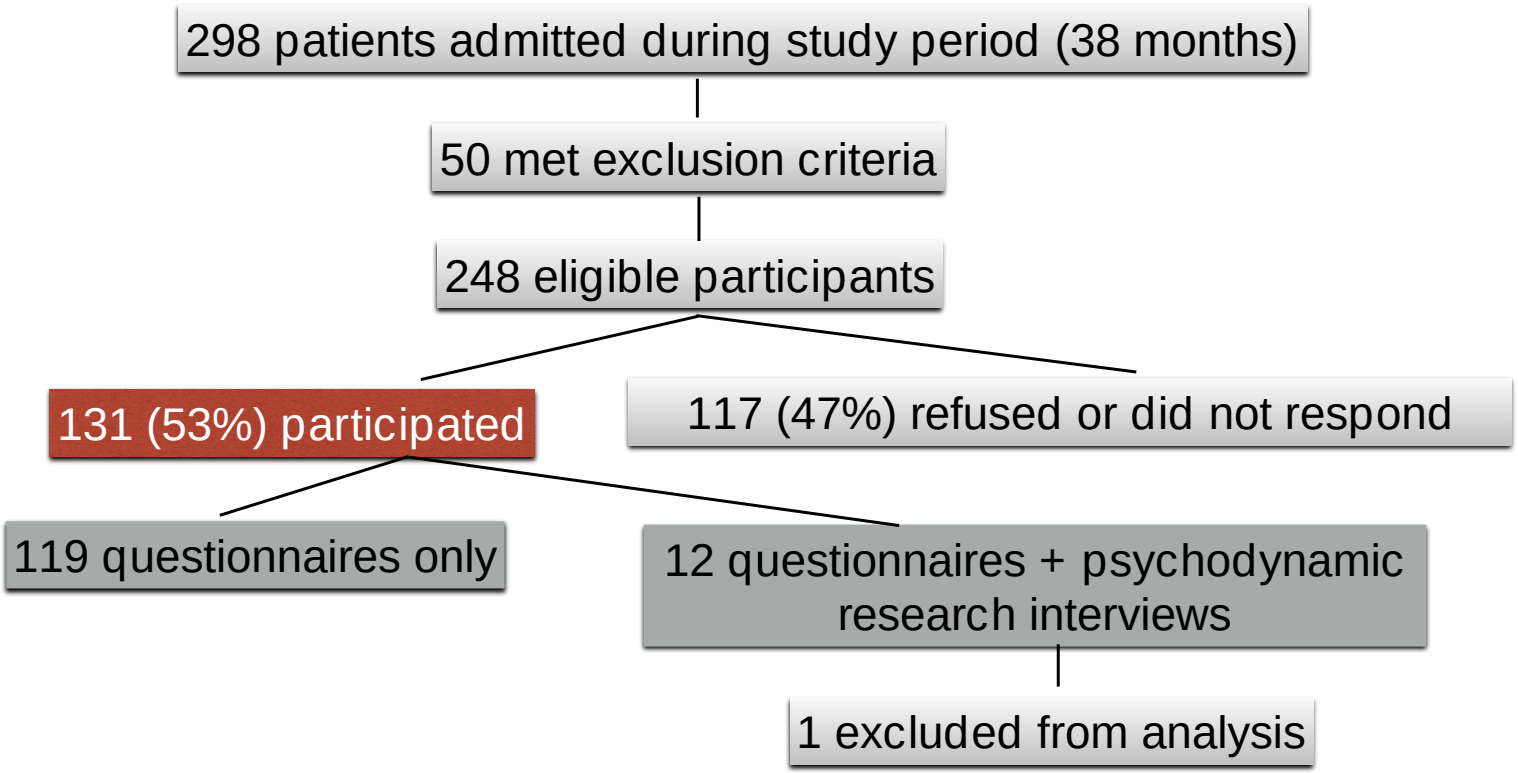
- Informed Consent
- Meeting #1
  - Demographic, Psychiatric and Trauma History and Suicide Attempt Questionnaire
  - Protective Factors
    - Connor Davidson Resilience Scale (CD-RISC)
    - Reasons for Living Inventory (RFL or RFLI)
  - Risk Factors
    - Barratt Impulsiveness Scale-11 (BIS-11)
    - Psychic Pain Scale (PPS)
- Meeting #2
  - Psychodynamic research interview
- Meeting #3
  - Repeat questionnaires from first meeting with reconstructed mind instructions
  - Mood rating scale
  - Suicide Attempt and Self Injury questionnaire (SASI)

Psychic Pain: Developing a new scale

- Psychache (Shneidman, 1993)
- Overwhelming negative affect
- Experienced as unbearable and unescapable (Meerwijk & Weiss, 2011)
- Leads to experience of psychological disintegration, affective flooding, loss of control (Maltsberger, 2004)
- Strongly associated with suicide related outcomes (Verrocchio et al., 2016)



