Defenses Against the Fear of Death in Postsuicide

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Abstract

This study explores the attitudes about death in normal people (n = 156) and patients after recent suicide attempt (n = 185). The group of patients was taken from the department of toxicology at the N. V. Sklifosovsky Research Institute of Emergency Medicine. We view the suicidal act as a mortality salience and hypothesize that those who deny their recent suicide attempt (n = 43) and who have one (n = 105) or several (n = 37) suicide attempts in their personal history exhibit different terror-management patterns in comparison with each other and with the control group. They fall back on different resources with various degrees of effectiveness. Implications of these results for understanding suicidal and postsuicidal behavior are discussed and suggestions for rehabilitation are made.

Keywords: terror management theory; meaning management theory; suicide; fear of death; death attitudes; hardiness; nostalgia; future thinking.

1. Theoretical paradigm

1.1. Formulation of the problem

The World Health Organization defines suicide as “the result of an act, deliberately initiated and performed by a person in the full knowledge or expectation of its fatal outcome” (p. 37, [1]). But by far there are little studies that explore the attitudes of the suicidal people toward the idea of death. Russian authors Ambrumova and Kalashnikova, basing on their experience in treating suicidal patients, noted their “paradoxically positive evaluation of death” [2]. Many theorists of suicide have pointed out the ambivalence of the suicidals: they are both attracted to and repelled by death [3; 4; 5]. We think that this angle may be utterly important for understanding, prevention and postvention of suicidal behavior, as the concept of death unquestionably plays an
essential role in suicidal activity. We’ve taken the most articulate inventories and theories of death attitudes and applied it to the people after suicidal attempts.

1.2. Studies and theories of fears of death and death attitudes

The first studies on the death concept started in 1910 with the research of Hall, who asked adults to recall their earliest experiences with death [6]. Since then there were many studies on this subject, both experimental, as, for example, in Alexander et al. [7], Feifel [8], Kastenbaum [9], and with the use of self-report questionnaires. The last ones were numerous, as can be seen in Lewis [10], but rather homogenous: thus, Durlak and Cass study of the 13 most popular inventories found 5 factors: negative evaluation of personal death, reluctance to interact with the dying, negative reaction to pain, reactions to the reminders of death, and preoccupations with thoughts of dying [11]. Besides, the quality of these scales was rather questionable, as noted many authors, Neimeyer [12] and Kastenbaum [13] being among them. The works that stood apart from this tradition were the study of psychosocial components of death fear by Diggory and Rothman [14], and classifications of fears by Murphy [15] and Hoelter [16], but all in all their research was mostly empirical and didn’t correspond to theories, like Lifton’s [17], Zilboorg’s [18] and Becker’s [19], which, in their turn, were left to be speculative.

The situation was changed with the appearance of the Threat Index [12], which was grounded in the theory of personality, the psychology of personal constructs by Kelly [20], but this measure still suffered some limitations: it was difficult to administer and to assess. During the years it changed significantly, acquire the usability that would have made it widespread and attractive for adaptation.

Another measure, the Fear of Personal Death Scale by Florian and Kravetz [21] also had theoretical ground in dimensions of personality (intrapersonal, interpersonal and transpersonal) and proved to be helpful over the years of research [22], as well as easy to use. These were the reasons why we decided to design the adaptation of this scale, which proved to be successful [23].

Then in 1986 the terror management theory appeared [24]. Based on the ideas of Becker [19; 25] and Rank [26], it became a breakthrough in its field and stimulated both theoretical and empirical development on the topic of death. The authors Greenberg, Pyszczynski, Solomon (as well as other colleagues of theirs) claim that most of human behavior can be understood as an attempt to achieve psychological equanimity in the face of mortality. People gain this equanimity through culture, which raises them above other animals [27]. The cultural anxiety buffer consists of (a) belief in one’s cultural worldview and (b) self-esteem, which is derived from living up to the standards of that worldview [28]. Later other defenses were found, such as attachment relationships [29], nostalgia [30] and creativity [31]. With some sort of emotional price (reduced feeling of pride and intensification of guilt and shame, need for assimilation with other people) these entities provided equanimity after mortality salience.

Afterwards, Wong et al. formulated the meaning management theory [32; 33], which included not only fear and avoidance as attitudes toward death, but also different types of acceptance: neutral, escapist and welcoming (approach-acceptance, as he called it). In different life situations people are more prone to accept death or fear it, but most “healthy” and benign attitude is neutral, when one sees death as natural and unavoidable phenomenon. He and his colleagues developed the measure instrument, which we also adapted [32].

