



**Karolinska  
Institutet**

**Institutionen för klinisk neurovetenskap**

## Attempted suicide and shame

AKADEMISK AVHANDLING

som för avläggande av medicine doktorsexamen vid Karolinska  
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av

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## ABSTRACT

A suicide attempt constitutes not only a risk factor for suicide, but also an expression of human suffering. As therapists, physicians and caring personnel we have an opportunity to reach out to this suffering individual and offer help. However, suicidal individuals often decline psychiatric follow-up or drop out of treatment prematurely. An improved understanding of these patients' needs and problems may enhance our capability to treat them.

This thesis is focusing on attempted suicide patients' experiences. In the first study, eighteen patients were interviewed about their experiences of psychiatric inpatient treatment after a suicide attempt. Mixed feelings of relief and shame were common. Since shame is an emotion that triggers avoidance behaviors, and thus could lead to help negation, non-attendance and treatment drop-out, the following studies focused on shame in attempted suicide patients. The second study explored the shame theme in the interviews from the first study. The finding of shame with qualitative method also raised the question whether suicide attempters were generally shame-prone, that is, if suicide attempters in common were inclined to react with shame. A self-rating scale of shame-proneness, the Test of Self-Conscious Affect (TOSCA), was translated into Swedish and used as measurement of shame in the last two studies. In the third study, the propensity to shame in suicide attempters was compared with shame-proneness in non-suicidal psychiatric patients and healthy controls. In the fourth study, the TOSCA results of a small group of individuals who completed suicide were explored.

The interviews with attempted suicide patients (study I and II) indicated that shame was common after a suicide attempt; thirteen out of eighteen participants described feelings and behaviors that were interpreted as shame reactions. Most women and two thirds of the men described shame reactions in the interviews.

In the investigation of shame-proneness in groups of suicide attempters and nonsuicidal controls, a more complex pattern emerged. Large gender differences in shameproneness were found among the attempted suicide patients (but also among the nonsuicidal controls). Female suicide attempters with borderline personality disorder (BPD) had the highest shame scores, while male suicide attempters (without BPD) had the lowest shame scores in the study. Shame-proneness among patients was also investigated with multiple regressions. It was found that shame-proneness in these samples of psychiatric patients was predicted by BPD and depression severity (but not by suicidality) in women, and level of depression and non-suicidality in men.

Our studies indicated that shame reactions after attempted suicide are common, but that shame-proneness in everyday life is not typical for all groups of suicide attempters. A small group of suicide attempters who subsequently committed suicide did not differ in shame-proneness, from suicide attempters who were alive.