Participants

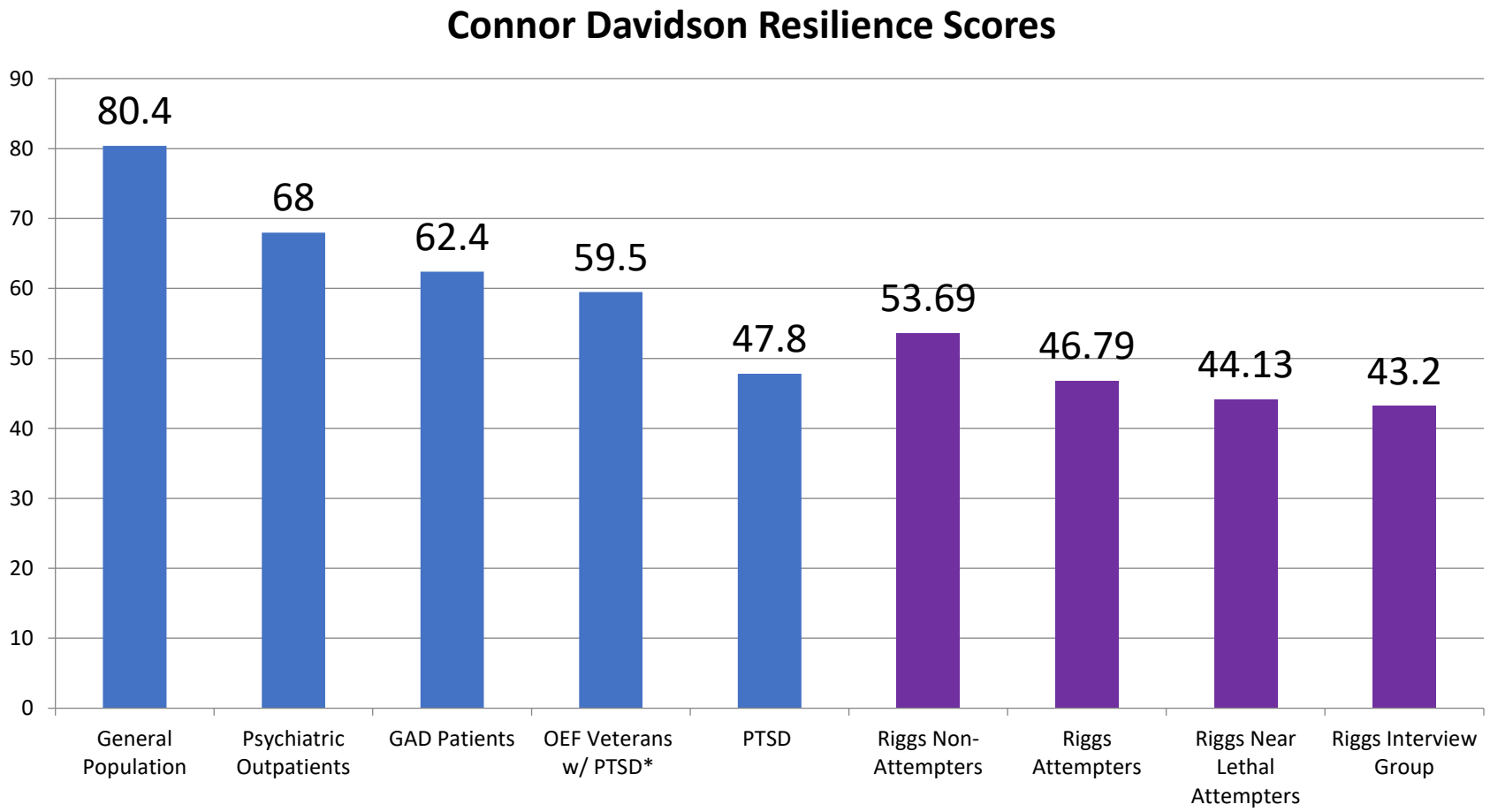


x

Means, SD, and one-way ANOVA for between groups differences on risk and protective factors measures (n=131)

	Non-Attempters (n=61)		Attempters (n=54)		Near Lethal Attempters (n=16)			
	M	SD	M	SD	M	SD	p	η^2
Resilience	53.14	18.67	48.08	19.01	44.13	18.5	.139	.030
Reasons for Living	3.65	.95	2.82	.74	3.07	.49	.000	.189
Impulsivity	68.86	13.19	68.80	11.64	73.47	10.91	.371	.016
Psychic Pain	55.26	15.40	65.72	16.07	68.88	14.33	.000	.119

Resilience Scores-comparison groups



* Pietrzak, Johnson, Goldstein, Malley, Southwick (2009). Psychological resilience and postdeployment social support protect against traumatic Stress and depressive symptoms in soldiers returning from OEF/OIF. *Journal of Depression and Anxiety.*

Summary

- Lowest reported scores on a measure of resilience in the published literature [1,2]
- Fewer Reasons for Living (protective factor) and high Psychic Pain (risk factor) are associated with past suicide attempt status [1,2]
- For those making a near lethal attempt, relationships that are perceived to be unavailable, empty, absent, or associated with betrayal are implicated in the decision to die

[1]Tillman, J.G., Clemence, A.J., Cree, R., Lewis, K.C., Stevens, J.L., Reiss, D.E. (2017). The persistent shadow of suicide ideation and attempts in a high-risk group of psychiatric patients: A focus for intervention. *Comprehensive Psychiatry. 77:* 20-26

[2]Tillman, J.G., Clemence, A. J., Hopwood, C.J., Lewis, K.C., Stevens, J.L. (2017). Suicidality in high-risk psychiatric patients: The contribution of protective factors. *Psychiatry: Interpersonal and Biological Processes. 80:4*: 357-373.

Available online at www.sciencedirect.com

ScienceDirect

Comprehensive Psychiatry 77 (2017) 20–26

COMPREHENSIVE PSYCHIATRY

www.elsevier.com/locate/comppsych

The persistent shadow of suicide ideation and attempts in a high-risk group of psychiatric patients: A focus for intervention

Jane G. Tillman[a,*], A. Jill Clemence[b], Robyn Cree[c], Katie C. Lewis[a], Jennifer L. Stevens[a], David Reiss[d]

[a]*Austen Riggs Center, Stockbridge, MA*
[b]*Veterans Health Care of the Ozarks, Fayetteville, AR*
[c]*Yale School of Public Health, New Haven, CT*
[d]*Yale University School of Medicine and Austen Riggs Center*

Routledge
Taylor & Francis Group

Psychiatry
Interpersonal and Biological Processes

ISSN: 0033-2747 (Print) 1943-281X (Online) Journal homepage: http://www.tandfonline.com/loi/upsy20

Suicidality in High-Risk Psychiatric Patients: The Contribution of Protective Factors

Jane G. Tillman, A. Jill Clemence, Christopher J. Hopwood, Katie C. Lewis & Jennifer L. Stevens

To cite this article: Jane G. Tillman, A. Jill Clemence, Christopher J. Hopwood, Katie C. Lewis & Jennifer L. Stevens (2017) Suicidality in High-Risk Psychiatric Patients: The Contribution of Protective Factors, Psychiatry, 80:4, 357-373

To link to this article: https://doi.org/10.1080/00332747.2017.1296309

Interpretative Phenomenological Analysis (IPA)

(Smith, Flowers, & Larkin, 2009)

- IPA is a theoretically based qualitative approach to analyzing interview data at the level of the individual in order to understand how people make sense of a defined life experience.
- Helps researchers gain an understanding of the psychological processes and themes linked to a specific situation.
- “moving from the particular to the shared, and from the descriptive to the interpretative” (p. 79).