1.3. Corresponding measures

As far as we decided to design a research on the grounds of the abovementioned theories with the hypothesis that mortality salience in the form of suicidal attempt gives rise to defense mechanisms, we needed measures, which would stand as the counterbalance of death. We formulated them as some sort of positive constructs that could protect people from their fears. We found these entities in the realm of positive psychology, in the time perspective theory by Zimbardo [34], who postulated 5 time-perspectives (past positive, past negative, present
hedonistic, present fatalistic and future), with 3 of them being responsible for the wellbeing [35], and the concept of hardiness by Kobasa and Maddi [36; 37]. The inventories that measure these concepts are already adapted in Russia [38; 39; 40].

2. Research

2.1. Participants

A total of 341 young people (18 – 25 years old) participated in the study. The control group consisted of 156 undergraduate students. The experimental group (185 people of the same age) included patients in the department of toxicology at the N.V. Sklifosovsky Research Institute of Emergency Medicine. All of them had recently (in the past 2 to 14 days) tried to poison themselves. 37 had made two or more suicide attempts, 105 had made one attempt, and 43 denied recent suicidal thoughts and actions (they explained the acts as “mistakes”, “accidents” or that they “just wanted to frighten somebody,” regardless of the severity of the medical consequences).

2.2. Materials and Procedure

Students filled out the materials during a regular class meeting on a voluntary basis. Patients were interviewed personally and received feedback via e-mail when they requested it.

The Death-Attitude Profile—Revised (DAP-R) (Wong, Reker, & Gesser, 1994, [32]) consists of 32 items rated on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree). The adaptation of the DAP-R was done by us for the same 156 students [23]. We found that all the five original scales had high internal validity (fear of death, 7 items, \( \alpha = .82 \); death avoidance, 5 items, \( \alpha = .89 \); neutral acceptance, 5 items, \( \alpha = .72 \); approach acceptance, 10 items, \( \alpha = .84 \); escape acceptance, 5 items, \( \alpha = .82 \)).

The Fear of Personal Death Scale (Florian & Kravetz, 1983, [21]) in our adaptation consists of 30 items rated on a 7-point scale. We found a somewhat different structure of the inventory than it was in the original. We received 3 scales in the intrapersonal dimension (fear of the consequences of death for personality, 12 items, \( \alpha = .93 \); for aspirations, 9 items, \( \alpha = .92 \), for body, 5 items, \( \alpha = .87 \)), 2 scales in the interpersonal dimension (for family and friends, 4 items, \( \alpha = .84 \); for social identity (fear of oblivion), 3 items, \( \alpha = .69 \)), and 1 scale in the transpersonal dimension (fear of transcendental consequences, 4 items, \( \alpha = .89 \)).

We also used our adaptation of the death access measures by Arndt et al. [41]. These are 25 puzzles with the possibility of filling in 7 death-oriented (or neutral) words.

To ascertain patterns of defenses and attitudes to life we used the Zimbardo Time Perspective Inventory [34] in a Russian adaptation [39] with 56 items rated from 1 (strongly disagree) to 5 (strongly agree), and the Hardiness Survey [37] in a Russian adaptation [38] with 45 items rated from 1 (no) to 4 (yes).

Statistical calculations were made in the program SPSS 17.0: factor analysis (method of principal components, varimax), Cronbach’s alpha coefficient, Pearson’s correlation analysis, and the Mann-Whitney U-test.

2.3. Results

We found that the fear of death was much stronger in people who admitted that they had made one suicide attempt (105 subjects) than in the control sample. The Mann-Whitney U-test showed that those suicidals feared and avoided death (\( \text{fear of death}, p = .005; \text{fear of the consequences for personality}, p < .001; \text{for body}, p < .001; \text{for aspirations}, p < .001; \text{for friends and family}, p = .024; \text{for social identity}, p < .001; \text{death avoidance}, p < .001 \)). Their fear of the consequences for body correlated with negative past \( (r = .34, p < .01) \) and fatalistic
their future scale correlated with fear of the consequences for personality \( (r = .24, p < .05) \), aspirations \( (r = .23, p < .05) \), and significant others \( (r = .22, p < .05) \).

