Help-negation for suicidal thoughts in sub-clinical samples of young people

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Help-Negation for Suicidal Thoughts in Sub-Clinical Samples of Young People

A thesis presented in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Psychology at the University of Wollongong

Coralie Joy Wilson
2003
Across the popular and academic literature, it is widely recognised that young people with persistent suicidal thoughts are at high risk for suicide completion. It is also accepted that seeking and receiving appropriate help offers protection against the development of acute forms of suicidality, along with suicide completion. Yet, as promising as appropriate help-seeking appears for suicide prevention, a growing number of studies suggest that suicidal ideation itself may impede the help-seeking process. There is evidence that acutely suicidal samples will negate or avoid available help, and there are indications that the help-negation process may occur in samples before levels of suicidal ideation become acute and require clinical intervention. With implications for suicide prevention and clinical practice, findings of help-negation suggest that if the effect can be found in sub-clinical (i.e., non-acutely suicidal) samples, help-negation can be identified as a risk-factor for youth suicide. Moreover, if factors contributing to the help-negation effect can be identified, it may be possible to prevent the help-negation process from occurring.

This thesis explores the help-negation effect in four studies with young people at sub-clinical levels of suicidal ideation. Two studies were conducted with university students and two studies, with high school students. The help-negation effect is indicated by negative associations between suicidal ideation and intentions to seek help for suicidal thoughts from a variety of specific sources, along with a positive association between suicidal ideation and intentions to seek help from “no-one”. Study 1 used a sample of 302 first-year university students, Study 2, a sample of 269 private high school students, Study 3, a second sample of 351 first-year university students, and Study 4, a sample of 105 public high school students. Studies 1 to 3 found that higher levels of suicidal ideation related significantly to lower intentions to seek help for suicidal thoughts from a range of sources, and higher intentions to seek help from no-one. Study 4 found that higher levels of suicidal ideation related significantly to lower intentions to seek help from family for suicidal thoughts. Suicidal ideation was measured by the Suicidal Ideation Questionnaire (SIQ; Reynolds, 1988) and help seeking intentions, by the General Help-Seeking
In addition to the help-negation hypothesis, this thesis examines the impact of several variables on the help-negation effect. Studies 1 and 2 examine the possibility that hopelessness and/or prior help-seeking experience might either explain or strengthen the help-negation relationship in university and/or high school students. Hopelessness is measured by the Beck Hopelessness Scale (BHS; Beck, Rial, & Rickles, 1974) and prior help-seeking experience, by the GHSQ. Similar results in both Studies 1 and 2 found that neither hopelessness nor prior help-seeking could fully explain the help-negation relationship over and above the impact of suicidal ideation. In Study 1, there was no evidence to indicate that hopelessness or prior help-seeking moderated the help-negation relationship in university students. However, Study 2 found that hopelessness might contribute to the overall strength of help-negation effect in high school students. In Study 2, although hopelessness was unable to fully account for the help-negation effect, a small moderation effect was found, indicating that higher levels of hopelessness were associated with a greater reluctance to seek help for suicidal thoughts as levels of suicidal ideation increased.

On the basis of Study 1 and 2 results, it was hypothesised that hopelessness might contribute to the strength of the help-negation effect, at least in adolescent populations, through negative appraisals about help as a suitable and effective way to manage suicidal thoughts. It was also hypothesised that some young people may not seek help for suicidal thoughts because they do not recognise they have a problem or they view suicidal thoughts as not in need of solution. Studies 3 and 4 explore the possibility that problem-solving appraisal and/or problem recognition might either explain or strengthen the help-negation effect, as for Studies 1 and 2, in samples of university and high school students. Aspects of problem-solving are measured by the short form of Frauenknecht and Black’s (1995) Social Problem-Solving Inventory for Adolescents (SPSI-A). Similar results for Studies 3 and 4 indicated that neither problem-solving appraisal nor problem recognition could fully account for the help-negation effect over and above the impact of suicidal ideation, and neither variable moderated the help-negation relationship. However, additional results in Study 4 found that total problem-solving capacity might explain adolescents’ help-negation
from family. In study 4, the negative relationship between students’ levels of suicidal ideation and their help-seeking intentions for family became non-significant once total problem-solving capacity was controlled.

Together, the results of Studies 1 to 4 confirm the robust nature of the help-negation process in sub-clinical youth samples and suggest that help-negation is not merely the result of hopelessness, prior help-seeking experiences, or aspects of poor social problem-solving, but a function of other variables that are associated with suicidal ideation and help-seeking intentions. Results are discussed in terms of individuation and autonomy, help-seeking fears, coping style, and personality characteristics. The thesis concludes by highlighting a number of questions for subsequent research. It is proposed that answers to these questions may provide explanations for the help-negation effect together with specific strategies for prevention and points for more effective early intervention and clinical practice.
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**Dedication**

This thesis is dedicated in loving memory to my dear friend and walking partner Garry Hewitt, who died suddenly on November 12, 2003. Garry was one of the most special people I have ever been fortunate enough to meet and get to know. After surviving a liver transplant, he spent his days celebrating life and reaching out to all those around him, particularly the young people. Garry openly valued others. He was passionate about people and reminded me on a daily basis about the important things in life. I won’t forget.
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