

# Meaning in Life and Demoralization on suicidal ideation and non-lethal suicidal events in psychiatric inpatients.

## A project for a cross-sectional and retrospective study.

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### Introduction

Meaning in Life (MiL) and demoralization (according, respectively, to M. Steger's and D. Kissane & M. Clarke's conceptualizations) are connected, meaningless being a crucial component of the demoralization's definition.

- These constructs were particularly investigated in community-dwelling individuals and in patients with somatic illness, who can present suicidal behavior (SB) independently of a psychiatric diagnosis;
- Few studies, at the contrary, investigated them in psychiatric patients with SB.

### MiL

- ✓ Historically, exploration into the adaptive and life-maintaining characteristics of non-suicidal people was originated by Viktor E. Frankl, who attempted to elucidate how some Nazi concentration camp prisoners were able to maintain the will to live and which subjective reasons protected them from a pervasive sense of absurdity. He observed that individuals with a "will of meaning" (*Der Wille Zum Sin*) had the best chance of survival (Frankl, 1959)
  - He subsequently developed the concept of MiL against the "existential vacuum" as related to three main uniquely human conditions: 1) the creativity, 2) the perception and search for beauty, and 3) the man's effort to find a way to self-determine his interior attitude (Frankl, 1988).
- ✓ Since these initial observations, MiL has been described from a multitude of theoretical perspectives. One primary distinction has been made between a "global or existential" meaning and a "situational or specific" meaning, thereby discerning individuals' fundamental assumptions from meaning in the context of a particular environmental encounter (Reker, 2000; Park, 2010; Glaw, 2017).
- ✓ In the recent psychological literature, Michael F. Steger proposed that a consensus in the conceptualization of MiL could be reached on three dimensions, respectively representing the cognitive, motivational, and evaluative MiL facet: "coherence", or a sense of comprehensibility, "purpose", or a sense of core goals, and "significance", about values and worth of one's life (Martela & Steger, 2006)
- ✓ Steger's model divides MiL into two constructs: the "presence of" and the "search for" MiL, which are not mutually exclusive. While the presence of MiL is uniformly thought to be beneficial for various functional aspects of life, a positive role of the search for MiL appears more controversial (Steger, 2009).

### Demoralization

- ✓ The term "demoralization" was introduced in psychiatric literature by Jerome D. Frank, who firstly utilized it as a definite cluster of symptoms:  
"Demoralization results from persistent failure to cope with internally or externally induced stresses that the person and those close to him expect him to handle. Its characteristic features, not all of which need to be present in any one person, are feelings of impotence, isolation, and despair" (Frank 1974).
- ✓ "Demoralization" has been primarily distinguished from depression because of subjective incompetence, this latter component constituting its clinical hallmark, in the absence of anhedonia (de Figueiredo & Frank, 1982).
- ✓ By the integration of the G.L. Engel's "giving-up/given-up complex" (Engel, 1968), a set of criteria have been proposed for the diagnosis of demoralization by G.A. Fava and his group, who extensively investigated this syndrome among different illness groupings and integrated this concept in the psychosomatic domain (Fava, et al., 1995).
- ✓ In the D.W. In Kissane and D.M. Clarke's theoretical model, elaborated in patients with advanced diseases at the end of life, constitutive components of demoralization are five:
  - 1) loss of meaning in life;
  - 2) hopelessness or disheartenment;
  - 3) helplessness;
  - 4) sense of failure;
  - 5) dysphoria (Kissane et al. 2001; Clarke & Kissane 2002).
- ✓ According to this latter model, existential distress is expressed across a spectrum of mental states, but only its extreme form is potentially pathological, and a subset of the latter - characterized by the above mentioned specific dimensions - configures the "demoralization" syndrome (Clarke & Kissane 2002).

### Objectives

**Primary objective:** to explore the two MiL constructs ("presence of" and "search for") and demoralization role in modulating, as protective and risk factor, suicidal ideation (SI), suicidal attempt (SA), and non-suicidal self-harm (SH) in psychiatric inpatients.

**Secondary objectives:** to explore 1) the relationship of presence and search for MiL with SI, SA, and SH; 2) the demoralization occurrence independently of depression in patients with SI, SA, and SH; and 3) the eventuality that expected association between demoralization and SI, SA, and SH, may be explained by another component of demoralization, as hopelessness.

### Methods

Cross-sectional and retrospective analysis, in both inpatients hospitalized for actual SI, SA, and SH and presenting them in their anamnestic history.

### Conclusions

- The interest in exploring MiL and demoralization in psychiatric inpatients arises from the clinical observation that experiencing hospitalization can require a revision of one's life goals and expectations, its impact not being limited to patients biopsychosocial functioning but also to the existential domain as well.
- A more extensive characterization of protective and risk factors, as MiL and demoralization, in psychiatric patients could possibly contribute to:
  - a) Delineate a more individualized suicidal risk profile;
  - b) Improve detection of suicide risk by exploring SB also in individuals who do not present a diagnosis of depression;
  - c) Broaden the psychotherapeutic interventions panel to some aspects constitutive of the condition of a person who, at the same time, suffers and struggle to survive to his suffering.

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