Semi-Structured Dynamic Interview

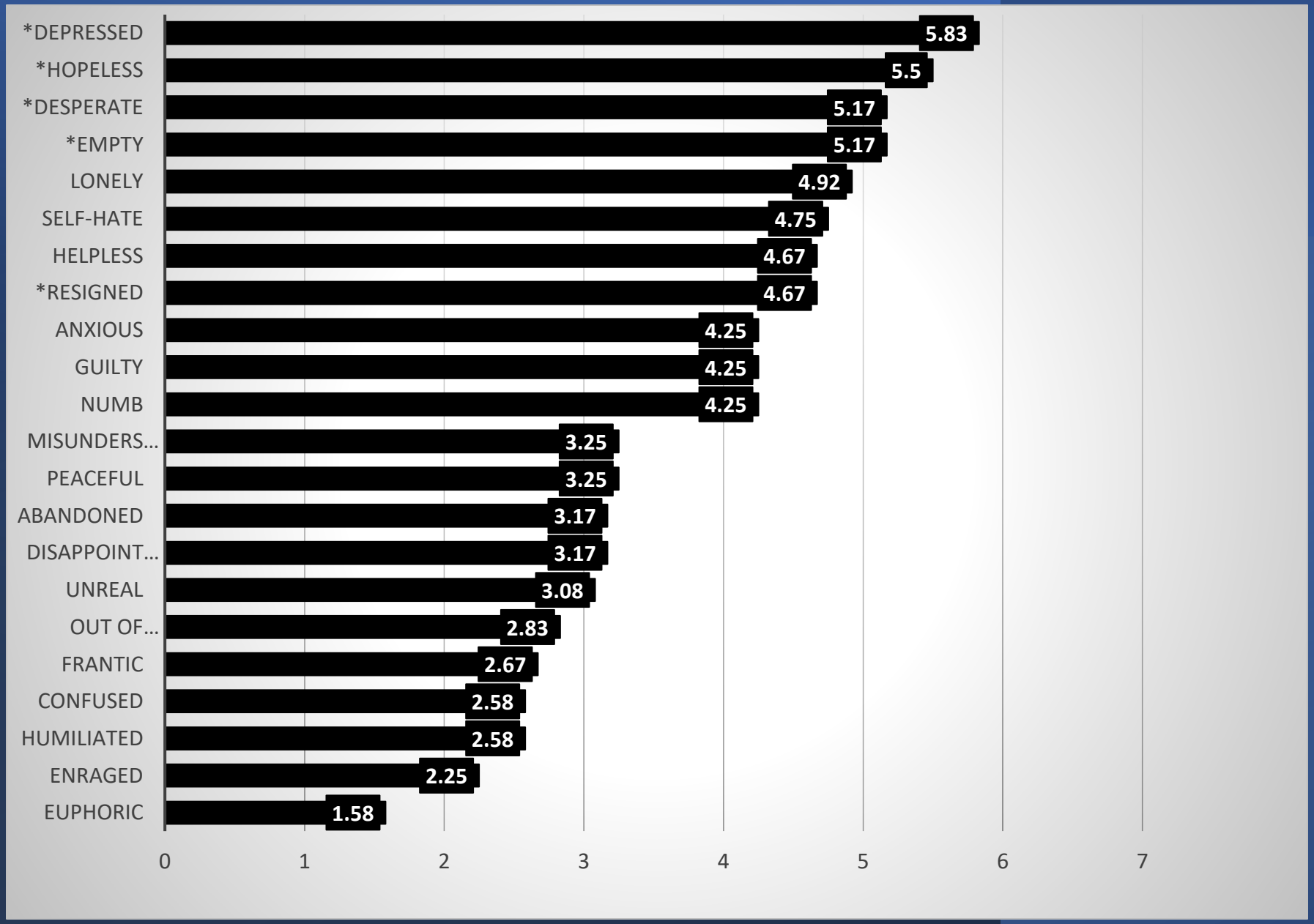
- General thoughts and feelings at the time of the attempt
- Acute context for the attempt with attention to internal and external context (fantasies, dreams, stress)
- Interpersonal context
- Details of the method
- Rescue, damage, lethality information
- Survival

Sample Questions

1. Do you remember what you were thinking and feeling at the time you tried to kill yourself
2. What was going on that day? Walk me through it, as you remember it.
3. Did you let anyone know that you were going to try to kill yourself or that you had been thinking about it?
4. Do you think that anyone close to you could have known that you were going to attempt suicide? Did you hope that someone might have known?

Participants

Demographic Characteristics (n = 11)			
Variable	Overall	Minimum	Maximum
Gender			
Male	3 (27%)		
Female	8 (73%)		
Age at time of interview (years), mean ± SD	29.0 ± 10.28	19	51
Race			
White	11 (100%)		
Education (years), mean ± SD	14.8 ± 4.29		
Single, divorced, or separated	8 (73%)		
Psychiatric, Suicide Ideation and Attempt History			
Variable	Mean ± SD	Minimum	Maximum
#Prior psychiatric hospitalizations	5.45 ± 6.17	1	20
Age of first psychiatric contact (years)	13.18 ± 7.21	6	33
Age of onset of suicidal ideation (years)	18.64 ± 12.75	7	50
Age of first suicide attempt (years)	24.09 ± 11.55	9	50
Total # lifetime suicide attempts	2.64 ±1.75	1	7


*DEPRESSED
5.83
*HOPELESS
5.5
*DESPERATE
5.17
*EMPTY
5.17
LONELY
4.92
SELF-HATE
4.75
HELPLESS
4.67
*RESIGNED
4.67
ANXIOUS
4.25
GUILTY
4.25
NUMB
4.25
MISUNDERS…
3.25
PEACEFUL
3.25
ABANDONED
3.17
DISAPPOINT…
3.17
UNREAL
3.08
OUT OF…
2.83
FRANTIC
2.67
CONFUSED
2.58
HUMILIATED
2.58
ENRAGED
2.25
EUPHORIC
1.58
0
1
2
3
4
5
6
7

