

Association on Suicidal Ideation, Psychological Vulnerability and Life stressor in Adolescence: a clinical case report

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BACKGROUND

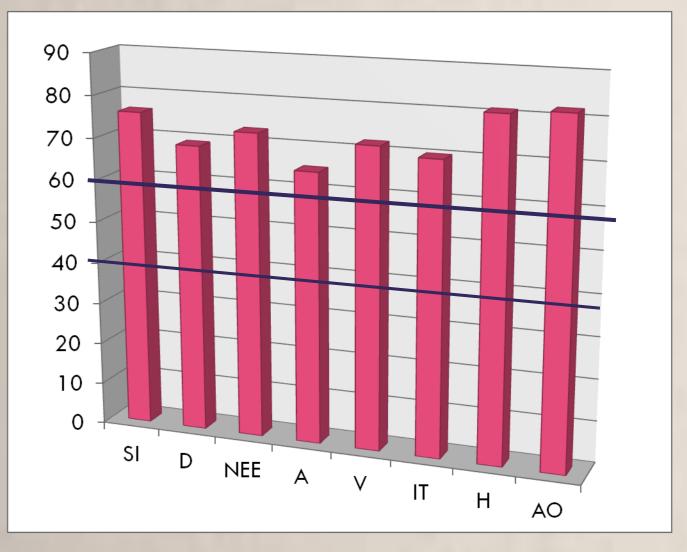
Life stressors play a central role in suicide theories. In particular, we observe the relationship between a medical history of life stressor and suicide ideation or suicide attempts in adolescence, with stressors related to parents' divorce and a family members' death that happened in catastrophic conditions (1). The association between intrusive thoughts, suicidal ideation, social withdrawal, hopelessness and stressful life events (i.e. parents' divorce, family grief) can carry to a special psychological vulnerability (2, 3). This is also related to the age of the subject, exposing him to a more consistent amount of mental pain and to a very high suicidal risk (4).

METHOD

Psychological and Psychopathological assessment on suicidal risk behavior has been applied in the clinical case of a 19-year-old male with history of suicide attempt, dysmorphophobic symptoms, anxiety, mixed mood alteration, psychological vulnerability and social withdrawal. Clinical and personality evaluation included cognitive test (Neuropsychological Battery), psychological personality test (MMPI-RF) and rating scales for suicidal risk (C-SSRS, SSI and ISS for suicidal ideation).

RESULTS

Results confirm high risk related to suicidal ideation, quantified by rating scale (all rating scales concerning suicidal ideation detected pathological range results). Cognitive index is high and does not show performance drop in executive function components. Concerning somatic components, the personality assessment detects impaired sleep, low energy and poor concentration, subjectively perceived. Demoralization and negative emotional experiences, such as boredom, are detected in affective (emotional) dysfunctions area, along with vulnerability to stressors, intrusive thoughts and hopelessness (>80DISC) with behavioral characteristics associated to externalization, hyper-excitement tendencies, novelty seeking and acting out (BXB; ACT>80). Interpersonal functioning is also compromised.



CONCLUSIONS

Fig. 1.

SI: Suicidal Ideation; D: Demoralization; NEE:
Negative Emotional Experiences; A: Anxiety; V:
Vulnerability to Stressors; IT: Intrusive Thoughts; H:
Hopelessness; AO: Acting Out. [Normal Range: 40-60]

This clinical case highlights suicidal risk and protective factors, such as family cohesion and resilience, between traumatic genesis' life stressors and suicidal behaviors. The experience of psychological pain is linked to mood disorder. Specifically in this case emerges a component of intrusive thoughts related to body schema perception and dysmorphophobia with consequences in social withdrawal. The identification of risk indicators in relation to suicidal ideation in adolescent represents a mandatory evaluation and must be identified in order to schedule early treatments.

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