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

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Introduction

Results of prior research shows that there is a link between childhood abuse and higher levels of personality pathology (Cohen, Foster, Nesci, Tanis, Halmi, & Galynker, 2013). Likewise, studies have shown that some children who experience neglect and/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, Feit, 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 sets out 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 effect of detachment on suicidality

Method

Participants

One hundred and sixty three consecutively admitted psychiatric inpatients within three days of their admission were selected by the clinical staff of Dr. Karper or Amy Blitz, CRNP in the Lehigh Valley Hospital Muhlenberg: Inpatient Psychiatric Unit, BH2, Bethlehem PA. Participants were chosen based on availability, cooperativeness and severity of disorder. Excluded participants consisted of uncooperative or decompensated individuals.

Materials

Two instruments were used to assess the participants. The Personality Inventory for DSM-5: Adult (Krueger, Derringer, Markon, Watson, Skodol, 2013) is a 220 self-report questionnaire to measure the domains of the PID-5. The PID-5 assesses participants' personality; negative affect, detachment, antagonism, disinhibition and psychoticism. This measure was scored on a 4-point Likert-type scale; 0 = very false or often false, 1 = sometimes false, 2 = sometimes true, 3 = very true. The Childhood Trauma Questionnaire (Bernstein & Fink, 1998) is a 28 item self-report questionnaire to measure the participants' childhood trauma: sexual abuse, physical abuse, emotional abuse, emotional neglect, and physical neglect. Denial was measured in two ways; as a categorical and as a continuous variable utilizing the standard scoring from the CTQ. Detachment is derived from the PID-5 and the suicidality and hopelessness questions were summed to measure self-report of suicidality.

Patient Race	Frequency	Percentage
White	134	82.21
Black	10	6.13
Hispanic	15	9.20
Asian	2	1.23
Middle Eastern	2	1.23

Gender	Frequency	Percentage
Female	115	70.55
Male	48	29.45

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=5.61, 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)=4.15, p =0.04. There were no statistically significant differences in personality measures.

There was a statistically significant main effect in the regression analysis for detachment and suicidality [F (1, 199) =145.17, r^2=0.52, 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=0.04] 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<.001, 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.

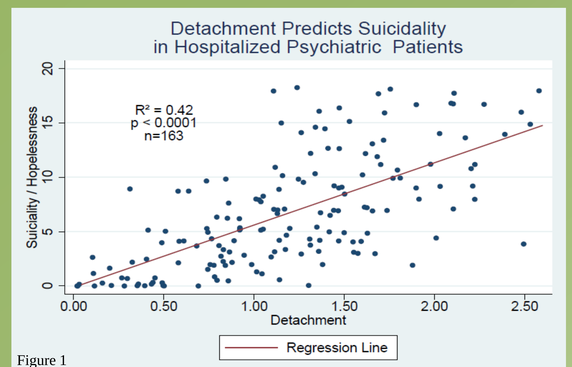

Figure 1

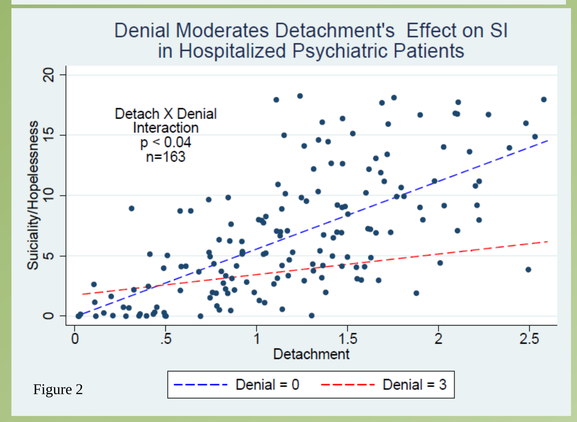

Figure 2

PID-5 Suicidality Questions	Beck's Hopelessness Scale (Beck,1988)
27. I often feel like nothing I do really matters.	20. There's no use in really trying to get anything I want because I probably won't get it.
66. The future looks really hopeless to me.	9. I just can't get the breaks, and there's no reason I will in the future.
81. The world would be better off if I were dead.	Specifically suicidal
119. I talk about suicide a lot.	Specifically suicidal
151. Life looks pretty bleak to me.	7. My future seems dark to me.
163. Everything seems pointless to me.	2. I might as well give up because there is nothing I can do about making things better for myself.
178. I know I'll commit suicide sooner or later.	Specifically suicidal

Discussion

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 depressivity 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' denial minimizes their suicidality to both themselves and their mental health professionals, specifically in patients with detachment, 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 inpatient in order to accurately understand the patient.

Future Considerations

While this study supported our hypothesis, there were some limitations of the study. First, all participants were conveniently sampled and therefore these results may not be generalizable to all psychiatric patients; outpatients cannot be assumed to deny similarly to inpatients. While the subjects in this study were recruited from a population that was predominately Caucasian future work might explore how culture, age, or gender might influence denial and the expression of suicidality. Additionally future work may want to also look at the concept of "healthy denial" on psychiatric inpatients and when it may be beneficial for patients to deny.

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