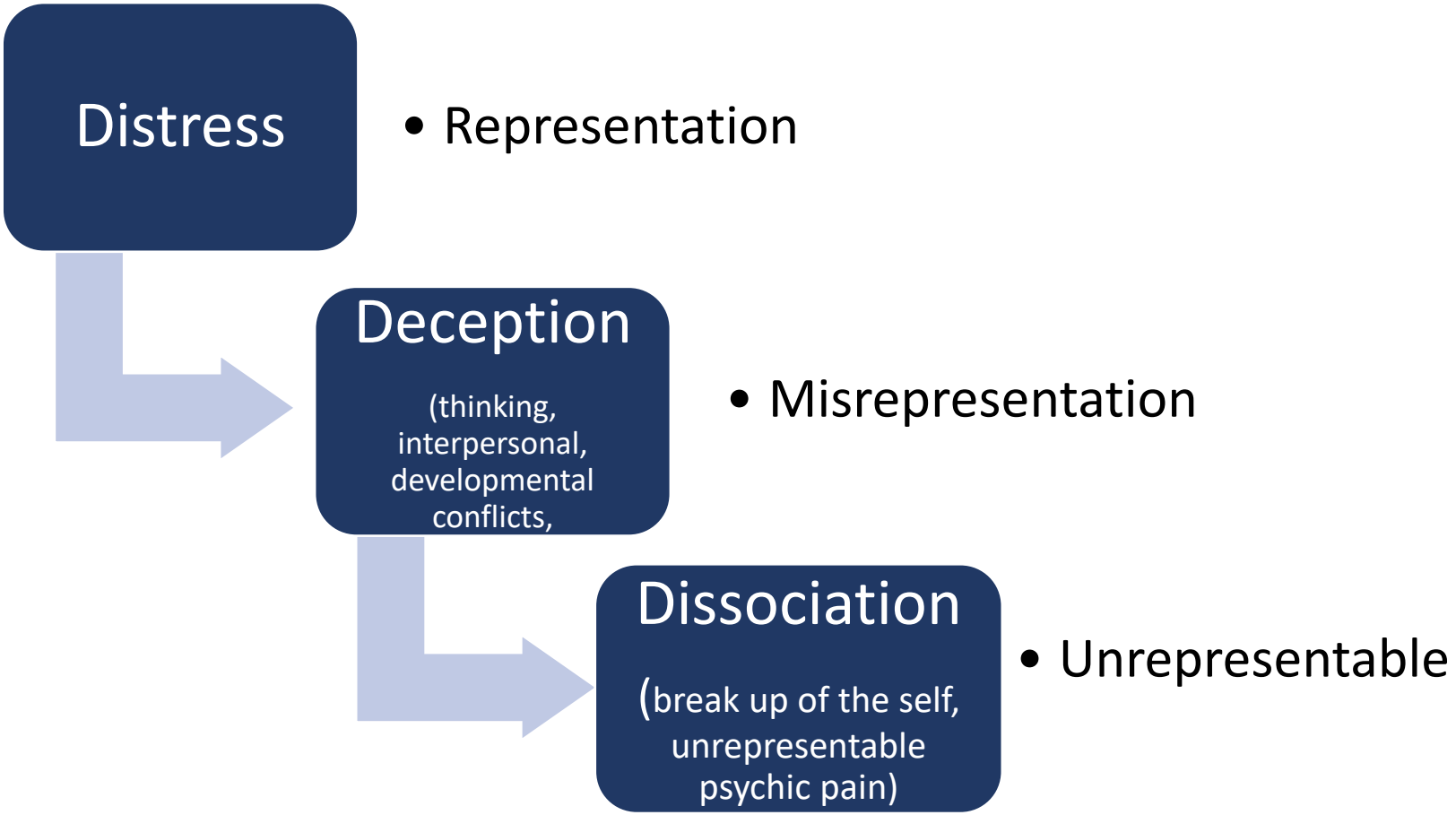
Thematic Units

- Developmental conflicts and crises
- Character traits and vulnerabilities
- Interpersonal and object relations
- Thinking and affect
- Fantasies of death
- Paradoxical nature of the suicide attempt
- Reactions to survival

Study Miscellany

- At the time of the interview 5/11 said they still actively thought about suicide as an option
- Alcohol use involved in 4/11 attempts
- Recently discharged from psychiatric hospital prior to attempt (7/11)
- Maternal death active issue in 3/11
- Maternal separation in 2/11

