

SUICIDAL BEHAVIOUR - DIMENSIONAL PERSONOLOGICAL PERSPECTIVE

Abstract

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The conscious human being means authenticity, freedom and existential meanings, which mutually inter-condition themselves with the attitude against the self. In its negative version, it may culminate in suicidal ideation, which is identified with the loss of the main purposes and meanings of personal life.

The epidemiology of suicidal behavior coalesces the intervention of a diversity of factors, from the biological ones to the cultural ones, and repositions today to the forefront the compulsoriness of the preventive strategies and of the elaborated rehabilitative ones. This occurs also because it is particularly affecting the most vulnerable periods of age.

The deliberate self-aggressive behavior, and sincerely assumed by the subject, differentiates the real conscious suicide – usually of a high vital risk – of the pathological one, attributable to different psychopathological conditions, which has an obvious higher frequency. The two versions of suicide may be encountered both in normal persons and pathological personalities.

Personality disorders represent a field of reference in psychopathology, in clinical psychiatry, sociology and forensic medicine, the persistent adaptive deficit in the roles of life, which characterize them, being able to culminate also in the suicidal act.

The manner of being of the world integrates harmonious and pathological personological structures, which – from a dimensional approach – belong to a continuum that may degenerate in the diversity of episodes and mental disease.

From the qualitative categorical perspective, personality disorders which may be considered suicidal risk factors are Narcissistic PD, Antisocial PD, Borderline PD, and Obsessive-Compulsive PD, as well as Histrionic PD in case of blackmail-related demonstrative suicide. From the dimensional perspective, the low values of emotional stability, extroversion and agreeableness next to the high values of consciousness may foster ideation and suicidal acts.

The contemporary clinical practice confirms the subordinate position of the suicidal behavior, which is underdiagnosed and ignored according to the high or low vital risk, and to the elaborated or spontaneous nature of the attempt. Taking into account the insignificant

contribution to this effect of the individual demographic variables, a first rank role in understanding the phenomenon may be considered pertaining to the dimensions of the personality.

The approach from the perspective of certain demographic factors, of the personological categories and of the Big Five dimensional model, of a batch of 164 subjects with suicide attempts has confirmed the following. The main risk factors for suicide are the age of maximum involvement in the existential roles, pertaining to the female gender and the quantitative and qualitative deficit of the social support network.

The impulsive suicide is more frequently described in young people, and the elaborate one in senior people, often associated with depression. The impulsiveness of the suicidal act is favored by the use of toxic substances, particularly alcohol. The vital risk of the attempt is significantly higher in subjects with elaborate suicide. This version is more often encountered in Narcissistic PD, Obsessive-Compulsive PD and Avoidant PD. Instead, on the studied batch, the impulsive suicide is more frequent in the Borderline PD, Antisocial PD and Histrionic PD – especially under the form of attempts with a low vital risk.

The association between a personality disorder and the elaborate suicide always enhances the vital risk – specifically in Narcissistic PD and Obsessive-Compulsive PD. The impulsive suicide with a high vital risk is encountered in Antisocial PD and Borderline PD, and the binomial factor depression - abuse of toxic substances is the best predictive factor of the attempt.

In the dimensional approach, appropriate to openness, its high values decrease the vital risk and vice-versa in the case of the elaborate suicide as well as the impulsive one. The values of extroversion are low in relation to the elaborate suicide and high in case of the impulsive one. For both types of suicide, the high values of this dimension decrease the vital risk. In the same dimensional context, the high values of consciousness concord to the elaborated suicide, but they increase also the impulsiveness of the suicidal act. The same values increase the vital risk for both forms of suicide. The high levels of agreeableness decrease the vital risk of attempted suicide, and the low values of emotional stability increase the vital risk both in case of the elaborated suicide and in the case of the impulsive one.

Thus, the dimensional approach of the personality allows an in-depth and efficient knowledge of the suicidal phenomenon, useful in prevention as well as in treatment.