

An act of *catharsis* or a cry for help? Decreased anxiety as a postcedent of a non-fatal suicide attempt

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Background:

More than 40 years ago, an American physician called **R. Gregory Austin** suggested that suicide was an act of catharsis (Austin, 1972). He coined the terms **attempters** (mostly women appealing for a change in their lives) and **committers** (mostly men driven by self-hatred) to describe two distinct populations of suicidal patients. Austin was convinced that only the latter group really sought catharsis. Since Austin's original observations, a number of studies have investigated the notion that suicide (or attempted suicide) might be an act of catharsis. Van Praag & Plutchik (1985) observed that there was a significant difference ($p < .01$) between the pre- and post suicide depression scores for 25 patients admitted to hospital compared to their depressed but not suicidal counterparts ($n = 50$). However, Bronisch (1992) measured pre- and post admission depression scores in 21 suicide attempt and 11 non-suicidal depressed patients and found no differences between the two groups. He concluded that some other measure of subjective relief (catharsis) must be used to assess the differences between depressed suicide attempters and their non-suicidal counterparts. Walker et al. (2001) assessed pre- and post- suicide crisis suicidal symptom scores in 198 men and argued that accruing post-attempt interpersonal support was most likely responsible for the observed cathartic effect (reduced scores) in these patients. More recent studies have been disappointingly equivocal regarding the distinct nature of post-suicide attempt catharsis (Sarfati et al., 2003, Jallade et al., 2005, Pompili et al., 2011).

Method

We hypothesized that there would be a difference between pre- and post-suicide attempt trait anxiety levels (we used trait anxiety as a proxy for the cathartic effect).

To test this hypothesis, we compared reported mean anxiety levels (STAI, trait anxiety) (Spielberger et al., 1983) in male and female inpatients with major depression ($N = 629$) presenting with either no suicidal behavior, death wish, suicidal ideation or who had recently made a non-fatal suicide attempt. Welch t-tests (unpaired, unequal variance) were performed to test for equal means (H_0).

Results

- As expected, we found that patients with presenting with death wish or suicidal ideation had higher levels of anxiety compared to their non-suicidal counterparts (see table 1).
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- The levels of trait anxiety reported by male patients did not differ significantly across the different groups.
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- The trait anxiety levels of female patients who had recently made a **non-fatal suicide attempt** were not significantly different to those of non-suicidal women.

Table 1: Welch (unpaired) t-test of mean STAI scores (Ruxton, 2006)

women, non-suicidal ($n=49$, $\bar{x}=48.08$ $sd = 8.43$)	death wish ($n=19$, $\bar{x}=55.00$ $sd = 9.78$)	suicidal ideation ($n=30$, $\bar{x}=53.63$ $sd = 7.71$)	non-violent attempt ($n=17$, $\bar{x}=51.18$ $sd = 9.57$)	violent attempt ($n=11$, $\bar{x}=47.64$ $sd = 6.89$)
	$t(28.95) = -2.717$ $p = .011$	$t(65.68) = -2.997$ $p = .004$	$t(25.15) = -1.183$ $p = .248$	$t(17.44) = 0.186$ $p = .855$
men, non-suicidal ($n=42$, $\bar{x}=49.38$ $sd = 7.99$)	death wish ($n=14$, $\bar{x}=51.55$ $sd = 9.84$)	suicidal ideation ($n=50$, $\bar{x}=51.02$ $sd = 9.29$)	non-violent attempt ($n=16$, $\bar{x}=49.19$ $sd = 11.13$)	violent attempt ($n=24$, $\bar{x}=45.54$ $sd = 12.05$)
	$t(19.04) = -0.729$ $p = .475$	$T(89.94) = -0.910$ $p = .366$	$T(21.17) = 0.064$ $p = .950$	$T(34.77) = 1.396$ $p = .172$

References

- Austin, RG (1972) Suicide as catharsis. *Lancet*. 2(7780):757.
- Van Praag and H Plutchik, R (1985) An empirical study on the "cathartic effect" of attempted suicide. *Psych. Res.*, 16, 123-130.
- Bronisch, T (1992) Does attempted suicide actually have a cathartic effect? *Acta Psychiatr. Scand.* 86, 228-232.
- Walker, RL, et al. (2001) The course of post-crisis suicidal symptoms: how and for whom is suicide cathartic? *Suicide Life-Threat. Behav.* 31, 144-152.
- Sarfati, Y, et al. (2003) Cathartic Effect of Suicide Attempts Not Limited to depression: A Short-Term Prospective Study after Deliberate Self-Poisoning. *Crisis* 24, pp. 73-78.
- Jallade, C, et al. (2005) Clinical evolution after self-induced or accidental traumatism: a controlled study of the extent and the specificity of suicidal catharsis. *J. Affect. Disord.* 85:283-92.
- Pompili, et al. (2011). Suicide Attempters in the Emergency Department Before Hospitalization in a Psychiatric Ward. *Perspectives in Psychiatric Care*, 47: 23-34.
- Spielberger, C. D., et al. (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press
- Ruxton, G. D. (2006). "The unequal variance t-test is an underused alternative to Student's t-test and the Mann-Whitney U test". *Behavioral Ecology*. 17: 688-690

Conclusion

Catharsis (Greek: κάθαρσις) means to purge or cleanse the emotions (of fear, pity or guilt). We used a proxy (trait anxiety) as a means to explore the idea that such a personality characteristic might be important in the act of catharsis. The differences we found in trait anxiety levels between the different groups of patients were small. In addition, we have no information regarding post-suicide attempt care these patients received in the period between the event and their admission into hospital. Thus, it is difficult to state categorically that the statistically significant reduction in female trait anxiety levels after a suicide attempt is indicative of a cathartic effect. Thus, further, more comprehensive studies are required to assess the clinical significance of Austin's original observations.