

Relationships Between Dispositional Coping Strategies, Suicidal Ideation, and Protective Factors Against Suicide in Older Adults

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Suicide and Coping

- Style of coping may serve as an internal source of emotional strength used to buffer the effects of perceived stress
- Variability in coping strategies is one possible explanation for why some individuals think about and commit suicide
- Coping and reasons for living are potentially modifiable

Coping Theory: Carver, Scheier, and Weintraub (1989)

- Problem-focused
 - Directed at managing or altering the problem
- Emotion-focused
 - Directed at regulating emotional response to the distress
- Dysfunctional
 - Maladaptive if relied upon for long periods of time

Coping and Suicide Risk

- Problem-focused coping
 - Suicidal ideators and attempters solve problems less effectively than non-suicidal individuals
- Emotion-focused coping
 - Mixed evidence regarding strategies that target emotion regulation

Coping and Protective Factors

- Reasons for Living used to investigate protective factors against suicide
- Little is known about how either adaptive or maladaptive coping strategies are related to protective factors against suicide in older adults

The Present Study

- What are the coping abilities and cognitive processes that exist among older adults?
- How does coping relate to cognitive deterrents to suicide?
- How does coping relate to suicidal ideation?

Hypotheses

	Problem-focused coping	Emotion-focused coping	Dysfunctional coping
Cognitive deterrents to suicide	+	+	-
Suicide ideation	-	-	+

Hypotheses

- Problem-focused, emotion-focused, and dysfunctional coping will significantly predict reasons for living
- Problem-focused, emotion-focused, and dysfunctional coping will significantly predict suicidal ideation

Method: Participants

- Participants
 - Community-dwelling older adults
 - $N = 108$
 - M age = 71.5 years ($SD = 8.2$ years)
 - 61% female
 - 88.9% European American
 - 48.1% married
 - M years of education = 14.74 ($SD = 3.16$)

Method: Measures & Procedure

- Coping Orientations to Problems Experienced Scale (COPE; Carver et al., 1989)
- Reasons for Living (RFL; Linehan et al., 1983)
- Geriatric Suicide Ideation Scale (GSIS; Heisel & Flett, 2006)

Results: Coping & Reasons for Living

Table 2. Pearson correlations between COPE and RFL scores.

	RFL total	Survival and coping beliefs	Responsibility to family	Child-related concerns	Fear of suicide	Fear of social disapproval	Moral objections
Problem-focused Cluster	0.33**	0.38**	0.23*	0.28**	-0.12	0.09	0.15
Active Coping	0.26*	0.34**	0.24*	0.26*	-0.23*	0.02	0.12
Planning	0.21	0.25*	0.16	0.24*	-0.19	0.05	0.11
Suppression of Activities	0.22*	0.27*	0.19	0.20	-0.14	0.13	0.07
Restraint Coping	0.24*	0.27*	0.16	0.09	0.02	0.07	0.20
Instrumental Support	0.33**	0.33**	0.16	0.30**	0.04	0.09	0.10
Emotion-focused Cluster	0.53**	0.53**	0.41**	0.39**	-0.01	0.14	0.59**
Emotional Support	0.28*	0.27*	0.24*	0.21	0.11	0.08	0.13
Positive Reinterpretation	0.34**	0.44**	0.35**	0.32**	-0.23*	0.03	0.32**
Acceptance	0.23*	0.27*	0.14	0.08	-0.08	-0.03	0.23*
Religion	0.51**	0.43**	0.31**	0.34**	0.06	0.18	0.83**
Humor	0.16	0.21	0.22*	0.16	0.01	0.05	0.02
Dysfunctional Cluster	0.16	-0.02	0.07	0.04	0.48**	0.26*	0.03
Venting of Emotions	0.31**	0.24*	0.22*	0.23*	0.26*	0.09	0.02
Denial	0.15	0.06	0.09	0.05	0.35**	0.42**	0.10
Behavioral Disengagement	0.07	-0.12	0.02	-0.01	0.39**	0.22*	0.08
Mental Disengagement	0.01	-0.14	-0.03	-0.01	0.25*	0.12	-0.05
Alcohol/Drug Abuse	-0.10	-0.11	-0.13	-0.20	0.16	-0.07	-0.08

Notes: * $p < 0.05$; ** $p < 0.01$.

Results: Coping & Suicide Ideation

Table 3. Pearson correlations between COPE and GSIS scores.