Peoplpe who denied their attempt (43 subjects) were much less afraid of death: they differed significantly from the control sample just on the scales of fear of the consequences for personality \( (p = .009) \), body \( (p = .011) \) and aspirations \( (p = .017) \). Their defense was shown mostly in death avoidance \( (p < .001) \). Their fear of death was connected with positive past \( (r = .39, p < .01) \) – that is, it fulfilled its defensive function. Positive past also correlated with fear of the consequences for personality \( (r = .47, p < .01) \) and aspirations \( (r = .45, p < .01) \). In other words, these people drew on the feeling of nostalgia, and it alleviated their fears.

People from both these samples refused to believe in an afterlife and scored \( p < .001 \) (group with one attempt), \( p = .007 \) (group with denial of attempt) on approach acceptance in comparison with the control sample. They avoided death words in the death access measure \( (p = .032 \) for the group with denial of attempt, \( p = .001 \) for the group with one attempt). In addition, group with one suicide attempt showed lower neutral death acceptance \( (p < .001) \) and group with the denial of attempt was lower in escape acceptance \( (p < .001) \) in comparison with the controls.

People with several suicide attempts didn’t fear death; they accepted it as a way to escape from the vicissitudes of life \( (p = .069) \), but, in comparison with the controls, they strongly feared oblivion \( (p < .001) \). Their death avoidance and fear of the consequences for body were negatively correlated with past negative \( (r = -.41, p < .05; r = -.38, p < .05) \), which scored high. Their past negative and present fatalistic were positively correlated with escape acceptance \( (r = .33, p < .05; r = .45, p < .01) \). Interestingly, their future scale correlated with fear of the consequences for personality and aspirations \( (r = .40, p < .05; r = .40, p < .05, p < .05) \), their past positive correlated with fear of the consequences for body, aspirations, and significant others \( (r = .50, p < .01; r = .33, p < .05; r = .39, p < .05, p < .01) \), and their hedonistic present correlated with fear of transcendental consequences \( r = .36, p < .05 \); but positive time perspective in this group was very low, as were the fears themselves.

Concerning hardness, we’ve found strong negative correlations with escape acceptance in all 3 groups \( r = -.35, p < .05 \) in the group with denial; \( r = -.51, p < .01 \) in the group with one attempt; \( r = -.44, p < .01 \) in the group with several attempts). In the group with denial hardness also negatively correlated with neutral acceptance \( r = -.36, p < .05 \) and fear of being forgotten \( r = -.32, p < .05 \), which showed their strictly negative attitude to the topic of death, which they couldn’t accept even neutrally. The group with one attempt showed negative correlations of hardness with the fear of consequences for body \( r = -.27, p < .01 \) and the fear of oblivion \( r = -.24, p < .05 \), as well as depression \( r = -.47, p < .01 \). In contrast, the group with several suicide attempts had positive correlations of hardness with the fear of consequences for personality \( r = .39, p < .05 \) and aspirations \( r = .35, p < .05 \). Such differences are due to the fact that multiple suicidal have high escape acceptance of death and low hardness and fears of death, while the group with one suicide attempt is higher in hardness, which works as a defense against fears of death.

**3. General Discussion**

This study has shown that the fear of death serves as a defense against suicidal behavior, but at the same time it is a painful experience, which, in its turn, calls for a defense [42]. From the point of view of terror management theory, suicidal’s time-perspectives are bound, used not for the purposes of well-being, but as band-aids or counterbalance for the fears and wishes of death, when patients try to find equanimity in a mortality salience situation. Some suicidal patients use future orientation as a counterbalance against their fears of death. Other patients cling to positive past and retrospectively, after a suicidal attempt, report that it was not their intention to die, but that they wanted to escape from the unliveable moment. And some of these patients stay out of mental health care, because they evaluate their attempt as a mistake, and do not acknowledge the reasons why they became suicidal in the first place. With repression at work, they struggle with the idea that they tried to cause death to themselves and see death as a foe. This subgroup is sometimes labelled as impulsive,
which is not accurate and only reflects the way these patients experience their attempt, because they do not take
the pre-suicidal process into account. This might be a group at greater risk, because they do not recognize their
vulnerability for suicidal behavior and either deliberately or unconsciously forget what made them suicidal. Yet
another group of patients – the one with long history of suicidal attempts – puts all positive time-perspectives
against fears of death and keeps them equally low, which helps to alleviate fears, but contributes to low well-
being. These people are also under great risk as they crossed the threshold after which death became a friend to
them as delivering from pain of this unliveable world.

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