Interpersonal Problem Solving and Parasuicide

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This study examined the relationship between interpersonal problem solving and suicidal behavior among psychiatric patients. Subjects were 123 psychiatric inpatients, admitted for current parasuicide, serious suicide ideation, or non-suicide-related complaints. A group of 16 orthopedic surgery patients was included to control for hospitalization trauma and current stress. All subjects completed a revised version of the Means-End Problem Solving Procedure, the Rathus Assertiveness Schedule, and a suicide expectancy measure. Psychiatric patients scored lower than the medical control group on the assertive schedule, but no differences were noted as a function of suicidal behavior status. Psychiatric patients expected suicide to solve problems more than did controls. Suicidal patients had higher expectancies than did nonsuicidal patients. Active interpersonal problem solving did not distinguish suicidal and nonsuicidal psychiatric patients but did separate parasuicides from suicide ideators. Among patients without a parasuicide history, less active and greater passive problem solving discriminated first-time parasuicides from suicide ideators and nonsuicidals. Results suggest that assertion deficits may characterize the psychiatric population in general, but suicidal behavior within psychiatric patients may be related to lower active problem solving.

KEY WORDS:

Although there are numerous theoretical perspectives on suicidal behavior, many emphasize that it represents an individual's attempt at problem solv-

1This research was supported by National Institute of Mental Health Grant NIMH No. 5 ROI MH34486-03 to Marsha M. Linehan.
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ing (Applebaum, 1963; Grollman, 1971; Levenson & Neuringer, 1971; Linehan, 1981; Maris, 1971; Neuringer, 1961; Schotte & Clum, 1982; Stengel & Cook, 1958). Both suicide and parasuicide (i.e., deliberate, self-inflicted injury often labeled suicide attempt) are viewed as attempts to solve problems involving intense internal or environmental distress. In addition, the suicidal person is attempting to get rid of problems rather than accommodate to them (Applebaum, 1963; Basescu, 1965; Kovacs, Beck, & Weissman, 1975; Olin, 1976; Sifneos, 1966; Stengel, 1960, 1964). Given the pervasiveness of the problem-solving perspective in theoretical approaches to suicidal behavior, it is interesting to find such a paucity of research examining the problem-solving abilities of suicidal individuals. Generally, previous research has examined various aspects of cognitive functioning presumably related to an individual's capability for solving interpersonal problems. Results have indicated that parasuicides exhibit more rigid thinking (Levenson, 1972; Neuringer, 1964; Patsiokas, Clum, & Luscomb, 1979; Vinoda, 1966), less capacity to solve abstract problems (Levenson & Neuringer, 1971), more cognitive impulsivity (Farberow, McKelligott, Cohen, & Darbonne, 1970; Fox & Weissman, 1975; Kessel & McCulloch, 1966), and more field-dependency (Levenson, 1972) than psychiatric control populations. However, data on the latter two characteristics are inconsistent (Patsiokas et al., 1979).

Notable exceptions to the lack of systematic research are the research of Goodstein (1982) with parasuicides and of Schotte and Clum (1982) with suicidal college students. Goodstein found that hospitalized parasuicides scored lower than other psychiatric patients on the Means-Ends Problem Solving Procedure (MEPS; Platt, Spivak, & Bloom, 1971), a measure of interpersonal problem-solving ability. Using the same instrument, Schotte and Clum (1982) showed that individuals with poor interpersonal problem-solving ability who were under high life stress reported very severe suicide ideation and intent. A dilemma with this research has to do with how problem-solving ability is measured. On the standard MEPS, a problem solution can be scored as relevant even if it reflects a passive solution (e.g., someone else solves the individual's problem). Thus, a person who generates passive solutions is scored as equal to a person generating active or self-initiated solutions, a premise that we believe is tenuous at best. ³

Parasuicides generally live in interpersonal environments fraught with difficulty and interpersonal conflict. They often have relationships characterized by hostility and conflict, are frequently accused of "manipulative" interpersonal behavior, and have weak social support systems compared to nonsuicidal patients and general population control groups (see Linehan, 1981, for a review). Linehan, Chiles, Devine, Luffaw, and Egan

³The idea of dividing problem solving into active and passive means was suggested by Rita DeSales French, Stanford University, Palo Alto, California.