	GSIS total	Suicide ideation	Death ideation	Loss of personal and social worth	Perceived meaning in life
Problem-focused Cluster	-0.24*	-0.19	0.05	-0.21*	-0.38**
Active Coping	-0.33**	-0.32**	-0.06	-0.22*	-0.47**
Planning	-0.21*	-0.15	0.08	-0.20*	-0.34**
Suppression of Activities	-0.15	-0.09	0.01	-0.14	-0.24*
Restraint Coping	-0.07	-0.04	0.15	-0.06	-0.24*
Seeking Instrumental Support	-0.17	-0.13	-0.01	-0.19	-0.20
Emotion-focused Cluster	-0.33**	-0.30**	0.11	-0.27**	-0.53**
Seeking Emotional Support	-0.20	-0.17	0.03	-0.20	-0.29**
Positive Reinterpretation	-0.29**	-0.23*	0.08	-0.23*	-0.53**
Acceptance	-0.15	-0.14	0.07	-0.13	-0.25*
Turning to Religion	-0.22*	-0.23*	0.15	-0.21*	-0.36**
Humor	-0.18	-0.15	-0.02	-0.10	-0.28**
Dysfunctional Cluster	0.31**	0.26*	0.30**	0.33**	0.16
Venting of Emotions	0.09	0.06	0.09	0.19	-0.05
Denial	0.13	0.08	0.05	0.15	0.17
Behavioral Disengagement	0.29**	0.24*	0.25*	0.30**	0.17
Mental Disengagement	0.20**	0.28**	0.26*	0.24*	0.17
Alcohol/Drug Abuse	0.11	0.08	0.23*	0.07	0.04

Notes: Perceived meaning in life subscale is reverse-scored.

* $p < 0.05$; ** $p < 0.01$.

Results: Regression Models

Table 4. Summary of simultaneous regression analysis for COPE cluster scores and gender predicting RFL total score.

Variable	<i>B</i>	SE	β
Problem-focused Coping	<0.01	0.01	0.04
Emotion-focused Coping	0.04	0.01	0.51*
Dysfunctional Coping	0.01	0.01	0.09
Gender	-0.10	0.17	-0.06

Notes: $F(4, 72) = 7.50$, $p < 0.001$, $R = 0.54$, $R^2 = 0.29$, and adjusted $R^2 = 0.26$.

* $p < 0.001$.

Table 5. Summary of simultaneous regression analysis for COPE cluster scores and gender predicting GSIS total score.

Variable	<i>B</i>	SE	β
Problem-focused Coping	0.09	0.20	0.05
Emotion-focused Coping	-0.68	0.19	-0.42*
Dysfunctional Coping	0.98	0.26	0.38**
Gender	1.17	3.00	0.04

Notes: $F(4, 87) = 6.97$, $p < 0.001$, $R = 0.49$, $R^2 = 0.24$, and adjusted $R^2 = 0.21$.

* $p < 0.01$; ** $p < 0.001$.

Discussion: Problem- & Emotion-focused Coping

- Both problem- and emotion-focused coping strategies were associated positively with reasons for living and negatively with suicide ideation
 - These coping strategies may serve as protective factors against suicide in this population

Discussion: Dysfunctional Coping

- Dysfunctional coping unrelated to overall reasons for living and positively associated with fear of suicide and fear of social disapproval
 - These deterrents may be more indicative of pathological coping in this population
- Dysfunctional coping positively related to suicide ideation
 - These coping strategies may be a risk factor for suicide ideation

Discussion: Regression Models

- Emotion-focused coping only significant predictor of reasons for living
- Emotion-focused and dysfunctional coping only significant predictors of suicidal ideation
 - Suggests that problem-focused coping may be less relevant

Discussion: Unexpected Findings

- Fear of suicide & fear of social disapproval positively related to dysfunctional coping
- Possible explanations:
 - RFL subscales are measuring other constructs
 - Unidentified moderating variable(s)

Discussion: Unexpected Findings

- Focus on and venting of emotions was positively related to total RFL and several of the RFL subscales
- Possible explanations:
 - May provide an emotional and physical release
 - May garner support from others

Discussion: Implications

- Emotion-focused coping strategies should be examined separately by researchers, rather than as a unitary construct
 - Distinction between diverse emotion-focused coping strategies might be especially important for older adults
- Coping styles and reasons for living are potentially modifiable
 - Assessment should be part of a thorough evaluation of at-risk older adults
 - Potentially useful for prevention efforts

Discussion: Limitations

- Culturally and geographically homogeneous sample
- Exclusive use of self-report data
- Correlational analysis
- Failure to assess psychiatric diagnoses and current treatment for mental health problems

Discussion: Future Research

- Unidentified variable impacting relationship between fear of suicide/fear of social disapproval and coping
- Psychometric performance of RFL in older adults
- Coping during a state of urgent suicidal ideation

Conclusion

- Take-home messages:
 - Preliminary evidence for certain coping strategies that may serve as protective factors against suicide in older adults
 - Coping strategies should be evaluated as part of a thorough assessment of suicidal risk among older adults

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