Changes in representability and states of mind associated with suicide process



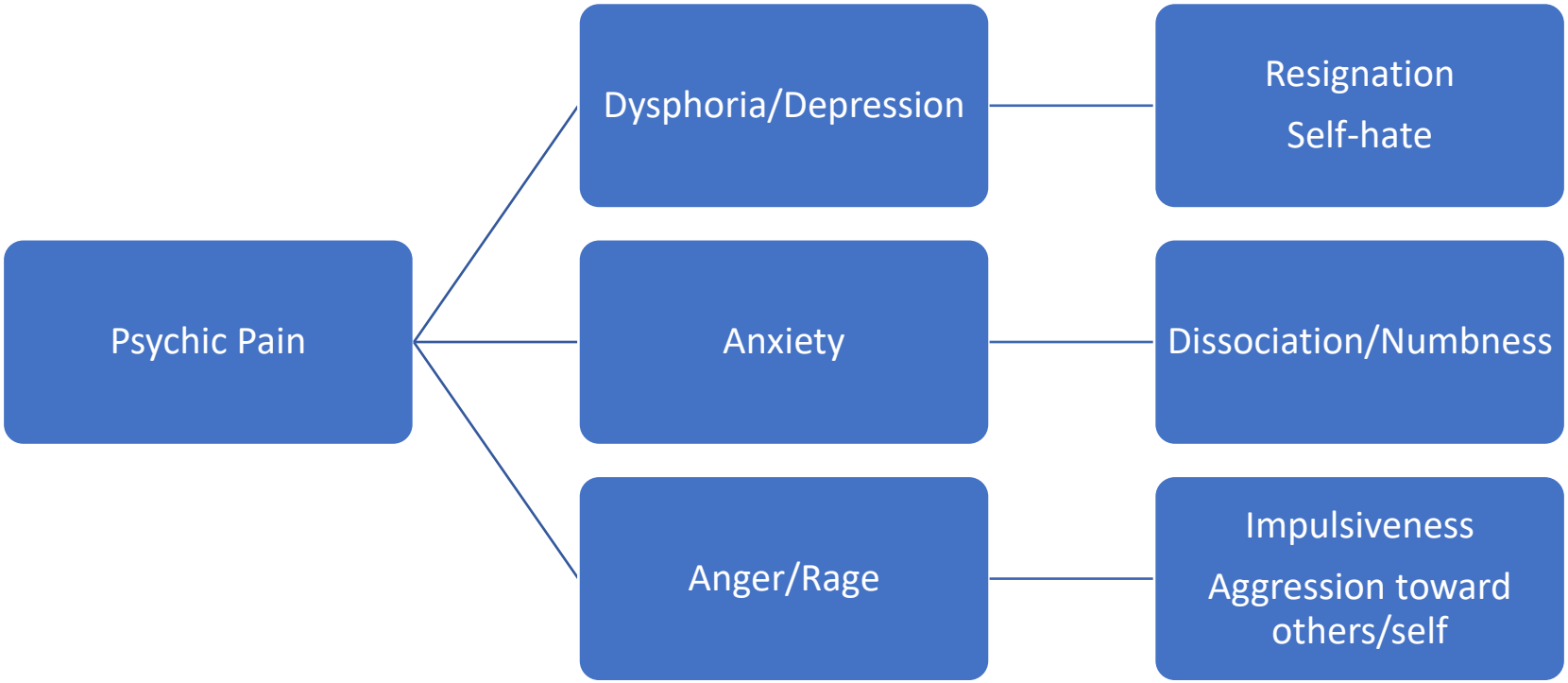
Deception: Misrepresentation

- 10/11 participants in psychotherapy at the time of the near lethal attempt
- 9/10 said they did not tell (and did not consider telling) their therapist they were considering acting on suicidal ideas.
- 1 called her therapist after taking an overdose but lied about having taken an overdose. Her therapist called the police anyway.
- Some were very focused on the satisfaction they got from being able to deceive parents, spouses, treatment professionals. Some reported elaborate conscious plans to deceive others as a type of triumph over authority figures
- For others the deception seemed less interpersonally driven and more a function of desperation and determination to escape psychic pain/distress

Dissociation: Unrepresentability

- Difficulty describing/reconstructing the state of mind immediately preceding the suicide attempt
- Paradoxical experience of attempt as both planned and impulsive. Rehearsed and spontaneous. Known and unknown.
- For some: Ineffable quality of that moment that has to do with an absorption in an experience of beauty, a sense of a “perfect moment, ” “everything just came together and it was a good time,” “I had the perfect day with my family, beautiful, and that’s how I wanted it to end”
- Dissociation: relinquishing object ties, cessation of psychic pain, automatism. Does dissociation also facilitate ”fixed attention?”

Psychic pain as a proto-affect for negative affective states



Developmental Models of Suicide

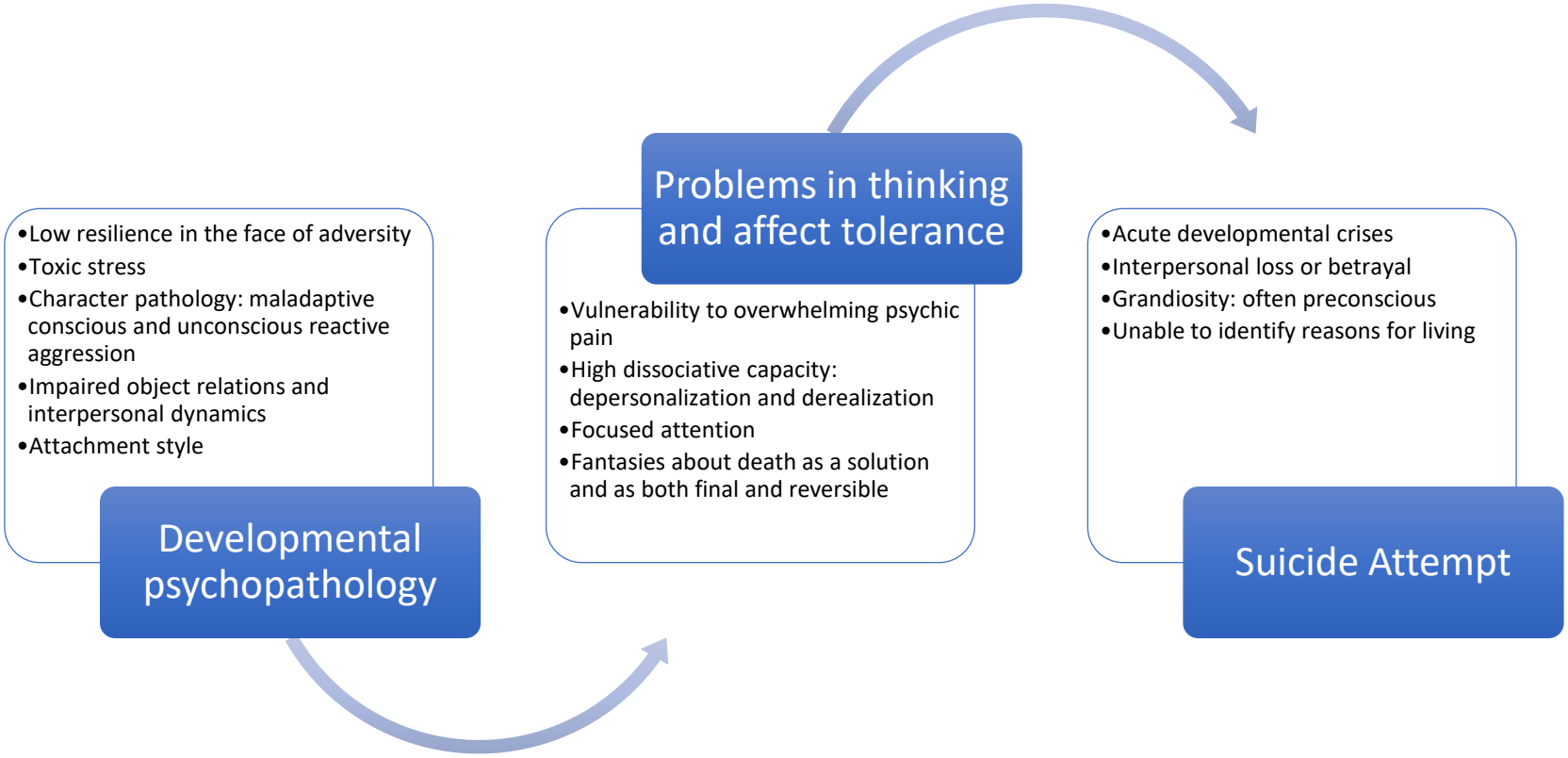
- Childhood temperament and coping
- Trait impulsiveness
- Childhood and Adolescent suicidal ideation or attempts
- Childhood psychiatric treatment
- Rumination
- Affective instability
- Resilience
- Neurobiological development

