The Effect of Denial of Childhood Trauma on the 
Self-Report of Suicidality on Psychiatric Inpatients

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results of prior research show that there is a link between childhood abuse and higher rates of personality pathology (Cohen, Foster, Nesic, Tanz, Halmi, & Galynker, 2013). Likewise, studies have shown that some children who experience neglect/or abuse, not only have a change in brain activity and development, but also have an increased risk of psychiatric disorders relating to higher levels of suicidality (Peterson, Joseph, Fei, 2013).

To our knowledge, prior studies have not looked at whether denial of childhood trauma plays a significant role on the self-report of suicidality in psychiatric inpatients. Kubler-Ross (1969) categorized denial as one of the early and healthy stages of the grieving of one’s death. According to her work, denial is a necessary factor to move a person into healthy acceptance but if prolonged may cause an unhealthy grief resulting in negative pathological functioning (Kubler-Ross, 1964). Suicidality is often considered a constituent of such negative pathological functioning. Some theories of why patients prolong their denial include the social stigmas and strong determination to complete the act. The patients who have a high rate of suicidality are more likely to deny their suicidal ideation (Simons & Hales, 2012).

This quality improvement study sought to investigate the relationship between personality and its correlation with inpatients’ self-reports of suicidality moderated by denial. The premise of our project is that the denial or minimization of childhood trauma alters the relationship between the self-report of suicidality and personality pathology. Statistically we plan to demonstrate that denial moderates the association between suicidality and detachment. Denial had a statistically significant main effect in the regression analysis for detachment and suicidality (F (1, 199) =145.17, p<0.01), see figure 1, and a statistically significant interaction for detachment x denial (as a continuous variable) (F (1, 199) = 45.47, p<0.01) supporting our contention that denial moderates the association between suicidality and detachment. Denial had a moderating effect on personality and suicidality. F (3, 159) = 47.57, p<0.01, see figure 2. A lower level of denial was correlated with a stronger interaction between suicidality and detachment while a higher level of denial was correlated with a weaker relationship between these variables.

The results of the data support our contention that subjects who had high levels of the minimization/denial factor of the childhood trauma questionnaire had significantly lower levels of self-report suicidality as measured by the depression facet component of the PID-5. This shows that when an individual has the tendency to deny, they will not be giving a proper report on both their childhood trauma and their suicidality. The data also showed that denial acted as a moderator in the relationship between detachment and suicidality. Specifically, when denial was high the relationship between detachment and suicidality was minimal. However, when denial was not accounted for detachment and suicidality had a strong positive relationship.

The results of the study lend credibility to the clinical practice of assessing risk for suicide utilizing multiple domains of behavior including not only self-report of suicidal ideation but also assessments of personality. Since patients deny minimizes their suicidality to both themselves and their mental health professionals, specifically in patients with denial, further investigation should be considered to assess a patient’s exact suicidality. This clinical conclusion is very important for mental health professionals to use when assisting a psychiatric patient in order to accurately understand the patient.

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Results

Approximately one-third (30%) of the participants were categorized as high deniers. There were no statistically significant moderating effects for age, race, or gender. Analysis of variance (ANOVA) revealed that the category of high deniers (M=6.61, SD= 4.54) had significantly less self-reported levels of suicidality as compared with low deniers (M=7.51, SD=5.40), F (1, 146)=15.4, p<0.04. There were no statistically significant differences in personality measures.

PID-5 Suicide Questions

27. I often feel like nothing I do really matters.
66. The future looks really hopeless to me.
81. The world would be better off if I were dead.
119. I talk about suicide a lot.
151. Life looks pretty bleak to me.
163. Everything seems pointless to me.
178. I know I’ll commit suicide sooner or later.

Beck’s Hopelessness Scale (Beck,1989)

20. There’s no use in really trying to get anything I want because I probably won’t get it.
9. I just can’t get the breaks, and there’s no reason I will in the future.
Specifically suicidal.

244. 245.

REFERENCES


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