The Role of Perceived Defeat, Entrapment & Social Support in the Experience of Suicidality for People with Bipolar Disorder

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Some Statistics to consider…

1 million people

10-20 million people

1%-5%

Approx 19%

At least 50%
Common Epidemiological Risk Factors for Suicide

Diagnosed Mental Health Condition
Risk Factors & Prevention

Such risk factors may tell us which social groups or strata are at a higher risk for suicide (‘who’)

• BUT, these are **non-specific**

And liable to identifying **false positives** and **false negatives** in terms of ‘suicide risk’
Why are Psychological Models of Suicide needed?

1. Need to be able to identify the **individual-level factors associated with suicidality** (thoughts, feelings and behaviours)

2. Identify **changeable** psychological processes to **reduce** suicidality

3. To facilitate behaviour change, we need to **understand the underlying psychological processes and pathways** to suicidality (‘how’ or ‘why’)

4. To allow the **psychological mechanisms underlying suicidality to be tested and better understood**, allowing greater refinement of theories to develop adequate therapies
Our Research

Motivated by **limited** and **poor quality** existent research

Awareness that suicidality for people with bipolar disorder is a **major** and **often overlooked issue**

Focus on the role of **appraisals** of **social environment**:

- Core to the four contemporary models of suicide
- E.g. perceived burdensomeness -> increased suicidality (Interpersonal Theory of Suicide – Joiner)

- People w/BD report that their experiences of BD have a significant **positive** and **negative** effect on their social interactions & health (Owen et al, CP&P, *in press*)
Our Research Programme

Systematic Literature Review

Semi-structured interviews (understanding experiences of suicide)

Input from Contemporary Psychological Theories of Suicide

Quantitative studies

Prospective predictors of suicidality in a bipolar sample (n = 80)
Quantitative Studies

Objective: To test the prospective role of psychosocial predictors of suicidality in a bipolar sample

- Informed by our qualitative studies, service-user input and application of four contemporary models of suicide

- Focus on three key variables:

  **Defeat**
  **Entrapment**
  **Social Support**

We also measured suicidality (ideation/behaviours), resilience, bipolar-specific factors, stigma, perceived burdensomeness... (amongst other factors...)
Defeat & Entrapment in Bipolar Disorder
(Owen, Dempsey, Jones & Gooding, in press, S&LtB)

Perceptions of Internal Entrapment significantly mediated the relationship between defeat and suicidal ideation ($R^2 = 0.49$)
Defeat & Entrapment in Bipolar Disorder
(Owen, Dempsey, Jones & Gooding, in press, S&LtB)

External Entrapment did not significantly mediate the relationship between defeat and suicidal ideation (p = .35) – but the overall model was sig (R^2 = 0.34)
Summary

First demonstration of the role of perceived defeat, entrapment and social support on pathways to suicidality in a bipolar sample

Key findings:

– Perceptions of ‘internal entrapment’ (by thoughts/feelings) mediates the defeat -> suicidality pathway

– Support for the SAMS model of suicidality (1st testing in a bipolar sample)

• Clinical application – target negative perceptions of social support before individuals feel defeat/entrapped
  1. Reinforce available sources of positive social support
  2. Generate alternative escape-options before E (e.g. accessing SS)
  3. Improve recognition of feelings of D/E
References


Definitions:

CoP = Cry of Pain model of Suicide (Williams, 1997, *Cry of Pain* [book])
IMV = Integrated Motivational Volitional model of Suicide (O’Connor, 2011, *Crisis*)
SAMS = Schematic Appraisals Model of Suicide (Johnson et al., 2008, *Psychology & Psychotherapy*)