Suicide attempts associated with Adverse Childhood Experience

- Adverse Childhood Experience (ACEs) increases the likelihood of a lifetime suicide attempt 3-5 times that of people without ACE's
- Relationship between ACE's and suicide attempts was mediated by a history of alcoholism, depressed affect, and illicit drug use
- In our sample, a history of childhood abuse (sexual, physical, emotional) was associated with an increasing number of lifetime suicide attempts but was not associated with suicide severity

Dube SR, Anda RF, Felitti VJ, Chapman DP, Williamson DF, Giles WH. Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study. JAMA. 2001;286(24):3089–3096. doi:10.1001/jama.286.24.3089

Proposed developmental pathway to suicide




Follow Up Study

Meanwhile, back at the ranch….

Archives of Suicide Research

Routledge
Taylor & Francis Group

ISSN: 1381-1118 (Print) 1543-6136 (Online) Journal homepage: https://www.tandfonline.com/loi/usui20

Assessment of Psychological Pain in Clinical and Non-Clinical Samples: A Preliminary Investigation Using the Psychic Pain Scale

Katie C. Lewis, Evan W. Good, Jane G. Tillman & Christopher J. Hopwood

To cite this article: Katie C. Lewis, Evan W. Good, Jane G. Tillman & Christopher J. Hopwood (2020): Assessment of Psychological Pain in Clinical and Non-Clinical Samples: A Preliminary Investigation Using the Psychic Pain Scale, Archives of Suicide Research, DOI:

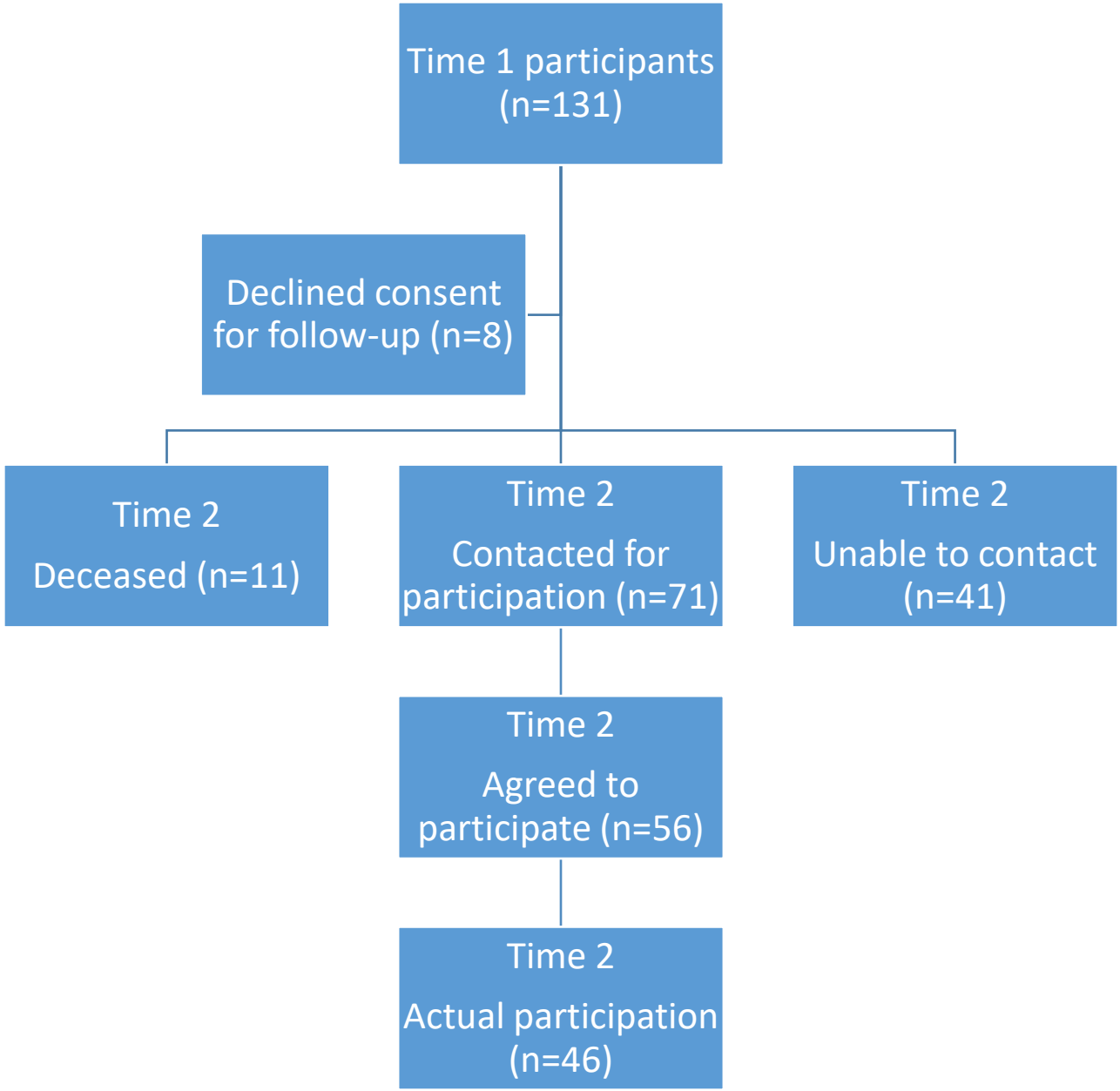

Time 1 participants (n=131)
Declined consent for follow-up (n=8)
Time 2
Deceased (n=11)
Time 2
Contacted for participation (n=71)
Time 2
Unable to contact (n=41)
Time 2
Agreed to participate (n=56)
Time 2
Actual participation (n=46)

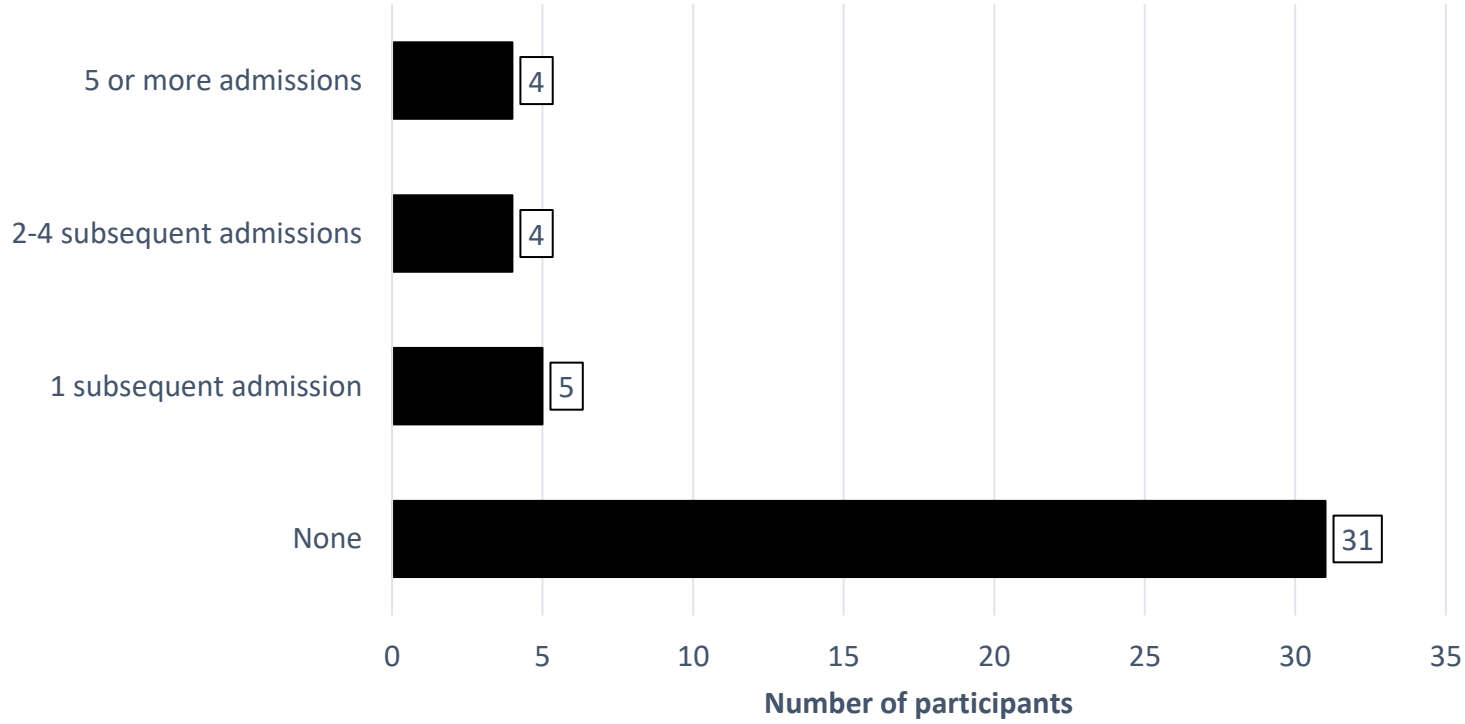
Table 1. Sample Characteristics

Demographics	N	Overall
Participants at T1	131	
Participants at T2	46 (35.1%)	
Years of Follow-up	46	7.3 ± 1.03
Age (years, M, SD)	46	40.76 ± 12.09
Gender		
Male		12 (26.1%)
Female		34 (73.9%)
Sexual Orientation		
Lesbian, Gay, Bisexual		14 (30.4%)
Not Sure		3 (6.5%)
Heterosexual		29 (63%)
Description of Suicide History		
History of suicide attempt(s) prior to T1		23 (50%)
History of suicide ideation prior to T1		16 (34.8%)
No history of suicide attempts or ideation prior to T1		7 (15.2%)
Suicide death after T1		10 (7.6%)[1]
Suicide attempts without death after discharge		7 (15.2%)[2]

[1] 10 of T1 participants (N=131) died by suicide ; 1 participant died of other causes

[2] Suicide attempts reported by T2 participants (N=46)

Admissions to a psychiatric hospital since being discharged from ARC



Comparison of T1 measures for those alive and those with suicide outcomes

Variable at T1	N	Known alive at T2	Known suicide death by T2	p-value
RFL	89	3.14 ± 0.88	3.14 ± 0.81	0.939
CDRISC	91	48.87 ± 18.5	46.3 ± 21.33	0.743
PPS-12	89	35.82 ± 11.16	36.7 ± 9.12	0.776
BIS-11	90	67.91 ± 12/96	76.54 ± 9.68	0.022

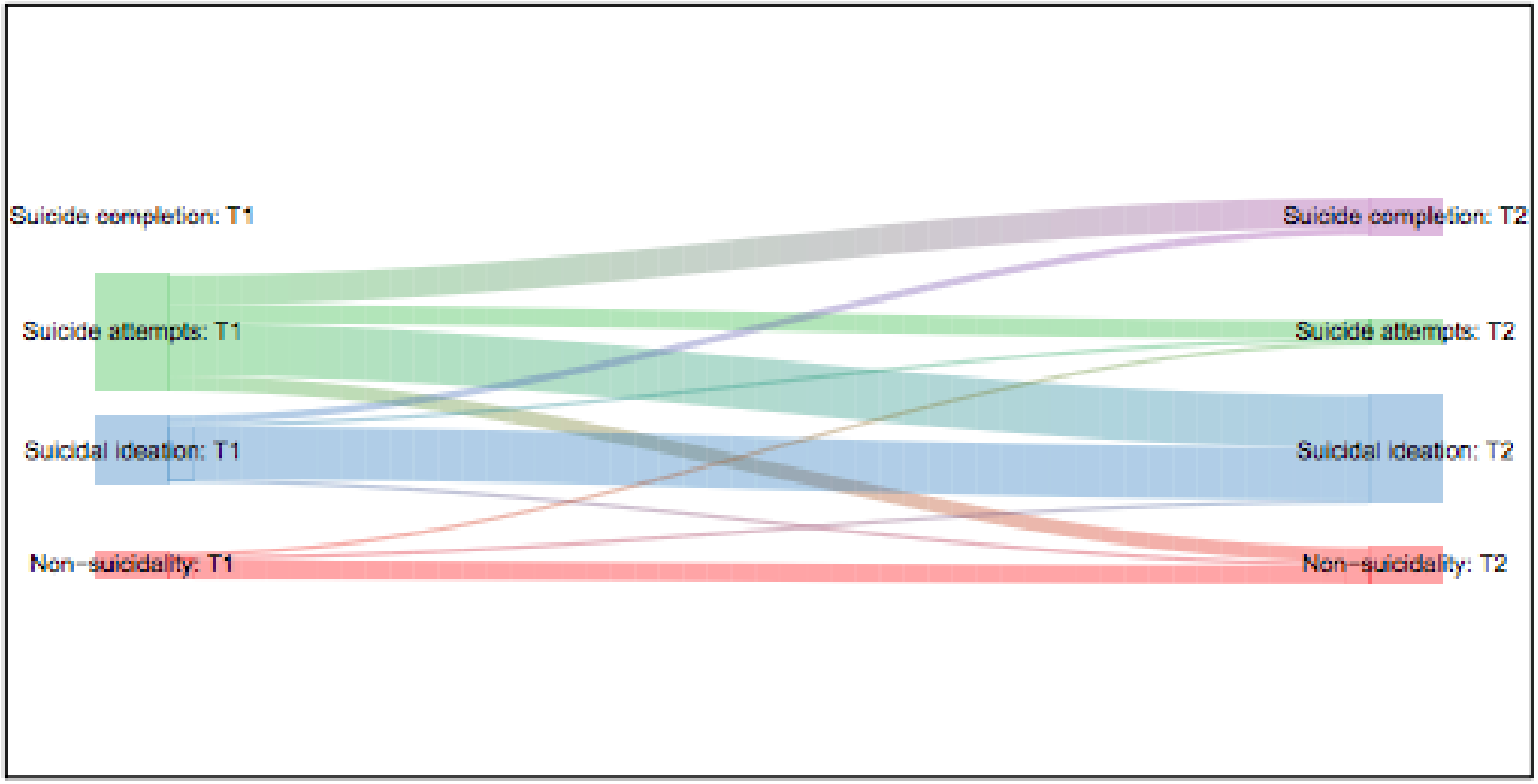
Results calculated using a Wilcoxon-Mann-Whitney Test

Change Scores T_1 to T_2 on RFLI, CDRISC, PPS-12

Table 2. Change in RFLI, CDRISC, PPS-12

		Time 1	Time 2	
Variable	N	Mean, sd	Mean, sd	p†
RFLI	44	3.1 ± 0.77	3.73 ± 0.95	<0.001
CDRISC	45	48.27 ± 18.26	62.64 ± 15.63	<0.001
PPS-12	42	36.38 ± 11.9	28.38 ± 11.67	<0.001

† P-value calculated using two-sided Wilcoxon Sign Rank Test



Suicide Attempt Status at Follow-Up

Clinical Take Home Message

- There are multiple pathways to the moment of suicide with highly idiosyncratic meanings and complex shifts in representability.
- Understanding nomothetic warning signs and risk factors is necessary but NOT SUFFICIENT for understanding the pathway to suicide for the individual.
- Need to develop techniques for assessing those at risk for suicide with attention to shifts in representability and dissociative states
- What we are learning about secrecy, deception, and alliance (or misalliance) is very important. Sometimes deception is primarily interpersonal and sometimes primarily intrapsychic, and most often a complex interaction.
- Multiple levels of mental functioning and meaning

Conclusions

- Suicide is often planned AND impulsive
  - Fantasies, plans, thoughts of suicide may have been present both consciously and unconsciously for days, weeks and even years prior to the attempt
  - Suicidal action may also emerge very suddenly and without clear warning
- Developmental psychopathology sets the stage
  - Stress-Diathesis model has developmental origins
- No one mood state or factor that accounts for suicidal impulse or action

Conclusions-2

- Pathway to suicide may be more than a decade in the making
- Deception and secrecy, particularly of therapists, parents, or others is frequent
- Psychoanalytic theory has focused on the “anger turned inward” theory of suicide. Our data suggest that this is not necessarily the case. Attending to psychic pain is essential
- Role of perceived betrayal
- In this cohort of complex psychiatric patients the 7 year mortality rate of ~8.0% suggests that this is a group who may need ongoing psychiatric care for long periods of time

Why did this take so long? (2009-2021)

- Two marriages
- One divorce
- Four babies born
- One dissertation completed
- One ordination to the priesthood
- Five Medical Director/CEO's
- Several patient suicide deaths
- Numerous job changes and re-locations